

WITHDRAWAL OR SURRENDER FORM

PRIVATE WEALTH PORTFOLIO



INTRODUCTION

This form should be used for surrender or withdrawal requests from products issued by Utmost PanEurope excluding products designed for the UK market or for any product where the policyholder is now UK resident. If you have a UK product (including Private Wealth Portfolio UK) or you are UK resident please complete a **UWS Multi-Product Withdrawal and Surrender Form**.

This document contains links to relevant documents, websites and email addresses. Click on the **bold gold** words to access these links.

USING THE EDITABLE FIELDS

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

Paper completion: If 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**.

INTERPRETATION

References to "we", "us", "Utmost" or "Utmost PanEurope" refer to Utmost PanEurope dac. The abbreviation "PWP" refers to Private Wealth Portfolio.

IMPORTANT INFORMATION

We recommend that you review the terms and conditions applicable to your Policy and seek professional advice as you see fit before requesting a withdrawal or surrender.

DATA PROTECTION

Before you provide us with your personal information, please read our **Privacy Notice** available on our website at www.utmostinternational.com/privacy-statements/ for information about your data protection rights and how we use your personal data. Utmost PanEurope reserves the right to change the **Privacy Notice** from time to time. We encourage you to periodically review the **Privacy Notice** to keep informed about how we use your personal data and how we keep it protected.

IDENTITY AND ADDRESS VERIFICATION

Receiving a request for payment requires us to ensure that the evidence of verification of identity and address we hold is up to current standards. As such, you may be required to provide additional information/documentation before the payment is processed. To avoid delays we ask that you send a certified copy of an identity document and proof of address that is less than six months old.

TAX INFORMATION

We strongly recommend that you seek professional tax advice before requesting payments from your Policy. The taxation consequences of each of the payment options may be different and will depend on your individual circumstances.

WHO MUST SIGN

For individual policyholders: All Policyholders must sign this form.

For corporate policyholders: This request must be signed as per the Policyholder's authorised signatory list or by the sole director (where applicable).

For Policies held in trust: The trustees with the relevant powers must sign this request.

If the Policy has been assigned, pledged as security, or otherwise given to any party who could have a claim under the Policy the relevant party or authorised signatories must countersign this request.

INCOMPLETE INFORMATION

To avoid delays in payment, ensure that all relevant sections are fully complete. **We cannot process your claim until this form is fully completed and any supplementary information and/or supporting evidence has been received.**

WHERE TO SUBMIT COMPLETED FORMS

You can email digitally signed and/or scanned forms and supporting evidence, to us at: CCSFrontOffice@utmost.ie Alternatively, post paper forms and supporting evidence to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, County Meath C15 CCW8, Ireland.**

The original form having liquid ink signatures is required where a digital signature using a digital signature service provider has not been attached to the form. Please see the **Using Digital Forms** page on our website.

CHECKLIST

We want to process your payment request as quickly as possible. To help us do this, please note the following:

- › If you are sending any additional information or documentation, attach it securely to this form and tick here
- › If you have changed name, address or contact details please complete a **Client Information and Change of Details Form** and provide the required supporting evidence.
- › In the case of a full surrender, the Policy Schedule¹ and any special condition and or endorsements to the policy should be returned.
- › Ensure that the form has been signed by all policyholders, trustees² or authorised signatories, as applicable

A PERSONAL DETAILS MANDATORY

Individual Policyholders including individuals acting in the capacity of a Trustee must complete Subsection A1. Corporate Policyholders including Corporate Trustees must complete Subsection A2.

If there are more than two Policyholders, please photocopy this section, attach the details to this form and tick here.

A1 INDIVIDUAL POLICYHOLDERS

	Policyholder 1	Policyholder 2 (if any)
1 Policy number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
2 Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3 Forenames (in full)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
4 Do you have a former name of alias? If "Yes" please provide the other name(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input style="width: 100%;" type="text"/>
5 Date of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
6 Place of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
7 List all nationalities/citizenships which apply	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
8 Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
9 Date of retirement, unemployment or becoming a homemaker	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10 Occupation (previous if retired, unemployed or homemaker)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

¹ With the exception of PWP Spain, if the Policy Schedule has been lost or destroyed, and has not been assigned, pledged as security or otherwise given to any person who could have any claim under the policy, you should complete a **Never Received or Lost Policy Schedule Declaration**.

² Not applicable to PWP Portugal.

PRIVATE WEALTH PORTFOLIO (EXCLUDING UK PRODUCT AND UK RESIDENTS)

11 Last year's annual income/salary	Currency	<input type="text"/>	Currency	<input type="text"/>
	Amount	<input type="text"/>	Amount	<input type="text"/>
12 Employer	<input type="text"/>		<input type="text"/>	
13 Employer's address	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Postcode	Country	Postcode	Country
14 Permanent residential address (PO Box and 'care of' addresses are not acceptable)	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Postcode	Country	Postcode	Country
15 Full correspondence address (If this address is the same as your residential address tick here) <input type="checkbox"/>	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Postcode	Country	Postcode	Country

A2 CORPORATE POLICYHOLDERS

Only to be completed if there is a Corporate Policyholder, including Corporate Trustee.

1 Entity type Private company Public Company
 Other

2 Corporate name

3 Contact person

4 Company registration number

5 Registered office address (PO Box or 'care of' addresses are not acceptable)

 Postcode Country

6 Correspondence address

 Postcode Country

7 If the correspondence address is different from the registered address, give a reason

8 Telephone number (international format)

9 Corporate email address

10 Corporate website address

Question 6, We accept no responsibility for the consequences of sending documentation to this correspondence address, or to an address notified subsequently.

We reserve the right to send correspondence to the registered office address where regulations prevent it being sent to any other address.

A3 REASON FOR REQUEST

- 1 Reason for withdrawal or surrender
- | | |
|------------------------------------|--|
| Need access to Funds | Alternative Investment |
| Poor Service/Value | Investment Performance |
| Trustee Payments for a Beneficiary | |
| Other, please specify | <input style="width: 150px;" type="text"/> |

Where Other is selected failure to specify reason will delay processing payment.

- 2 Nature and purpose of original investment
- | | |
|---------------------|--|
| Succession Planning | Retirement Planning |
| Other | <input style="width: 150px;" type="text"/> |

B TAX CLASSIFICATION OF POLICYHOLDER	CONDITIONAL
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In order to comply with our international tax information exchange obligations, **in the event that your circumstances have changed or a tax declaration was not previously provided**, we will need you to complete a Tax Declaration and Self Certification before we can release any payment. The relevant declarations are:

- › **Tax Declaration and Self Certification for Individuals;**
- › **Tax Declaration and Self Certification for Entities;** and
- › **Tax Declaration and Self Certification for Individual Trustees.** (Not applicable to PWP Portugal)

If you completed a tax declaration and self certification form, attach it securely to this form and tick here

C POLITICALLY EXPOSED PERSONS DETAILS	MANDATORY
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We are required to identify persons associated with this Policy who could be classed as a Politically Exposed Person (“PEP”). PEP is a term used to describe someone who is currently or has previously been, entrusted with prominent public functions or responsibilities. For example: a Head of State, a holder of a senior political or government post, a senior member of the Judiciary or the Military, a senior employee of a state-owned corporation, or a board member of a Central Bank. Immediate family members or close associates of a PEP should be considered a PEP in their own right.

- 1 Is there anyone associated with this Policy who could be considered a PEP? Yes No

If “Yes”, provide details:

D PAYMENT REQUEST

MANDATORY

Please indicate the type of payment you require by ticking one of the options D1, D2 or D3.

- D1. Regular withdrawal (applicable to PWP France, PWP Portugal and PWP Spain only)
- D2. Partial surrender
- D3. Full surrender

To avoid the risk of foreign exchange fluctuations payments are made in the Policy currency.

Charges as detailed in the terms and conditions of your Policy will be applied. In addition charges may be taken by your bank.

D1 REGULAR WITHDRAWAL

- 1 Amount per payment
- 2 Frequency of payment Yearly Half-yearly Quarterly Monthly
(applicable to PWP Portugal and PWP Spain only)
- 3 Payment to commence³ from

D2 PARTIAL SURRENDER

Amount of payment

Limits to the amounts which can be surrendered are set out in the terms and conditions relevant to your Policy.

D3 FULL SURRENDER

Before surrendering your Policy, we would like you to read [Thinking of Closing Your Policy?](#)

E PAYMENT DETAILS

MANDATORY

E1 PAYMENT TYPE

Payments to Euro ("EUR") bank accounts in an EU member state will be made via Single Euro Payments Area ("SEPA") protocols. Payments to Pound Sterling ("GBP"), US Dollar ("USD") Swiss Franc ("CHF") or other EUR accounts will be made by telegraphic transfer.

E2 BANK ACCOUNT TO BE USED FOR PAYMENT

Please note that we require an original or suitably certified bank statement to prove the receiving bank account is held in the Policyholder(s)' name. This bank statement must be dated within the past six months.

THIRD-PARTY PAYMENTS

Payments to third parties are not normally allowed. If you are considering a third-party payment request you should contact our Customer Support Team before you submit your request. They will be able to discuss any individual requirements in more detail and help to reduce delays.

³ Regular withdrawals cannot commence until after the Policy's first charge date. The day of payment will be per the applicable terms and conditions.

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 Tax Consolidation Act 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.

G DECLARATIONS

MANDATORY

References to "I" or "me", mean you, the Policyholder (including individuals acting on behalf of a Trust⁷ or entity) both individually and collectively.

G1 IRISH TAX RESIDENCY STATUS DECLARATION

1 Is any Policyholder resident or ordinarily resident in Ireland? Yes No

If "Yes", supply details

Please note that Irish withholding tax will be applied to your payment.

If "No", please note that Policyholders resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration for the purpose of Section 730D Taxes Consolidation Act 1997, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

I declare that:

- › I have read the explanation of the terms detailed in the 'Residence Definitions' above;
- › I am the policyholder in respect of which this declaration is being made;
- › I am not resident or ordinarily resident in Ireland; and
- › if I am setting up a series of regular withdrawals or making a first partial surrender, I undertake to inform Utmost PanEurope of any change in our country of residence during the life of the Policy.

G2 GENERAL DECLARATIONS

I confirm that:

- › I understand that regular withdrawals, a partial surrender or full surrender will be made in accordance with this form, the terms and conditions applicable to my Policy and the current limits of Utmost PanEurope;
- › I accept such withdrawal or surrender is at my own risk;
- › I acknowledge that payment will be full and final settlement of Utmost PanEurope's liability in respect of any underlying assets surrendered;
- › I acknowledge that if the Policy has been assigned, pledged as security, or otherwise given to any person (e.g. irrevocable beneficiary, etc.) who could have a claim under the Policy that person must also sign this request; and
- › I acknowledge that Utmost PanEurope will disclose any of the information provided on this form to relevant tax, government, regulatory and/or policy authorities where it is under a legal obligation to do so.

⁷ Not applicable to PWP Portugal

WITHDRAWAL OR SURRENDER FORM
PRIVATE WEALTH PORTFOLIO (EXCLUDING UK PRODUCT AND UK RESIDENTS)

SIGNATURE

Policyholder 1

Policyholder 2 (if any)

Print full name

Date

SIGNATURE

Policyholder 3 (if any)

Policyholder 4 (if any)

Print full name

Date

In certain jurisdictions, if the Policy is considered joint matrimonial property, the signature of the Policyholder's spouse is required if the spouse is not a joint Policyholder.

SIGNATURE

Print full name

Date

If the Policy has been assigned, pledged as security, or otherwise given to any party (e.g. irrevocable beneficiary, etc.) who could have a claim under the Policy prior to this nomination the relevant party or authorised signatories must sign below.

SIGNATURE

Capacity of signatory Assignee Pledgee/pledge creditor Irrevocable beneficiary Other

If "Other", please specify

Print full name

Date

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.

Utmost PanEurope dac is authorised 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 Prudential et de Résolution or 'ACPR') under the number 228159.

Utmost PanEurope dac is authorised to operate in Italy on a freedom of services basis (FOS) and is duly registered for such purposes with the IVASS in Albo delle Imprese, Elenco II, with number II.00509.

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.

Utmost PanEurope dac is authorised to operate in Spain on a freedom of services basis (FOS) and is duly registered for such purposes with the Register of Insurance and Reinsurance Undertakings of the Spanish General Directorate of Insurance and Pension Funds (Dirección General de Seguros y Fondos de Pensiones) under the number L0466.

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