

# CLIENT INFORMATION AND CHANGE OF DETAILS FORM



## IMPORTANT NOTES

Please use this form if you are an existing Utmost customer to notify us if you have changed:

- › Your name and/or specimen signature (e.g. if you have married since taking out your policy).
- › Your address (note: if you have moved country you will need to provide updated tax information).
- › Your email address.
- › Your telephone number.

This is a generic form, which refers to Policy and Policyholder. Your terms and conditions may refer to Account/ Account Holder, Plan/Planholder, Policy/Policyholder or Bond/Bondholder; the terms are interchangeable and have the same definition.

Where there are more than two Policyholders, you will need to complete an additional form and append it to this one when sending it to us.

If you are a client and providing this information to UW directly, please post this form and your original certified proof of identification and proof of address, plus any additional documents requested to:

Utmost Worldwide Limited, Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands, GY1 4PA

If you are an Intermediary supporting our client through this process, please scan this form and send along with all supporting certified documentation to [UWCustomerservice@utmostworldwide.com](mailto:UWCustomerservice@utmostworldwide.com)

If you have any queries, please contact us on +44 (0)1481 715800.

## SUPPORTING DOCUMENTATION

**As well as this form, we may require relevant supporting documentation to verify the change. Failure to provide supporting documentation may result in a delay in processing.**

## HOW WE USE YOUR INFORMATION

Our Privacy Notice 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 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 Support team.

## 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.

PAGE	SECTION	REQUIREMENT	TICK SECTION COMPLETED
2	A – Policyholder Details	Mandatory	
2	B – Change of Name/Specimen Signature	Only where changed	
3	C – Confirmation of Address	Mandatory	
4	D – Confirmation of Email Address	Mandatory	
5	E – Confirmation of Telephone Number	Mandatory	
5	F – Declaration	Mandatory	

**A POLICYHOLDER DETAILS**

**MANDATORY**

Policy Number	<input type="text"/>	
	<b>First Policyholder</b>	<b>Second Policyholder (if applicable)</b>
Full Name	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="ddmmYYYY"/>	<input type="text" value="ddmmYYYY"/>
Nationality	<input type="text"/>	<input type="text"/>
Do you hold dual nationality?	Yes No	Yes No
If so, please state second nationality here	<input type="text"/>	<input type="text"/>
Employment Status	employed/ self employed retired/ unemployed	employed/ self employed retired/ unemployed
Date of retirement or leaving employment (if applicable)	<input type="text" value="ddmmYYYY"/>	<input type="text" value="ddmmYYYY"/>
Occupation	<input type="text"/>	<input type="text"/>
Last year's annual income/ salary	<input type="text"/>	<input type="text"/>
Employer name	<input type="text"/>	<input type="text"/>
Employer address	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>
Length of time with current Employer or business	<input type="text"/>	<input type="text"/>
If you are self-employed or business owner, please state percentage of business owned	<input type="text"/>	<input type="text"/>
Do you believe you are a Politically Exposed Person?	Yes No	Yes No

If you have changed your name please complete section B



A Politically Exposed Person (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.

**B CHANGE OF NAME/SPECIMEN SIGNATURE**

**OPTIONAL**

	<b>First Policyholder</b>	<b>Second Policyholder (if applicable)</b>
Title	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>

Only complete this section if you have changed your name



Surname				
Do you have a former name or alias?	Yes	No	Yes	No
If "Yes", please provide full details				
Reason for change				
	<b>Specimen Signature</b>		<b>Specimen Signature</b>	
<b>PREVIOUS SIGNATURE</b>				
<b>NEW SIGNATURE</b>				
Date of change	d	d	m	m
	y	y	y	y
	d	d	m	m
	y	y	y	y

If you have changed your name, you must supply an original or certified copy of the document proving the change (e.g. marriage certificate, deed poll, statutory declaration).

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records provided they are certified and emailed to us directly from your servicing intermediary. We reserve the right to conduct follow-up security checks as required. If you are not using a servicing Intermediary for this change, please post this form with supporting original certified copies of the relevant documentation to our address. Please complete subsection F to confirm how documents were obtained.

**C CONFIRMATION OF ADDRESS**

**MANDATORY**

	<b>First Policyholder</b>	<b>Second Policyholder (if applicable)</b>
Residential Address		
	Postcode	Postcode
Correspondence Address	Same as residential address	Same as residential address
	Postcode	Postcode
Date of change	d	d
	m	m
	y	y
	y	y
	d	d
	m	m
	y	y
	y	y

If you have changed address, an original or certified copy of proof of your new address, dated within 3 months is required.

Correctly certified scanned versions of Proof of Identification and Proof of Address are acceptable for our records provided they are certified and emailed to us directly from your servicing intermediary. We reserve the right to conduct follow-up security checks as required. If you are not using a servicing Intermediary for this change, please post this form with supporting original certified copies of the relevant documentation to us. Please complete subsection F to confirm how documents were obtained.

## TAX DECLARATION

You must complete this section.

Where a Policyholder has moved jurisdiction we are required to request updated tax-related information. This section incorporates the requirements of:

1. The US Foreign Account Tax Compliance Act ("FATCA")
2. The Standard for Automatic Exchange of Financial Account Information in Tax Matters, commonly known as the Common Reporting Standard ("CRS")

If you have any questions on how to complete this section we recommend that you speak to your tax, legal or financial advisor.

	First Policyholder	Second Policyholder (if applicable)
Country of tax residence	<input type="text"/>	<input type="text"/>
Taxpayer Identification Number (TIN)	<input type="text"/>	<input type="text"/>
2nd Country of tax residence (if applicable)	<input type="text"/>	<input type="text"/>
2nd TIN	<input type="text"/>	<input type="text"/>
3rd Country of Tax Residence (if applicable)	<input type="text"/>	<input type="text"/>
3rd TIN	<input type="text"/>	<input type="text"/>
Please provide an explanation if you do not have a TIN	<input type="text"/>	<input type="text"/>
Is the Policyholder a US Citizen or US Tax Resident?	Yes No	Yes No
If yes, please provide US TIN	<input type="text"/>	<input type="text"/>

D

CONFIRMATION OF EMAIL ADDRESS

MANDATORY


	First Policyholder	Second Policyholder (if applicable)
Email address	<input type="text"/>	<input type="text"/>

E

CONFIRMATION OF TELEPHONE NUMBER

MANDATORY

	First Policyholder	Second Policyholder (if applicable)
Home	<input type="text"/>	<input type="text"/>
Work	<input type="text"/>	<input type="text"/>
Mobile/Cell	<input type="text"/>	<input type="text"/>

Please include country code 

F

CERTIFIED DOCUMENTS

MANDATORY

If you are presenting documentation to verify the change confirmed in section B or C please confirm how the certifier reviewed the documents.

	First Policyholder	Second Policyholder (if applicable)
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	<input type="text"/>	<input type="text"/>

**G DECLARATION AND SIGNATURE**

**MANDATORY**

**Declaration**

By signing below, I confirm I have been informed about the **Utmost International Data Privacy Notice**, and where to find it.

By signing below, I declare that this form has been completed to the best of my knowledge and belief and that I authorise you to make the changes requested.

I acknowledge that relevant information contained in this Declaration will be shared with any tax authorities as required under various exchange agreements, including FATCA and CRS.

I acknowledge my obligation to keep you informed of any changes to my personal details, tax residency or PEP status.

**SIGNATURE**

**First Policyholder**

**Second Policyholder (if applicable)**

--	--

Full name

--	--

Date of change

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

## A WEALTH *of* DIFFERENCE

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

Utmost Worldwide Limited (No. 27151) also trading as Utmost Wealth Solutions, is incorporated in Guernsey.

It is authorised and regulated by the Guernsey Financial Services Commission to conduct long term business and general business.

Registered Office: Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey. Utmost International Middle East Limited (No. 3249) is a wholly owned subsidiary of Utmost Worldwide Limited and is incorporated in the Dubai International Financial Centre (DIFC), registered office address of Office14-36, Level 14, Central Park Towers, Dubai International Financial Centre, PO Box 482062, Dubai, United Arab Emirates.

Utmost International Middle East Limited does not issue any products or service any retail clients.

Please refer to specific product literature for information about the relevant issuing company.

Utmost Portfolio Management Limited (No. 42887) is incorporated in Guernsey. The company is a wholly owned subsidiary of Utmost Worldwide Limited.

It is authorised and regulated for a range of investment business activities by the Guernsey Financial Services Commission.

Registered Office: Utmost House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Utmost Worldwide Limited, Hong Kong Branch (No. F0002858) also trading as Utmost Wealth Solutions, is a registered branch of Utmost Worldwide Limited.

It is authorised and regulated by the Insurance Authority of Hong Kong to carry out Class C Linked Long Term business.

Registered Office: Unit 2402B, Great Eagle Centre, 23 Harbour Road, Wanchai, Hong Kong.

Utmost Worldwide Limited is registered in Hong Kong as a Non-Hong Kong Company.

Utmost Worldwide Limited, Branch Office Switzerland, Zürich (Switzerland Branch) (No. CHE477.079.694), also trading as Utmost Wealth Solutions, is a registered branch of

Utmost Worldwide Limited. It is authorised and regulated by the Swiss Financial Market Supervisory Authority (FINMA) as an insurer to carry out Class A2 insurance business in Switzerland.

Registered Office: Bahnhofstrasse 61, 8001 Zürich.

UWWS PR 00106 | 02/24