LAPSE VALUE CLAIM FORM



Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

IMPORTANT NOTES

HOW TO COMPLETE THIS FORM

Section A, B & D must be completed by all applicants.

This form should be completed using **blue or black 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.**

HOW WE USE YOUR INFORMATION

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 or you can request a copy from our Client Relations Team.

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to Info@UTMOST.ie.

If you are unable to send documentation electronically, it can be posted to Utmost PanEurope dac, Bishop's Square, Redmond's Hill, Dublin 2, Ireland.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

A APPLICANT DETAILS

		Applicant 1	Applicant 2	
Ti	tle (Mr, Mrs, Miss or Other)			
1	Full name			
2	Present address (if different from that on the original application)			
	Postcode			
3	Existing policy number			

A WEALTH of difference

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland. Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland. Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac. UIC PR 00180 I 01/24

B ENCASHMENT DETAILS

Full Payment											
C PAYEE DETAILS											
Bank / Building Society Name				 					 		
Branch Address				 					 		
Postcode		_							 		
Account Name											
Account Number											
Sort code] – [] -		(mus	t be é	6 digi	ts)			
Building Society Roll Number/ Reference											
SWIFT code											
IBAN									 		

D DECLARATION - MUST BE COMPLETED BY ALL APPLICANTS

I/We wish to claim the cash in value of the above policy at the date of lapse together with late payment interest in full and final settlement of my policy.

	Appl i (or titl			differ	ent)					lican tlehol		differ	ent)				If the policy is assigned or	
SIGNATURE																	written in trust, any assignee or additional trustee must also sign this form.	
Date	d	d	m	m	у	у	у	у	d	d	m	m	у	У	у	у		

ADDITIONAL INFORMATION REQUIRED TO CLAIM CASH IN VALUE:

- > Original policy document/schedule (or)
- > Fully completed Lost Policy Declaration (overleaf)
- > If you have recently moved house proof of address i.e. utility bill (dated within last 3 months)
- > If you have married since you took out the policy and are using your married name, please provide a copy of your marriage certificate.

LOST POLICY DECLARATION FORM

This form must be completed using **blue or black 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**.

STEP 1 - POLICY DETAILS

Policy number						
Contract type						

STEP 2 - OWNERS OF THE POLICY

	Owner 1	Owner 2 (if any)
Title (Mr, Mrs, Miss or Other)		
Surname		
Forenames (in full)		
Address (for correspondence)		
Postcode		
	Owner 3 (if any)	Owner 4 (if any)
Title (Mr, Mrs, Miss or Other)		
Surname		
Forenames (in full)		
Address (for correspondence)		

STEP 3 - DECLARATION

- > I declare that the policy schedule has been lost and that I am the legal owner of the policy and I am legally entitled to the proceeds of the above policy
- > The policy has not been assigned, pledged as security or given to any person who could have any claim upon it
- > I will return the policy schedule to Utmost PanEurope dac if this is found
- > I will indemnify Utmost PanEurope dac against any claim and any loss or expense which it may incur in consequence of the above not being true and/or payment of the maturity proceeds being made without the policy schedule being returned to Utmost PanEurope dac.

	Owner - Authorised Signatory 1	Owner - Authorised Signatory 2
SIGNATURE		
Date	d d m m y y y	d d m m y y y y
SIGNATURE	Owner - Authorised Signatory 3	Owner - Authorised Signatory 4

Date