

APEX (PORTUGAL) DEATH BENEFIT CLAIM FORM

IMPORTANT INFORMATION

This form should be completed 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.**

Details about how we use your personal information, your rights over this information and how you can exercise your rights can be found in our Privacy Notice which is published on our website www.utmostinternational.com or you can contact our Customer Support team and request a copy. All persons whose details are collected in this form should read the Privacy Notice to understand how the personal information provided about them will be used prior to providing any personal information to us.

SIGNATURE This symbol highlights the signature sections within this form that need to be signed by the Beneficiary / Claimant.

WHAT TO DO NEXT

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

A CLAIMANT DETAILS

1	Policy number	<input type="text"/>
2	Role under the Life Insurance Policy	<input type="checkbox"/> Administrator/Executor <input type="checkbox"/> Beneficiary
3	Full name	<input type="text"/>
4	Address (in full)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/>
5	Telephone number (including international dialling code)	<input type="text"/>
6	Email address	<input type="text"/>
7	Date of birth	<input type="text"/>

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 PanEurope 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 CCW8, Ireland.

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 00010/02.2022

B DOCUMENTATION FOR DEATH CLAIMS

The following documents should be provided to Utmost PanEurope dac (Utmost PanEurope) with this claim form:

- › original Schedule of Policies (if it cannot be provided, complete and return the **Apex (Portugal) Lost Policy Declaration Form** together with this form)
- › certified copy of the Death Certificate
- › certified copy of the documents providing entitlement to the Death Benefit in your specific jurisdiction
- › certified copies of identification and proof of address for ALL Claimants.

Utmost PanEurope may require additional documentation and can only fully process a claim upon receipt of all required documentation.

C PAYMENT DETAILS

IBAN and SWIFT / BIC are required for European payments. All payments are made in the currency in which the Life Insurance Policy is denominated and will be paid by electronic transfer to the Claimant's bank account only (all charges for electronic transfer will be accounted to the payee).

Apex (Portugal) Policyholders can request to have the payment made in another currency¹. If you do not tick one of the options below the payment will be made in the currency of your Life Insurance Policy by default.

☐ Euro ☐ Sterling ☐ US Dollar ☐ Swiss Franc

1	Account name	<input type="text"/>
2	Account number	<input type="text"/>
3	Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
4	Building Society roll number (if applicable)	<input type="text"/>
5	Bank BIC/Swift code (required for all banks outside the UK)	<input type="text"/>
6	IBAN (required for all bank accounts in the EU)	<input type="text"/>
7	Bank/Building Society name	<input type="text"/>
8	Address	<input type="text"/>
		<input type="text"/>
	Postcode	<input type="text"/>
9	Telephone number (including international dialling code)	<input type="text"/>
10	How long has the account been held?	<input type="text"/> <input type="text"/> Years

¹ Subject to any legislation relating to exchange control or any other restrictions. Where this involves the conversion of an amount from one currency to another, a commercial rate of exchange will apply.

D INTERNATIONAL TAX COMPLIANCE SELF-CERTIFICATION

Utmost PanEurope is required by Irish Law to ask the Policyholder or the persons claiming the payment of the benefit for tax related information. Utmost PanEurope may be required to pass on this information to the Office of the Revenue Commissioners in Ireland. This form incorporates the requirements of:

- i. The US Foreign Account Tax Compliance Act (FATCA) based on the Intergovernmental Agreement signed on 21 December 2012 between the US Government and the Irish Government.
- ii. The standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard (CRS), as implemented in Irish Law.

If you have any questions on how to complete this form, Utmost PanEurope recommends that you speak to your tax or legal adviser.

If there are more than two Beneficiaries or Claimants, use a separate sheet to provide the required information.

	First Beneficiary / Claimant	Second Beneficiary / Claimant
1 Full name	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
2 Date of birth	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>
3 Current residential address (PO Boxes and 'care of' addresses are not acceptable)	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
Postcode	<div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div></div>
4 Country of domicile	<div></div>	<div></div>
5 Country of tax residency	<div></div>	<div></div>
6 Taxpayer Identification Number (TIN)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
7 Citizen/Resident in the United States	<div></div> Yes	<div></div> Yes
8 If yes to 7 above, US Federal TIN	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

If you are tax resident in more than one country, please use a separate sheet and indicate the country of tax residence and the associated TIN.

If the Beneficiary / Claimant is an entity please request and complete a Tax Information Exchange Pack for Entities which is available on our website or on request.

E DECLARATION

This must be completed by Policyholders resident outside of Ireland who own an Utmost PanEurope dac Life Insurance Policy.

Each Policyholder must read the definitions below and complete the declaration.

RESIDENCE - INDIVIDUAL

An individual will be regarded as being resident in Ireland for a tax year if he/she:

- 1) spends 183 days or more in the State in that tax year; or
- 2) has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Up to 31 December 2008, presence in the State for a day means the personal presence of an individual at the end of the day (midnight). **From 1 January 2009, presence in the State for a day means the personal presence of an individual at any time during the day.**

ORDINARY RESIDENCE - INDIVIDUAL

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which he/she is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

RESIDENCE - COMPANY

Prior to Finance Act 2014, company residence was determined with regard to the long established common law rules based on central management and control. These rules were significantly revised in the Finance Act 2014 to provide that a company incorporated in the State will be regarded as resident for tax purposes in the State, unless it is treated as resident in a treaty partner country by virtue of a double taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in the State set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in the State will apply to companies incorporated on or after 1 January 2015. For companies incorporated in the State before this date, a transition period applied until 31 December 2020.

Policyholders resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration for the purpose of Section 730 D(2) Taxes Consolidation Act 1997, which is in a format authorised by them, in order to receive payments without deduction of Irish tax. I/we* declare that;

- › I/we* have read the explanation of the terms detailed in the 'Residence Definitions' above;
- › I am/we are/the company is* the Policyholder(s) in respect of which this declaration is being made;
- › I am/we are/the company is* not resident or ordinarily resident in Ireland.

* Delete as applicable.

My signature below is confirmation that:

- › I acknowledge that the collection, use and disclosure of my personal information including sensitive data by Utmost PanEurope is required for the purposes of assessing this claim, for investigating and preventing fraud, for the administration of this Policy and to comply with legal and regulatory obligations as set out under Data Protection and Anti-Money Laundering laws
- › I have read and understood the Privacy Notice available on www.utmostinternational.com which outlines how my personal data will be used. I have also shared this Privacy Notice with all persons whose details are provided in this form
- › If I have not provided to the original Policy Schedule, I have read, agreed and enclosed the **Lost Policy Declaration Form**
- › Information I have given in this form and supporting documentation are correct and accurate and I have not withheld any information that might be relevant. I agree to indemnify Utmost PanEurope against any claims or costs incurred as a result of relying on the provided information
- › I acknowledge that the information contained in this form and information regarding my bond may be shared with the Office of Revenue Commissioners in Ireland and exchanged with the tax authorities of another country or countries as required under intergovernmental agreements
- › I agree to inform Utmost PanEurope within 30 days of a change in circumstances that will cause any information on this form to become incorrect by the completion of a new relevant **Tax Information Exchange Pack** which is available on our website on upon request from us
- › I declare that I have examined the information on this form and to the best of my knowledge and belief, it is true, correct and complete.

	First Beneficiary / Claimant	Second Beneficiary / Claimant	
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>	