

# ASSIGNMENT OF POLICIES

For assigning policies to individuals only

Please 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. **Please do not use correction fluid.**

Throughout this form, 'I' 'me' and 'my' mean the assignor or assignee where applicable and 'the Company' refers to Utmost Limited.

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

## CHECKLIST

We want to process your assignment as quickly as possible. To help us do this, please remember that on completion of this form we will need the following:

- › All identity and address verification along with any additional information or documentation should be securely attached to the back of the form.
- › Please ensure that the form has been signed by all policyholders, trustees or authorised signatories, as applicable.

## WHAT TO DO WHEN YOU'VE COMPLETED THIS FORM

Depending on the product provider of the bond, return the completed form to Utmost Limited.

**Utmost Limited, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.**

## A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions and Utmost Trustee Solutions are brand names used by a number of Utmost companies. This item has been issued by Utmost Limited.

The following companies are registered in the Isle of Man. Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C) are regulated or licensed by the Isle of Man Financial Services Authority. Not regulated: Utmost Services Limited (No 059248C). Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

The following company is registered in Ireland. Utmost Ireland dac (No 303257) is authorised by the Central Bank of Ireland and regulated by the Financial Conduct Authority in the UK for Conduct of Business Rules. Registered office: Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland.

## IMPORTANT NOTES

This form is only for assigning policies to individuals.

The change of ownership to the assignee will not be noted on the policy until the assignment request has been received, accepted by the Company and the identity of the assignee has been verified in accordance with anti-money laundering standards. In addition, a change in ownership is deemed a 'trigger event' under anti-money laundering regulations and we must bring any previous verification of identity up to current standards for all parties associated with the contract. As such, you may also be required to provide identity and address verification for the assignors. You can obtain details of the documentary evidence needed to verify identity and address from our website [www.utmostwealth.com](http://www.utmostwealth.com) or contact our Customer Support team on **+ 44 (0) 1624 643 345**

Please ensure that if assigning from a trust that the assignment is allowable under the trust deed.

This assignment of policy results in a change of ownership. It may also affect the personal taxation of the parties involved. You should, therefore, refer to your professional advisers before completing this form to ensure that it meets your requirements.

The validity of any assignment made using this form shall be construed according to and governed by the laws of England and Wales.

Please refer to the Policy Schedule for the number of segments within the bond. No responsibility is accepted by the Company for any consequences arising from the assignment of individual policy segments within a bond.

Please ensure that you specify which segments you are assigning, especially if you are not assigning all segments within the bond.

**A** POLICY DETAILS

Policy number	<input type="text"/>	Please read the 'important notes' above. 
Policy segments to be assigned	<input type="text"/>	For example, policy segments 1 to 10. 
Purpose of assignment e.g. gift/sale	<input type="text"/> <input type="text"/>	For example, this may be a gift to a family member or sale to another party (e.g. for consideration of money or money's worth). 
If this assignment is a sale please advise amount of consideration GBP/USD/EUR*	<input type="text"/>	* Cross out as appropriate. 

If the assignment arises from a sale (for money or money's worth), we will require additional information regarding the assignee, including how the money being used for the purchase has been accumulated. We will ask for documentary evidence regarding source of wealth and may request additional information in order to satisfy our regulatory obligations.


**B** POLITICALLY EXPOSED PERSONS

Under our current anti-money laundering obligations we are required to identify any persons associated with this application who could be classed as a Politically Exposed Person (PEP). A PEP is a term used to describe someone who is currently, or has previously been, entrusted with prominent public functions or responsibilities, for example: a head of state, a holder of a senior political or government post, a senior member of the judiciary or the military, a senior employee of a state owned corporation, or a board member of a central bank.

Please provide details in the box below of any persons that could be considered to be a PEP (as defined above) in relation to this application, non-completion confirms that there are no associated politically exposed persons:


**C1** ASSIGNOR'S DETAILS

	Assignor 1	Assignor 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 Maiden name or any previous names	<input type="text"/>	<input type="text"/>
4 Forenames (in full)	<input type="text"/>	<input type="text"/>
5 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Assignor** - is the person making the assignment of the policies. 

If there are more than two Assignors, please photocopy this page, complete the relevant details and attach it securely to the form.

**I hereby assign the policy of assurance detailed in section A to the Assignee(s) as detailed in section C2.**

**I confirm and declare** that all information that I have provided to the Company is accurate and correct to the best of my knowledge;

**I agree** to inform the Company immediately should any information within this form change, and understand that I am obliged to do so.

**I acknowledge** that the Company may disclose my personal data to relevant tax authorities as a consequence of its legal obligations.

	Assignor 1	Assignor 2
Signed as a deed by Assignor	<input type="text"/>	<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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**SIGNATURE**

**C2** ASSIGNEE'S DETAILS

	Assignee 1	Assignee 2
1 Title (Mr, Mrs, Miss or Other)	<input type="text"/>	<input type="text"/>
2 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
3 Surname	<input type="text"/>	<input type="text"/>
4 Maiden name or any previous names	<input type="text"/>	<input type="text"/>
5 Forenames (in full)	<input type="text"/>	<input type="text"/>
6 Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
7 Full correspondence address (Only required if it differs from the permanent residential address)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/>
8 Date of birth	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
9 Nationality	<input type="text"/>	<input type="text"/>
10 Relationship (if any) to the Assignor	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
11 Country of birth	<input type="text"/>	<input type="text"/>
12 Country/Countries of Tax Residency	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**Assignee** - is the person who is receiving the policies. Note, if only some of the persons are to be changed on a policy then some policyholders may need to sign as both Assignor and Assignee.

For example, client A and client B wish to assign a policy to client B and a new client C. Here, client B needs to sign as both Assignor and Assignee.

If there are more than two assignees, please photocopy this page, complete the relevant details and attach it securely to this form.

If you can't provide a tax reference for all countries in which you are tax resident (such as a National Insurance number for UK residents, or Tax Identification Number for US residents) in the section below then you will need to complete a separate declaration from our Tax Information Exchange pack, which we can provide on request.

**Notes on tax residency for individuals**

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US. You can find more information on tax residency at <http://www.oecd.org/automatic-exchange/crs-implementation-and-assistance>

12 National Insurance (NI) number	<input type="text"/>	<input type="text"/>
13 US Tax Identification Number (T.I.N)	<input type="text"/>	<input type="text"/>
14 Other tax reference number(s)	<input type="text"/>	<input type="text"/>

ONLY complete this section if you are a UK tax resident.

ONLY complete this section if you are a US tax resident.

Complete this section if you are tax resident in any jurisdiction other than UK or US.

**D** ASSIGNEE DECLARATION

**I understand** that this contract is of the utmost good faith and that if it subsequently comes to light that any information supplied to the Company by me or on my behalf was misleading or incomplete, then this might invalidate my contract and adversely affect my right to the payment of policy benefits.

**I understand** the requirement to provide accurate and relevant information in my dealings with the Company is continuous and binding upon me or any subsequent holder of the policy.

**I agree** that this information, together with any supporting information completed or given by me in my name, shall form the basis of the contract with the Company.

**I confirm and declare** that all information that I have provided to the Company is accurate and correct to the best of my knowledge.

**I agree** to inform the Company immediately should any information within this form change, and understand that I am obliged to do so.

**I accept that:**

- › › The selection of investments is my responsibility, or, where appropriate, that of my investment adviser or any appointed external manager and/or custodian.
- › › The Company has no legal responsibility in respect of future performance of such linked assets.

**I agree** that a copy of my agreement given in this Declaration will have the validity of the original. I understand that my financial adviser is acting as my agent and not an agent of the Company.

**I confirm and declare** that I am habitually tax resident in the jurisdiction entered in Section C2 of this Assignment of policies form.

**I agree and acknowledge** that subject to the acceptance of this Assignment by the Company, the Policy is subject to the existing Policy Conditions as amended from time to time together with any relevant declaration or consents given by any previous policyholder(s) to the Company.

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HOW THE COMPANY USES YOUR INFORMATION

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We use the information you give us, about yourself and other people, to provide our products and services. In order to support our products and services, we transfer information between different entities within our immediate operating group and to appointed data processors, but we do not transfer information to other parties, unless required to do so by law or regulation. We do not carry out marketing using the information or transfer, or sell, your personal information to others for marketing purposes.

More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Notice. We publish our Privacy Notices on our website at [www.utmostwealth.com](http://www.utmostwealth.com) or you can ring us on +44 (0)1624 643 345 and request a copy.

All linked parties to this **Assignment of Policies** form should read the Privacy Notice to understand how the data provided about them will be used.


**I acknowledge that:**

The Company will store, process or pass on my data whether or not this assignment is accepted.

The Company will in the event of the death of the life/lives assured (if applicable to the policy) obtain necessary evidence as to the cause and circumstances relating to their death should it wish to do so.

	<b>Assignee 1</b>	<b>Assignee 2</b>
Signed as a deed by Assignee		
Date	d   d   m   m   y   y   y   y	d   d   m   m   y   y   y   y
In the presence of (full name of witness)		
Witness <b>SIGNATURE</b>		
Date	d   d   m   m   y   y   y   y	d   d   m   m   y   y   y   y
Witness address		
Postcode		
Occupation of witness		

**SIGNATURE**

The witness must be independent, not next of kin or linked to the bond. 

**SIGNATURE**

**E IDENTIFICATION REQUIREMENTS**

Below you will find the standard minimum requirements. In some circumstances we may request additional documentation or information.

All copies of documents must be certified as per the requirements detailed under the 'certifying documents' section below.

**For each Assignee** we require one certified copy document from Part 1 together with one certified copy document from Part 2.

**PART 1 - IDENTITY VERIFICATION**

- › Valid passport
- › National ID card (with photograph)

A driving licence is not acceptable as identity verification unless a valid passport is not held.

If you do not have appropriate identity verification, please advise the reason in the box below **and provide two forms of address verification from part 2 instead.**


**PART 2 - ADDRESS VERIFICATION**

- › A current driving licence (both parts i.e. card and paper where applicable)
- › A recent utility bill dated and certified within the last 3 months (exc. mobile phone bills)
- › An account statement from a bank or building society dated and certified within the last 3 months
- › A credit card statement dated and certified within the last 3 months (store cards are not acceptable)
- › An original, or certified copy of, rates or council tax bill dated within the last 12 months
- › A recent mortgage statement, giving the residential address
- › A government produced document showing benefit entitlement dated and certified within the last 3 months
- › Proof of ownership or rental at residential address
- › An original, or originally certified copy of, tax assessment dated within the last 12 months
- › Proof of payment for a P.O. Box service (which must also show the residential address)

Documents must be the most recent available. Mobile phone bills, store cards & online statements are not acceptable.

If the driving licence is being used in Part 1 it cannot be used in part 2, and vice versa.

**CERTIFYING DOCUMENTS**

All copies of documents submitted as evidence of identity or address must be of the original document, previous certified copies can't be copied again.

Copies of documents must be certified by a suitable certifier. A suitable certifier may be one of those listed below, provided that they are from a recognised jurisdiction and we can verify their status.

- › A director or manager of an authorised credit or financial institution
- › A regulated Independent financial adviser, or authorised employee of a regulated introducer
- › A chartered accountant
- › A notary public, commissioner for oaths, lawyer, advocate, or other formally appointed member of the judiciary
- › A registrar or other civil or public servant who is authorised to certify documents as part of their role i.e. a passport office employee
- › An authorised representative of an embassy or consulate of the country who issued the identification document

For non-UK certifiers and documents in a language other than English please contact us on **+44 (0) 1624 643 345** for assistance.

Post Office certifications are not acceptable. A certifier should not have any conflict of interest (e.g. must not be related to the individual).

Certifications must be clear, legible and bear the wet signature of the certifier. The certifier should state on the document, 'I certify this to be a true copy of the original' and include the following details:

- › Signature of certifier
- › Full name and position/job title of the certifier
- › Company name and address
- › Any additional details such as membership number from a regulated body
- › Contact details of the certifier
- › Date of certification
- › If a document has multiple pages the certification on the first page should state the total number of pages in the document