

# DEATH CLAIM FORM

## BEFORE YOU BEGIN

Please complete all relevant sections of this form by typing in the fields. Once complete, print and sign using a pen.

Alternatively, print and complete in **BLOCK CAPITALS** using **blue or black ink**.

This form should only be completed after the death of the last life assured on the policy.

It should be completed by the person(s), or company, that are legally entitled to the proceeds of this claim, for example; the policyholder(s) or the deceased policyholder's personal representatives. If you are unsure, you can refer to the diagram in section I for guidance.

## IMPORTANT NOTES

The claim process will start once we receive notice of the date of death of the deceased life assured. However, the proceeds can only be released upon the settlement of all invested assets, receipt of original documentation and satisfactory admittance of all requirements.

In this form, the term 'personal representatives' refers to the executors/administrators of a deceased's estate.

## DATA PROTECTION & YOUR PRIVACY RIGHTS

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](http://www.utmostinternational.com/privacy-statements) or you can request a copy from our Customer Service Team.

## WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Return the completed form, by post, to Utmost PanEurope dac.

**Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**

If you have any queries, you can contact our Client Relations team on **0845 602 9281** if calling from the UK or **00 44 845 602 9281** if calling from outside the UK.

## A WEALTH *of* DIFFERENCE

[www.utmostinternational.com](http://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.

UIC PR 0129 | 08/22

## A POLICY DETAILS

- 1 Policy number(s) being claimed
- 2 Name of deceased
- 3 Date of death

## B CLAIMANT DETAILS

We will only use the details you provide in this section to contact you about this claim, to perform anti-money laundering checks (see section E) and to fulfil our reporting obligations to the Irish Revenue.

- 1 Claimant name(s)
- 2 Address
- Postcode
- 3 Date of birth
- 4 Email address (optional)
- 5 Telephone number (optional)
- 6 In what capacity are you claiming the proceeds of this policy (i.e. policyholder/ trustee or personal representative)?

You must complete the relevant sections below so we can fulfil our reporting obligations to the Irish Revenue. Complete details of all policyholders, including the deceased. If more than four policyholders are involved, copy all of this section of the form, complete and make sure the additional policyholders sign the declaration.

Name	Date of birth	Taxpayer identification number(s)*	Jurisdiction(s) of tax residence**

\*Taxpayer identification number - this is the number that the tax authority use to identify you. For example, in the UK it would be your National Insurance number or your company tax number.

\*\*Please give details of all of tax jurisdictions you are resident in.

C PAYMENT DETAILS

Final payment will be made once all necessary documentation has been returned and your entitlement to the claim proceeds has been established.

- › Anti-money laundering checks may be required, see section E for details
- › Payment will be made in the denomination currency of the policy. Any foreign exchange required will be completed by your bank. We can only make payments to bank accounts held in the European Union (EU)
- › Where the proceeds of the claim are payable to the policyholder(s), payment will be made to them
- › If a deceased's estate is entitled to the proceeds of the claim and the Grant of Probate is issued in a jurisdiction within the UK, payment can only be made to the personal representatives of the estate (as named on the Grant of Probate) or the firm of solicitors who represent them
- › If a deceased's estate is entitled to the proceeds of the claim and the Grant of Probate is issued in a jurisdiction outside of the UK, payment can only be made to the firm of solicitors who are representing the estate. They must be registered with the relevant law society in the country where they are based.

BANK/BUILDING SOCIETY DETAILS

Give details of the bank/building society to which you want us to pay the claim proceeds:

Bank/Building society name	<input type="text"/>
Branch address - must be within the EU	<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"/>
Account name	<input type="text"/>
Account number	<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"/>
Sort code	<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"/>
Building society roll number/reference	<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"/>
IBAN	<input type="text"/>
Swift code	<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"/>

The IBAN and Swift code is required for non UK or non sterling bank/building society accounts, or where the bond denomination is in US Dollars or Euros (account must be held within the EU).

If you wish for payment to the bank account detailed across to be made via an intermediary bank, please provide the intermediary bank details below:

Bank/Building society name

\_\_\_\_\_

Branch address


Postcode

				—			
--	--	--	--	---	--	--	--

Account name

\_\_\_\_\_

## Reference

\_\_\_\_\_

IBAN

Swift code/ABA number

[illegible]

Full anti-money laundering checks are required for all bank account holders. If a bank account holder has not been identified by us yet, we will carry out anti-money laundering checks as detailed in section E.

We require a certified and dated copy of a bank account statement confirming the details provided in this section. It must be dated within the last six months and include the account name, account number and sort code. This copy can be certified by an authorised financial adviser, solicitor or bank manager, and must include the original signature of the certifier.

## D CLAIM REQUIREMENTS

In addition to this form, we will require the documentation listed below to enable us to process your claim. (If you are unsure, see section I for further guidance).

For claims that are payable to the policyholder(s)/trustees:

- › Original/certified copy of the death certificate\*
- › Original Policy Schedule or the attached 'Lost Policy Declaration' (see section G) completed by the policyholder/trustees

For claims that are payable to a deceased's personal representatives:

- › Original/certified copy of the death certificate\*
- › Original/certified copy of the Grant of Probate\* or local equivalent (if this is not yet available, we will require one at a later date before we can pay this claim)
- › Original Policy Schedule or the 'Lost Policy Declaration' (see section G) completed by the personal representatives of the deceased.

Any original documents submitted (apart from Policy Schedules) will be returned to you as soon as possible.

If the death certificate and/or Grant of Probate (or local equivalent) are not in the English language, we will request translated versions. These must be signed by a law firm, registered in the jurisdiction where the death occurred, indicating that the translations are a true representation of the original.

All expenses incurred in obtaining any requested documentation are the responsibility of the claimants.

\* Certified copies must be certified by authorised financial advisers, solicitors or bank managers. This copy must include the original signature of the certifier.

## CHECKLIST

Before you submit this claim, please ensure you have included the following:

- |   |                          |
|---|--------------------------|
| › Fully completed Death Claim Form  | <input type="checkbox"/> |
| › Original/certified copy of death certificate  | <input type="checkbox"/> |
| › Original/certified copy of Grant of Probate<br>(required if the claim is payable to a deceased's estate – if this is not yet available, we will require one at a later date before we can pay this claim) | <input type="checkbox"/> |
| › Original/certified copy of a bank account statement, dated within the last six months (see section C)   | <input type="checkbox"/> |
| › Anti-money laundering documentation (if applicable) (see section E)   | <input type="checkbox"/> |
| › Original Policy Schedule or fully completed 'Lost Policy Declaration' (see section G)   | <input type="checkbox"/> |

## E ANTI-MONEY LAUNDERING INFORMATION

- › In accordance with our obligations under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, as amended, which implements the Anti-Money Laundering Directives in Ireland, we are required to verify the identities of all personal representatives and policyholders, and anyone exercising power of attorney on their behalf
- › We may verify identities by carrying out a database search with a commercial agency. The search is carried out against public and other types of records. It will also check whether they have bank or credit facilities for identity verification purposes only. It will not disclose any information about their financial status in relation to these accounts. A record of the search will be retained but it will not affect their credit rating
- › Please let us know if any party named in this form is classed as a Politically Exposed Person, or if any party to this form is classed as a close relative or business associate of a Politically Exposed Person. If the answer is yes, we reserve the right to request further information or documentation
- › Where we need to verify the identity of a payee who is acting in their capacity as a solicitor, we will do this by checking their jurisdiction's law society register instead
- › We also reserve the right to request further documentation at any time in order to comply with anti-money laundering requirements. Please note that if we hold proof of identity on file for an individual that is out of date, we may need up to date verification
- › If you are not sure what documentation to provide, contact our Client Relations team on 0845 602 9281 for details of our requirements.

### Individuals:

If, for any reason we are unable to perform verification checks with a commercial agency, we will ask for the following documentation to be provided instead.

For personal representatives or policyholders who are individuals, we will need to see an originally certified\*\* and dated copy of **one document** from **Part A** and one from **Part B**:

#### PART A - EVIDENCE OF IDENTITY (photographic evidence - currently valid)

- › Full signed passport ☐
- › Full photographic driving licence ☐

#### PART B - EVIDENCE OF ADDRESS

- › Utility bill\* ☐
- › Mortgage statement\* ☐
- › Bank/building society statement\* ☐
- › Full driving licence ☐

A driving licence can only be used for either Part A or Part B. We cannot accept it for both.

Examples of reasons where we might be unable to perform verification checks and where we might require documentary evidence to be provided, may include, but are not limited to, the following:

- › The person to be identified has recently moved to the UK
- › The person to be identified resides in a care home or similar facility.

\* Dated within the past six months

\*\* Certified copies: An authorised financial adviser, solicitor or bank manager can certify these. This copy must include the original signature of the certifier.

## Companies:

For personal representatives and policyholders who are companies, we will be unable to perform verification checks on the company itself, so we will always need to see originally certified\* and dated copies of all of the following:

- |   |                          |
|---|--------------------------|
| <b>1</b> Certificate of incorporation   | <input type="checkbox"/> |
| <b>2</b> Memorandum and Articles of Association   | <input type="checkbox"/> |
| <b>3</b> Evidence of registered address and principal business address. For example, company headed paper   | <input type="checkbox"/> |
| <b>4</b> A list of directors' names. This must be provided on company headed paper  | <input type="checkbox"/> |
| <b>5</b> List of authorised company signatories with specimen signatures. This list should be provided on company headed paper and must advise who can sign on behalf of the company  | <input type="checkbox"/> |
| <b>6</b> Shareholder/member register of the company   | <input type="checkbox"/> |
| <b>7</b> Provide details (name, address, date of birth) of beneficial owners who hold or control 25% or more of shares or voting rights in the company, or who otherwise exercises ultimate effective control over the management of the company in section F | <input type="checkbox"/> |
| <b>8</b> Latest set of audited accounts for the company (if applicable)   | <input type="checkbox"/> |
| <b>9</b> Provide details (name, address, date of birth) of those who have signed the declaration in section F.  | <input type="checkbox"/> |

To verify identification for 7 and 9 above, please refer to the 'Individuals' section for details.

\* Certified copies: An authorised financial adviser, solicitor or bank manager can certify these. This copy must include the original signature of the certifier.

**F CLAIMANT'S DECLARATION**

All claimants must sign this declaration. Please read it carefully before signing.

In this declaration, 'I/We' means the claimant and 'you' means Utmost PanEurope dac.

I/We declare that:

- › I am/We are over age 18.
- › The information provided on this claim form, and in any other documents associated with this claim, is correct and complete. In the event that any information is untrue, misleading or inaccurate, I/we agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration.
- › I am/We are/The company is legally entitled to the proceeds payable under the policies specified in section A and that those policies have not been assigned or transferred, nor has any person/corporate entity any rights to the policies, other than ourselves
- › I/We agree for all payments due under this claim to be made in accordance with the instructions in section C. If the payee named in this section is not a personal representative of the deceased, I/we acknowledge this and consent to the payment being made to this party
- › I/We will sign a receipt for any payments made under this claim, if requested
- › I/We understand and agree that any payment made by you shall discharge you from all liabilities and/or claims arising out of, or by virtue of, the policies specified in section A
- › I am/We are not resident in the United States of America (US) for tax purposes, or a US citizen and I am/we are not required to file any US tax returns
- › I/We shall co-operate with you and provide such assistance as you may require from time to time to ensure compliance with any legal and regulatory obligations, including the Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard for Automatic Exchange of Financial Account Information (CRS).

For trusts only:

- › I/We declare that the settlor, beneficiaries, protectors and trustees of the trust are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns
- › I/We declare that a court within the US would not have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust
- › I/We declare that I am/we are not acting on behalf of an estate of a decedent that is a citizen or resident of the US.

For companies only:

- › I/We declare that the company named in this form is not a partnership or corporation organised in the US or under the laws of the US or any State thereof
- › I/We declare that the beneficial owners of the company are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns
- › I/We have read the explanation of the terms detailed in section H 'Irish Residence Definitions'
- › I am/We are/The company is the policyholder in respect of which this declaration is being made
- › I am/We are/The company is not resident or ordinarily resident in Ireland
- › I/We/The company hereby undertake to inform you of any change in my/our/the company's country of residence and/or jurisdiction of tax residence during the course of this claim.

	Claimant 1	Claimant 2
<b>SIGNATURE</b>	<div></div>	<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>	<div>d</div> <div>d</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div>

**SIGNATURE**

If the policy is owned by multiple policyholders, or if there is more than one personal representative, they all must sign this document.



	Claimant 3	Claimant 4	
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>	

This form may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish law to make a false declaration.

This declaration must be signed by policyholders who are neither resident nor ordinarily resident in Ireland, or by personal representatives signing on behalf of deceased persons. Where the policyholder is a company, the declaration must be signed by the company secretary or such other authorised officer. It may also be signed by a person who holds power of attorney from the policyholder. Their identity must be verified as per our anti-money laundering requirements (see section E). A copy of the power of attorney should be furnished with this declaration.

**G LOST POLICY DECLARATION**

You only need to complete this section if the original Policy Schedule(s) has been lost or destroyed.

Before completing this section please check that the Policy Schedule(s) is not held by a bank or building society as security or by your solicitor or financial adviser.

In this declaration 'I/we' means the claimant(s) and 'you' means Utmost PanEurope dac.

I/We declare that I am/we are legally entitled to the proceeds of the policies, for which the Policy Schedule(s) has been lost, mislaid or destroyed.

I/We guarantee and undertake to indemnify you against all loss and expense incurred by you in consequence of payment under the policies being made to me/us without delivery of the Policy Schedule(s). If the Policy Schedule(s) comes into my/our possession, I/we will deliver it to you.

I/We confirm that the statements made in this declaration are true to the best of my/our knowledge and belief.

	Claimant 1	Claimant 2	
<b>SIGNATURE</b>	<div></div>	<div></div>	<b>SIGNATURE</b>
Print full name	<div></div>	<div></div>	<p>If the policy is owned by multiple policyholders/ trustees, or there is more than one personal representative, they must all sign this declaration.</p>
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	
	Claimant 3	Claimant 4	
<b>SIGNATURE</b>	<div></div>	<div></div>	<b>SIGNATURE</b>
Print full name	<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>	

This declaration must be witnessed. The witness should be over 18 years of age and cannot be the wife, husband or civil partner of the claimant(s).

	Witness
<b>SIGNATURE</b>	<div></div>
Print full name	<div></div>
Date	<div>d d m m y y y y</div>
Address	<div></div>
Postcode	<div></div>

## H IRISH RESIDENCE DEFINITIONS

### RESIDENCE - INDIVIDUAL

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

- › Spends 183 days or more in the State in that tax year; or
- › 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. Presence in the State for a day means the personal presence of an individual at any time during that 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

A company which has its central management and control in Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:

- › The company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU Member States or countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a tax treaty country; or
- › The company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in Section 23A of the Taxes Consolidation Act 1997.

I WHO SHOULD CLAIM?

