APEX (PORTUGAL) UK PORTABILITY REQUEST FORM



HOW TO COMPLETE THIS FORM

Complete this form using black or blue 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.

SIGNATURE This symbol highlights the signature sections within this form that need to be signed by the Policyholder and Beneficiaries as applicable.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Once complete, return this form and any supporting documentation to: Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

IMPORTANT INFORMATION

Before completing this form you should discuss your personal circumstances with your Insurance Intermediary to ensure that the Life Insurance Policy will continue to meet your needs on your return to the UK.

To ensure your bond is deemed UK tax compliant once UK resident you should:

- > Complete and return this form to us a minimum of six weeks before your expected arrival date in the UK.
- Liaise with your Insurance Intermediary to ensure you understand the tax implications of holding your Policy when you become UK tax resident, including the requirements detailed in this Portability Request form under the UK Personal Portfolio Bond (PPB).

On completion of this form we will:

- Endorse your Policy in accordance to the variations given in section C.
- > Switch all future correspondence to your new UK address following the date of your arrival in the UK (unless otherwise specified).
- > Stop any ongoing commission on the date of your arrival in the UK. However, where applicable the Initial Product Management Charge (which includes initial commission) will continue as normal until the end of the relevant charge

If you have an EU based Insurance Intermediary they may not be able to continue to provide any further services once you become UK resident. You should speak to the them prior to moving to the UK. If you wish to appoint a new UK based Insurance Intermediary upon your return, you will need to complete the Appointment of Financial Adviser Form available from our website: www.utmostinternational.com

A WEALTH Of DIFFERENCE

 $Ut most\ Wealth\ Solutions\ is\ a\ brand\ name\ used\ by\ a\ number\ of\ Ut most\ companies.\ This\ item\ has\ been\ issued\ by\ Ut most\ Pan Europe\ dac.$

Utmost PanEurope dac is regulated by the Central Bank of Ireland.

Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15

Utmost PanEurope dac is duly registered for the pursuit of the life insurance business in Portugal on a freedom to provide services basis, and is duly registered for such purposes with the Portuguese Insurance Supervisory Authority (Autoridade de Supervisão de Seguros e Fundos de Pensões or 'ASF') under the number 4693 UPE WS PR 00046/08.10.2021

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A POLICY DETAILS				
Policy number				
Policyholder 1 (full name)				
Policyholder 2 (full name)				
B DETAILS OF RETURN	TO THE UK			
	Policyholder 1	Policyholder 2		
Expected date of arrival in the UK	d d m m y y y	y d d m m y y y y		
UK tax reference (If known)				
Current residential address				
Postcode				
New residential address (if known)				
Will this be the correspondence address?				
Postcode				
Date the new residential address w be effective from	ill d d m m y y y	y ddmmyyyyy		
New correspondence address (If different to new residential address)				
(
Postcode				
Correspondence email address				

If any of the information provided changes after you have submitted this form to us, you should inform us as soon as possible.

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С

AMENDMENT TO THE APEX (PORTUGAL) POLICY CONDITIONS

In accordance with clause 11 of the Apex (Portugal) Policy Conditions titled "portability", by signing this form the Policy Conditions will be amended as follows:

REMOVAL OF REVOCABLE NOMINATION

The Policyholder agrees to the removal of any beneficiary nominated on a revocable basis as provided under section F of the Policyholder's application form for Apex (Portugal) and any subsequent amendments. As a result of this removal the Policyholder understands section 4 of their Policy Conditions will no longer apply and, as a consequence, any Death Benefit, or Optional UK Additional Death Benefit as amended, will be paid in accordance with the terms of any UK will or the rules of intestacy.

Note where any of the Beneficiaries have been nominated on an irrevocable basis the Policyholder agrees to get them to sign this form prior to the Policyholder returning to the UK.

OPTIONAL UK ADDITIONAL DEATH BENEFIT

The Policyholder requests that Utmost PanEurope apply the **Optional UK Additional Death Benefit** as given in clause 9.4 of the Policy Conditions. The Policyholder understands that, in accordance with condition 8.1 of their Policy Conditions, there will be an additional death benefit premium charge of 0.05% applied to the sum of total premiums paid to date or any further premiums paid.

AMENDMENTS TO THE PERMISSIBLE FUND LINKS WITHIN THE PERSONAL FUND

Following the receipt of this form by Utmost PanEurope, any funds selected by the Policyholder within the Personal Fund to which the Policy(ies) are linked (including assets selected by an Insurance Intermediary, Investment Platform Manager or Discretionary Fund Manager) must be ones that meet with sections 517-521 of chapter 9 part 4 of the Income Tax (Trading and Other Income) Act 2005 of the UK ("ITTOIA") (as amended) and must also be permitted external funds as agreed by Utmost PanEurope from time to time.

Further, conditions 7.6.1, 7.6.2, 7.6.3 and 7.6.4 are varied so that the Policyholder may use the Utmost PanEurope's Dealing Accounts to link to the value of your Personal Fund for the following purposes only:

- To hold sterling
- To hold the currency in which the Policy is denominated
- > To hold the currency of a country in which you are resident
- > To hold currency to fulfil an instruction lodged with Utmost PanEurope to purchase assets in that currency
- To hold income arising to the fund in the currency in which it arises
- > To hold the proceeds of the sale of assets of the fund in the currency in which those assets are priced or sold.

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D DECLARATION

The policyholder understands that on submission of this completed form the Policyholder's Policy Conditions will be amended in accordance with section C of this form.

The Policyholder understands and agrees that, in addition to the amendments to the selection of assets detailed in section C, the Policyholder should ensure that any assets that are linked to the Personal Fund which do not meet with the conditions set out in s517-521 ITTOIA are sold prior to the Policyholder becoming UK resident for tax purposes or, in any event, at the first opportunity once UK tax resident whichever is later.

The Policyholder also understands and accepts that Utmost PanEurope dac (Utmost PanEurope) will not be held responsible for any adverse tax consequences of the Policy being taxed as a Personal Portfolio Bond if investments linked to the Policy are not sold down accordingly.

The Policyholder agrees to inform Utmost PanEurope as soon as possible of any changes to their address and or tax residency.

The Policyholder understands and agrees that Utmost PanEurope cannot be held responsible if the Policyholder does not tell Utmost PanEurope of any changes to their expected arrival date in the UK, which may result in the Policy becoming non-tax compliant in either Portugal or the UK.

	Policyholder 1	Policyholder 2		
SIGNATURE				SIGNATURE
Print full name				
Date	d d m m y	y y y d d m m	у у у у]

The signatures of any nominated Beneficiary is not required if they have been appointed on an revocable basis.

The irrevocable Beneficiary agrees to their removal as a Beneficiary of the Policy. As a result of this removal the irrevocable Beneficiary understands any Death Benefit, or Optional UK Additional Death Benefit as amended, will be paid in accordance to the terms of the Policyholder's UK will or the rules of intestacy.

	Irrevocable Beneficiary 1	Irrevocable Beneficiary 2	
SIGNATURE			SIGNATURE
Print full name			
Date	d d m m y y y	d d m m y y y	

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