

DECLARATION OF HEALTH FORM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost International Isle of Man Limited and Utmost PanEurope dac.

IMPORTANT NOTES

Complete this form using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

Ensure that all sections on this form are fully and accurately as you can completed. If you have any doubt whether a fact is relevant then you should disclose it. In this form words in the singular shall include the plural and vice versa.

SIGNATURE This symbol highlights the signature sections within this form which must be signed by the relevant parties.

Utmost uses the information you give it to provide its products and services. It will be kept securely. How your information is used, your rights, and how you can exercise them, is detailed in Utmost's Privacy Statement.

CHECKLIST

We want to process this form as quickly as possible. To help us do this, please remember to:

› Attach any additional information, instructions or documentation you are sending securely to the back of the form.

› Ensure that the form has been signed by the applicants.

For Estate Planning Bond applications and Discounted Gift Trusts, you can return the completed form by email to newbusiness@utmostwealth.com or post to: **Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.**

For Generation Planning Bond applications, return the form to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

A APPLICANT DETAILS

Name of applicant

Date of birth

Policy number (if known)

I hereby supplement the statements made in my original application as follows:

(Tick the 'Yes' or 'No' boxes to show which answers apply to you and give details as requested. **If the answer to any question is 'Yes' provide full details in the notes section on page 2.**)

Since the date of the application, have you:

Yes

No

1 Consulted your GP, been referred to or received an investigation at a hospital or clinic as an inpatient or outpatient? If 'Yes', provide full details including complaint, DATES and treatment or advice given.

2 Started taking any medication prescribed by a doctor? If 'Yes', provide the name of the medication, the reason for its prescription and how long you have been taking it.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Tel: +44 (0)1624 643 345. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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Since the date of the application, have you:	Yes	No
3 Other than as mentioned above, received medical advice or treatment? If 'Yes', provide full details including reasons and DATES.	<input type="checkbox"/>	<input type="checkbox"/>
4 Had any signs or symptoms of ill health or disability for which you have not yet sought medical advice? If 'Yes', provide full details.	<input type="checkbox"/>	<input type="checkbox"/>

I declare that the information provided by me in this form is true and completed to the best of my knowledge and belief. I confirm that my consent given with my recent application to Utmost International Isle of Man Limited/Utmost PanEurope dac to obtain medical information is still applicable.

SIGNATURE **Applicant**

Date

d	d	m	m	y	y	y	y
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SIGNATURE

Once this document is signed and dated, it is only valid for three months from the date of signing.

B NOTES

Question Number	Additional Information