

APEX (FRANCE) CHANGE OF BENEFICIARY FORM

HOW TO COMPLETE THIS FORM

If you are completing a hard copy of this form, please use **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.**

In this form words in the singular shall include the plural and vice versa.

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

Alternatively, you can email a scanned or digitally completed copy of the completed form to us at:
ccsfrontoffice@utmost.ie

HOW WE USE YOUR INFORMATION

Our Privacy Notice 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 Customer Operations team on **00 353 46 9099 700**.

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is a brand name used by a number of Utmost companies. This item has been issued by Utmost PanEuropedac. Utmost PanEuropedac is regulated by the Central Bank of Ireland.

Utmost PanEuropedac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost PanEuropedac is duly registered for the pursuit of the life insurance business in France on a freedom to provide services basis, and is duly registered for such purposes with the French Prudential Control and Resolution Authority (Autorité de Contrôle Prudentiel et de Résolution or 'AC PR') under the number 228159.

UPE WS PR 00120/12.2021

A POLICY DETAILS

Policy number

	Policyholder 1	Policyholder 2
Surname	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

B NOMINATION OF BENEFICIARIES

B1 NOTARY DETAILS

If Beneficiaries are to be appointed using an existing will, private deed or authentic deed, provide details of the notary here:

Full name of the notary	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Email address	<input type="text"/>
Telephone number (including international dialling code)	<input type="text"/>

If there is more than one notary linked to the appointment of Beneficiaries on this Policy, please print an additional copy(ies) of this section and complete for all relevant parties.

If the will, private deed or authentic deed is appointing one or more Accepting Beneficiaries, please also complete section B3, ensuring all Accepting Beneficiaries sign this form.

In the absence of a will, private deed or authentic deed, or if you would like to appoint additional Beneficiaries, please complete the sections below.

B2 NOMINATION OF REVOCABLE BENEFICIARIES BY CATEGORIES OR NAME

Beneficiaries can be nominated by generic appointment or by providing the names of each Beneficiary.

If you would like to nominate Beneficiaries by generic appointment to benefit in equal share, provide the generic category(ies) here. (For example, spouse, children, grandchildren etc.)

Alternatively, if you would like to nominate Beneficiaries by name, the table below should be completed:

Name	Address	Date of birth	Taxpayer number or French ID number	Relationship to Applicant	% share of Death Benefit		
	Postcode						
	Postcode						
	Postcode						
	Postcode						

Total Benefit 100%

B3 NOMINATION OF ACCEPTING BENEFICIARIES

This section should be completed if you would like to appoint an Accepting Beneficiary(ies). You must provide the full name, date of birth, postal address, email address and your relationship with each Accepting Beneficiary being appointed and indicate each Beneficiary's percentage share of the Death Benefit.

Any nominated Accepting Beneficiary(ies) must accept their appointment by signing the below declaration:

- › I consent to be an Accepting Beneficiary
- › I enclose a certified copy of my passport and a certified copy of my proof of address (utility bill)
- › I request and consent to the Policyholder giving the sole instructions regarding any investment instructions including buying, selling and switching External Assets as well as selecting an Investment Adviser, Discretionary Fund Manager, Platform or Custodian
- › I understand that my signature will be required, along with the Policyholders', for any other transactions such as surrenders, withdrawals, pledges and Assignments as well as any change to, or appointment of, a Beneficiary.

	First Accepting Beneficiary	Second Accepting Beneficiary	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div> <div></div>	<div></div> <div></div>	
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	
	Third Accepting Beneficiary	Fourth Accepting Beneficiary	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div> <div></div>	<div></div> <div></div>	
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	

C POLICYHOLDER DECLARATION


By signing this form, the Policyholder confirms that they have made any other individual whose data may be provided in this form is aware that their data will be shared with Utmost PanEurope dac (Utmost PanEurope) and that they have read and understood our Privacy Notice.

The Policyholders agree to inform Utmost PanEurope immediately should any information within this form change, and understand that the Policyholders are obliged to do so.

	First Policyholder	Second Policyholder	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print full name	<div></div> <div></div>	<div></div> <div></div>	
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	

In certain circumstances the following signatures are required:

- › Any existing Accepting Beneficiary has to consent to the appointment of a Beneficiary
- › If the Policy has been pledged or transferred in another similar manner that other party's consent is required.

SIGNATURE	<div></div>	<div>  <p>If there are multiple signatories, please print section C again and attach securely to this form.</p> </div>
Print full name	<div></div> <div></div>	
Role in Policy (e.g. Accepting Beneficiary, Pledgee or Assignee)	<div></div> <div></div>	
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>	

The signature of the Policyholder's spouse is required below if the Policyholder and the spouse are subject to the joint marital regime and the spouse is not the Policyholder:

	Spouse
SIGNATURE	<div></div>
Print full name	<div></div> <div></div>
Date	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>