

RETIREMENT BENEFITS PLAN - WITHDRAWAL FORM

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

IMPORTANT INFORMATION

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

HOW TO COMPLETE THIS FORM

This form should be completed 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.**


Once completed, return this form and any supporting documents to the Trustees.

PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at www.utmostinternational.com/privacy-statements/ or you can request a copy from our Client Relations Team.

A TO BE COMPLETED BY THE TRUSTEES

This section should be completed by the Trustees of the plan.

Name of Scheme / Employer	<input type="text"/>	
Member's Name	Mr / Mrs / Miss / Ms* <input type="text"/>	* Delete as applicable
Scheme Number	<input type="text"/>	
PPS Number	<input type="text"/>	
Reason and date for cessation of employment	Reason: <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	For example, resignation, redundancy etc. 
Any pension secured by the Employer's contribution to which the Member has no vested rights	(a) is to be surrendered / transferred	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) is to be preserved for the Member as a deferred pension if permissible	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total amount of contributions paid by the Member	€ <input type="text"/>	
Member's Final Remuneration*	€ <input type="text"/>	

*Final Remuneration normally means the Member's basic salary for the twelve months ending on the date as specified in item 4 above plus the average of his other emoluments for the three or more consecutive years ending on that date, except in the case of a 20% director, when it normally means the average of the total emoluments for any three or more consecutive years ending not earlier than ten years prior to the date as specified in item 4 above.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

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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B TO BE COMPLETED BY THE MEMBER

This section is to be completed by the member.

Following your withdrawal from your Employer, there are several options in relation to your accrued pension benefits.

As a result of the Pensions Act 1990 as amended you may have the choice of all the listed options below. Please refer to the covering letter which was attached to this Retirement Benefits Plan Withdrawal Form which lists your specific options or ask the Trustees if you are in doubt. Once you have considered your options please:

- › tick the appropriate box to indicate your preference;
- › sign and date this form; and
- › return this form to the Trustees of the Plan.

A I wish to retain in the Plan any deferred benefits to which I am entitled. I understand that the deferred benefits will become payable when I reach Normal Retirement Date or on my death, as appropriate.

B I wish to transfer the value of my deferred benefits to the exempt approved occupational pension scheme of my new employer.

We will require the following:

- › A letter from the Trustees of the new employer's exempt approved occupational pension scheme stating they will accept the transfer and that it is exempt approved; and
- › The Revenue Reference Number and Pensions Board reference number of the new exempt approved occupational pension scheme.

C I wish to transfer the value of my deferred benefits to a Personal Retirement Bond. We will require a letter from the Life Office offering the Personal Retirement Bond stating they will accept the transfer.

D I wish to transfer the value of my deferred benefits to a Personal Retirement Savings Account (PRSA).
› We require a letter from the PRSA Provider stating they will accept the transfer.
› You cannot choose this option if you have more than 15 years pensionable service.

E I confirm I have less than 2 years pensionable service, that I have no vested rights in the Plan and that I am not a 20% Director and I confirm that I wish to receive an immediate payment in respect of the contributions I have paid if (and to the extent that) repayment is permissible under the Rules of the Plan and subject to the appropriate deduction. I realise that in so doing I forgo any entitlement I may have had to the benefit of the Employer's corresponding contributions.

Apart from options **A** and **E** please outline where the Transfer Value is to be transferred to i.e. **B** the Trustees of the new scheme, **C** the Life Office or **D** the PRSA Provider.

If you require further information contact the Trustees, the Trustees' advisors or Utmost PanEurope dac.

C DECLARATION

We require the Trustees and the Member to complete and sign this section in all instances.

SIGNATURE
Member's Signature

SIGNATURE

Date

d	d	m	m	y	y	y	y
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SIGNATURE
Signature on behalf of the Trustees

SIGNATURE

Date

d	d	m	m	y	y	y	y
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SIGNATURE
Signature on behalf of the Trustees

SIGNATURE

Date

d	d	m	m	y	y	y	y
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