

# UNIT LINKED ACCOUNTS

## WITHDRAWAL/CLOSURE/MATURITY FORM

THIS DOCUMENT WAS LAST UPDATED IN DECEMBER 2024

Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

### 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.

### DATA PRIVACY

Details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Statement. We publish our Privacy Statements on our website at [www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements) or you can call us and request a copy. All persons whose details are collected in this form should read the Privacy Statement to understand how the data provided about them will be used.

### 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.

Refer to our [Anti-Money Laundering and Source of Wealth Requirements](#) for more information on documentation that may be required and how it should be certified.

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### FOR USE WITH PRODUCTS SUCH AS, BUT NOT RESTRICTED TO:

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Managed Capital Account

Managed Savings Account

Managed Pension Account

Executive Wealthbuilder Account

European Capital Account

All references to Utmost International in this form refer to either Utmost International Isle of Man Limited or Utmost PanEurope dac.

To complete this form:

- › Use black or blue ink
- › Use CAPITAL LETTERS only
- › Please read the questions and answers at the end of this form before completing and sending your instruction to us
- › Do not use correction fluid - cross through any amendments (initialled by all accountholders)
- › If you need to photocopy any pages to provide further details, please ensure all accountholders initial the pages
- › We recommend that you speak to your financial adviser before completing this form

**For further assistance, please refer to the 'Questions and Answers' section at the end of this form.**

**NOTE**

- › There may be charges associated with a full surrender which will be debited prior to payment.
- › Any payment instruction that has already been submitted and is in progress will be processed first and no further payment or surrender instruction can be processed until the previous payment has completed.
- › Utmost International cannot be held liable for any delays if multiple payment instructions are received when existing payment instructions are pending completion.

**A CONTACT DETAILS**

**MANDATORY**

Account number

Did you receive advice from a financial adviser for this request? Yes No

**NOTE**

There may be account charges and tax consequences associated with your request.

**Who should we contact in case of queries with this request?**

Please provide their contact details below: Accountholder Adviser

|                            |                      |
|----------------------------|----------------------|
| Contact name               | <input type="text"/> |
| Email address              | <input type="text"/> |
| Contact number             | <input type="text"/> |
| Alternative contact number | <input type="text"/> |

**B POLICYHOLDER DETAILS**

**MANDATORY**

**NOTE**

If your details have changed, a payment verification call may be needed. We will use the phone number we hold on file for you in the first instance but may need an alternative number. Please provide this in the section below to help prevent any delays. If there are more than two policyholders, please copy this sheet with the details and attach with initials of all applicants. Accountholder also means Policyholder throughout this form.

|   | <b>Accountholder / Trustee 1</b>                   | <b>Accountholder / Trustee 2</b>                   |
|---|--|--|
| 1. Title (Mr, Mrs, Miss or Other)               | <input type="text"/>                               | <input type="text"/>                               |
| 2. Gender                                       | Male Female  | Male Female  |
| 3. Surname                                      | <input type="text"/>                               | <input type="text"/>                               |
| 4. Maiden name (if applicable)                  | <input type="text"/>                               | <input type="text"/>                               |
| 5. Previous name or any aliases (if applicable) | <input type="text"/>                               | <input type="text"/>                               |
| 6. Forenames (in full)                          | <input type="text"/>                               | <input type="text"/>                               |
| 7. Employment status                            | Employed or Self-Employed<br>Retired or Unemployed | Employed or Self-Employed<br>Retired or Unemployed |

Question 4 and 5 - If not completed we will assume you have never been known by another name.

|   |                 |                 |
|---|-----------------|-----------------|
| Date of retirement or unemployment  | d d m m y y y y | d d m m y y y y |
| 8. Occupation   |                 |                 |
| 9. Employer   |                 |                 |
| 10. Employer Address  |                 |                 |
|   |                 |                 |
|   | Postcode        | Postcode        |
| 11. What is the relationship between the policyholders?   |                 |                 |
| 12. Nationality / dual nationality (if applicable)  |                 |                 |
| 13. Date of birth   | d d m m y y y y | d d m m y y y y |
| 14. Country of birth  |                 |                 |
| 15. Permanent residential address (PO Boxes and 'care of' addresses are not acceptable)                                   |                 |                 |
|   |                 |                 |
|   | Postcode        | Postcode        |
| 16. Please provide details of previous address since commencement of the Policy   |                 |                 |
|   |                 |                 |
|   | Postcode        | Postcode        |
| 17. Contact telephone number  |                 |                 |
| 18. Email address   |                 |                 |
| 19. Country/Countries of Tax Residency  |                 |                 |
| 20. UK National Insurance (NI) number   |                 |                 |
| 21. US Tax Identification Number (TIN)  |                 |                 |
| 22. a) I confirm that I am a US citizen and/or resident in the US and have provided my US TIN above.                      |                 |                 |
| b) I confirm that I was born in the US but I am no longer a US citizen and enclose my US loss of nationality certificate. |                 |                 |
| 23. Other tax reference number(s)   |                 |                 |

Question 8 - Please include role e.g. Director and industry sector e.g. Accountancy. If retired/unemployed, provide details of your previous occupation and include date of retirements or date of unemployment in Question 7.

If more than one previous address, please provide details on a separate sheet and attach securely to this form.

Only complete question 20 if you are a UK tax resident.

Only complete question 21 if you are a US tax resident.

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ADDITIONAL REQUIREMENTS FOR POLITICALLY EXPOSED PERSONS

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Under our current anti-money laundering obligations, we are required to identify persons associated with this Policy who could be classed as a Politically Exposed Person (PEP). A 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. Provide details in the box below of any persons that could be considered a PEP (as defined above) in relation to this application. Non-completion confirms that there are no associated PEPs:

Where any parties to this Policy are considered a PEP (as defined above), you will be required to complete and submit a **Source of Wealth Questionnaire** alongside this application. This questionnaire can be obtained via [www.utmostinternational.com](http://www.utmostinternational.com) or by contacting our Customer Service team.

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CORPORATE DETAILS (IF APPLICABLE)

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|                           |                      |                               |
|---------------------------|----------------------|-------------------------------|
| Corporate name            | <input type="text"/> |                               |
| Registered office address | <input type="text"/> |                               |
|                           | <input type="text"/> | Postcode <input type="text"/> |
| Country                   | <input type="text"/> |                               |
| Contact number            | <input type="text"/> |                               |

**C** PAYMENT OPTIONS

**NOTE**

There are tax implications when you take money from your account. Depending on the type of withdrawal you make, partial surrender across all policies or individual policy surrender, this can lead to different tax consequences. We cannot recommend which method is best for your personal circumstances. Please speak to your financial adviser to find out which method might best fit your needs.

Please indicate the type of payment you require by ticking one of the options.

**Please note, payments can only be made in the policy currency.**

**A**  **Single Withdrawal** (across all segments)

Amount of Payment or write Maximum  
or Maximum penalty free\*

\*Maximum means the largest partial withdrawal available whilst maintaining a minimum balance, in line with the account Terms, to keep the account open. Where requesting the maximum amount, please insert the word 'Maximum'. There may be a charge applied if you make a withdrawal over your 'penalty free allowance'. You can request a maximum penalty free withdrawal which may reduce the amount available, but will ensure no charge applies. Please note, that a tax charge may still apply.

**B**  **Surrender of whole segments** (individual policies)

Number of segments to be  
surrendered

**C1**  **Full surrender** (all segments). Please provide further details below:

Full surrender as soon as possible

**NOTE**

If you select this option we will proceed with the full surrender regardless of any upcoming maturity date which may result in a surrender penalty according with the Policy Terms and Conditions. When selecting this option, please cancel any standing order instructions currently in place for your funding account.

**OR**

**C2**  Full Surrender once Maturity date has been reached

**NOTE**

If you select this option and your maturity date is in the future, closure will only commence once the maturity date has been reached. When selecting this option, please cancel any standing order instructions once your maturity date has passed.

**D PAYMENT DETAILS**

**NOTE**

- › Payments must benefit all accountholders equally by being paid to a joint bank account. Payments to a third party are not permitted.
- › If not using a joint bank account, please specify the additional bank account details. Payments will be issued equally between accounts.
- › Providing new bank details not previously paid to could cause delays as additional verification may be required.

All payments will be sent by Telegraphic Transfer (TT). Please note TT charges will apply.

**BANK DETAILS OF ACCOUNTHOLDER(S)**

**Please provide bank details of accountholder(s) below.**

|   |   |                      |                      |
|---|---|----------------------|----------------------|
| Bank name                                 | <input type="text"/>  |                      |                      |
| Bank address                              | <input type="text"/>  |                      |                      |
|   | <input type="text"/>  |                      |                      |
|   | Country   | Postcode             |                      |
| Payee name (accountholder)                | <input type="text"/>  |                      |                      |
| Payee account number/IBAN                 | <input type="text"/>  |                      |                      |
|   | <small>(Payments to banks outside the UK may require an IBAN. Please contact your bank if needed.)</small>  |                      |                      |
| Sort code (UK accounts only)              | <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"/>                  | Branch code (non UK) | <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"/> | ABA number           | <input type="text"/> |
| Additional information needed by the bank | <input type="text"/>  |                      |                      |
| How long has the account been held?       | <input type="text"/> <input type="text"/>   | Years                |                      |

**IMPORTANT NOTE**

To avoid delays in receiving your payment please insert the correspondent SWIFT code if sending a payment where the currency is different to the indigenous currency of the receiving country.

**Please provide further bank details of additional Accountholder(s) below (if applicable).**

|                            |                      |          |  |
|----------------------------|----------------------|----------|--|
| Bank name                  | <input type="text"/> |          |  |
| Bank address               | <input type="text"/> |          |  |
|                            | <input type="text"/> |          |  |
|                            | Country              | Postcode |  |
| Payee name (accountholder) | <input type="text"/> |          |  |

Payee account number/IBAN

(Payments to banks outside the UK may require an IBAN. Please contact your bank if needed.)

Sort code (UK accounts only)  -  -  Branch code (non UK)

SWIFT code  ABA number

Additional information needed by the bank

How long has the account been held?   Years

**IMPORTANT NOTE**

To avoid delays in receiving your payment please insert the correspondent SWIFT code if sending a payment where the currency is different to the indigenous currency of the receiving country.

**E IDENTITY AND ADDRESS VERIFICATION**

**MANDATORY**

Whilst you may have provided satisfactory evidence of identity and address previously, we may require additional and/or updated documents. If you have any questions on the documents we hold or additional documents we require now please contact us.

Refer to our **Anti-Money Laundering and Source of Wealth Requirements** for more information on documentation that may be required.

**E1 CERTIFICATION REQUIREMENTS**

**Where the certifier met you in person**

Where updated documents are required they will need to be certified as follows.

**Identity verification**

I certify that this document is a true copy of the original which I have sighted and the photograph represents a good likeness of the client who I have met.

**Address verification**

I certify that this document is a true copy of the original which I have sighted

**Where the certifier met you face-to-face via secure live video stream**


I certify this document as a copy of the document that I have seen through held on < date> between me and the applicant / policyholder. The document has not been tampered with and I have received the same confirmation from the applicant /policyholder.

**E2 HOW DOCUMENTATION WAS OBTAINED**

If you are presenting documents to verify your address, identity or bank account please confirm how the certifier reviewed the documents.

**Accountholder/ Trustee 1**

**Accountholder/ Trustee 2**

For example: Savings  for retirement etc.

Met you in person

Met you face-to face via secure live video stream

Did not meet you and received original documents by post

Other, please provide details

**F POLICYHOLDER DECLARATION**

**MANDATORY**

**1. Nature and purpose of the original investment?**

**2. Reason for surrender / withdrawal?**

For example: fund performance, charges, change of circumstances, alternative investment, need access to funds for loan repayment, property investment, etc.

The declaration below is made by each person authorising the withdrawal/closure. I hereby:

- › Authorise and request Utmost International to carry out the transaction detailed in either section C in accordance (where applicable) with Utmost International's relevant account Terms and Conditions.
- › Confirm that there is no assignment or any person or company with a notice or interest in the account.
- › Confirm that there is no Bankruptcy Order against me or any beneficiary, nor am I or the beneficiary, an undischarged bankrupt or deemed to be insolvent under any relevant insolvency legislation.
- › Undertake to indemnify Utmost International against any claims or demands made by any other person or party as a result of the payment requested in section C.
- › Agree that payment of the withdrawal, maturity or closure proceeds shall constitute full discharge of the liability of Utmost International.
- › Confirm that by fully/partially encashing the account, the accountholder(s) has/have sought and considered financial advice in regards to the potential tax consequences and have referred to the relevant account Terms and literature.
- › Confirm that I am aware of the potential tax consequences of receiving the withdrawal or closure proceeds and I will declare these proceeds, if applicable, to the relevant tax authority in my country of residence.
- › Confirm that I am aware of the right reserved by Utmost International to defer the request for encashment to a date Utmost International considers appropriate and equitable to safeguard all policyholders, where circumstances prevent Utmost International from calculating fair and accurate unit prices for a particular transaction.

Utmost International does not offer legal, tax or financial advice and we can accept no responsibility for any action taken or refrained from being taken on the basis of information provided by us. Any information provided is based on our understanding of the current law and practice and is subject to change in the future.

**NOTE**

For your convenience, you can securely email your completed form to [iompaymentsoutheritage@utmostgroup.com](mailto:iompaymentsoutheritage@utmostgroup.com) including your account number in the subject field. You can also send the completed form back to us by post or fax to the details provided in question 8.



Signatories - All accountholders, including trustees, authorised signatories and/or pledgees (where applicable), must sign the below. Please also indicate the capacity in which you are acting and ensure this form is dated to avoid delays with your request.

**SIGNATURE**



Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

Full name



Capacity

Individual      Trustee      Pledgee  
 Other  
 (please state)

Individual      Trustee      Pledgee  
 Other  
 (please state)

**SIGNATURE**



Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

Full name



Capacity

Individual      Trustee      Pledgee  
 Other  
 (please state)

Individual      Trustee      Pledgee  
 Other  
 (please state)

**Please read these questions and answers before completing and sending your instruction to us.**

**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 International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Tel: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

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.

ULQ PR 13694 | 12/24

# QUESTIONS AND ANSWERS

## 1 HOW DO I KNOW HOW MUCH I WILL GET WHEN I CLOSE MY ACCOUNT?

You can contact our Client and Adviser Support team by email to: [IOMaskheritage@utmostgroup.com](mailto:IOMaskheritage@utmostgroup.com) or by phone, 0044 (0) 1624 655555, prior to making your request. The team will be able to provide you with an approximate full surrender (closure) value as well as a breakdown of any associated account charges.

## 2 WHAT DOES A UNIT LINKED ACCOUNT REFER TO?

A Unit Linked account refers to a regular premium contract including, but not restricted to, your Managed Capital Account, Managed Savings Account, Managed Pension Account, and Executive Wealthbuilder Account.

## 3 WHY DO I NEED TO PROVIDE MY TAX IDENTIFICATION NUMBER AND COUNTRY OF TAX RESIDENCE?

Under Automatic Exchange of Information (AEOI) regulations we are required to obtain certain information from our investors, including countries of tax residence and related tax identification numbers. We may have to provide this information to our domestic tax authority who may share it with overseas tax authorities. Failure to provide this information could result in your details automatically being reported under AEOI by default.

## 4 ARE THERE ANY TAX IMPLICATIONS IF I MAKE A WITHDRAWAL?

The answer to this question varies depending on your individual circumstances and for this reason we strongly recommend that you seek financial and tax advice prior to requesting a withdrawal or surrender. Utmost International cannot provide you with financial or tax advice. For Ireland products, depending on the country of residence, Utmost PanEurope may be obliged to withhold tax from a payment.

## 5 ARE THERE ANY EARLY ENCASHMENT CHARGES?

There could be early encashment charges. However, they vary by product and can depend on the length of time you have held the account. Details can be found in your charges schedule. If you require more information, please contact us using the details shown in question 10.

## 6 WHAT HAPPENS IF SOMETHING IS MISSING?

If, in our view, your instruction is not clear or we are missing key information, we will be unable to proceed and we will typically contact you or your financial adviser as per your instruction in Section A. This will delay your request.

## 7 WHO HAS TO SIGN THE FORM?

All accountholders, including trustees, authorised signatories and/or pledgees (where applicable) must sign.

## 8 IF I DO NOT HAVE ACCESS TO EMAIL, WHERE CAN I SEND MY COMPLETED FORM TO?

To post your completed form, please address this to the Payment Department at either Utmost International Isle of Man Limited or Utmost PanEurope dac (using the location relevant to your product) and send this to King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles or alternatively you can fax it to 0044 (0)1624 611715.

## 9 IF I HAVE CHOSEN A PERCENTAGE FOR MY REGULAR WITHDRAWAL, WHAT IS THIS BASED ON?

Percentages withdrawn will be based on the premium(s) received prior to this request. If you require the percentage to include any additional premiums received in the future, we will require revised instructions to this effect at the time of adding to the policy.

## 10 WHAT IF I HAVE MORE QUESTIONS?

Your financial adviser should be your first point of contact. However, if you would like to speak to us, please call our Client and Adviser Support team on 0044 (0) 1624 655555 or email us at [IOMaskheritage@utmostgroup.com](mailto:IOMaskheritage@utmostgroup.com)