

CLAIMS FOR DEATH BENEFIT

Please complete this form in BLOCK CAPITALS and return to Utmost Worldwide.

Please return with the original plan documents and acceptable documentary proof of the death of the relevant life assured.

Death benefits will only be paid in accordance with the terms and conditions of the plan. All payments will be subject to satisfactory proof of identity and current residential address for all claimants.

Please note that further documentation may be required.

Each beneficiary will receive the relevant proportion of the death benefit as specified within the plan.

Please submit additional signed form(s) if more than one claimant.

Plan Number: _____

Planholder(s): _____

Relevant Life Assured: _____

Claimant Name(s) & Address(es): _____

Capacity in which the claim is being submitted:

☐ as Planholder(s)

☐ as Trustees of the trust holding the above numbered plan

☐ as Assignees(s)

☐ as Administrator(s) / Executor(s) of the estate of the above named planholder

☐ as Nominated Beneficiary(ies)

Declaration

I/We the undersigned hereby declare that the said death benefit payable is the total amount rightly and legally due to me/us in respect of the above-mentioned plan. We further consent and agree that the payment to me/us or to my/our legal representative will be in full discharge of all liability to me/us under the said plan which has been delivered up to Utmost Worldwide Limited and will be cancelled accordingly. Alternatively, where the plan cannot be delivered up, I/We have separately declared the plan schedule as being lost / destroyed and we hereby indemnify Utmost Worldwide Limited from all future claims in respect of the plan. I/We request that the said amount be paid to us as indicated below:

Please indicate as appropriate

☐ paid by bank transfer (less bank charges)

☐ transfer proceeds to Professional Portfolio plan number PF _____

Payment details – please complete as applicable

Please note that IBAN and BIC codes are required for all European payments.

Payment will be made by electronic transfer (all charges for electronic transfer will be accounted to the payee)

Currency: _____

Name of Bank: _____

Address: _____

Sort Code: _____

Swift Code / BIC: _____

Account Name: _____

Account No: _____

IBAN: _____

ABA: _____

Signature of first claimant:

Signature of second claimant:

Date:

d	d	m	m	y	y	y	y
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Date:

d	d	m	m	y	y	y	y
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Witness to the Signature and Identity of _____ Claimant(s)

Witness: _____

Witness: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Signature of first witness:

Signature of second witness:

Date:

d	d	m	m	y	y	y	y
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Date:

d	d	m	m	y	y	y	y
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Utmost Worldwide will provide details of the sum assured and benefit payable. Confirmation of the payment amount and release date will also be included.

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www.utmostinternational.com

Utmost Worldwide Limited, Singapore Branch: 6 Battery Road #16-02, Singapore 049909 T+65 66729152

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Registered in Singapore as a Branch of a Foreign Company - Number T10 FC0110K. Licensed by the Monetary Authority of Singapore as a direct insurer to carry on life business in Singapore.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No.27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Registered Head Office: Utmost Worldwide Limited, Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR. T +44 (0) 1481 715 800 F +44 (0) 1481 712 424 E UWCustomerService@utmostworldwide.com

Websites may refer to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

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