

# REGULAR WITHDRAWAL REQUEST

## UNITED KINGDOM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy Number

**Policyholder 1**  Mr  Mrs  Other

Surname(s)  First name(s)

Address

Street/N°

City/County  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

**Policyholder 2**

Mr  Mrs  Other

Surname(s)  First name(s)

Address  
Street/N°

City/County  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

**Policyholder 3**

Mr  Mrs  Other

Surname(s)  First name(s)

Address  
Street/N°

City/County  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

**Policyholder 4**

Mr  Mrs  Other

Surname(s)  First name(s)

Address  
Street/N°

City/County  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEoI Self-Certification Form for Entities duly filled in.

- \* Reason A            The country where the Account Holder is liable to pay tax does not issue TINs to its residents.  
Reason B            The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the table if you have selected this reason).  
Reason C            No TIN is required (Note. Only select this Reason C if the authorities of the country of tax residence entered do not require the TIN to be disclosed).

Please choose one option

Regular Withdrawal to be set up

Regular Withdrawal to be cancelled

With immediate effect

From

Regular Withdrawal to be modified

The bank details are to remain unchanged

The bank details are to be amended

Frequency:             Monthly             Quarterly             Half-yearly             Annually

Currency:                        Amount:           

Date of commencement <sup>1</sup>:

<sup>1</sup> If no date is given, Regular Withdrawals will begin on the next available Dealing Day.

I am aware that the funds will be received in my account within approximately 7 working days from the date outlined.

Please transfer the proceeds to the following account(s):

Name of the bank	<input type="text"/>		
Address	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
E-mail	<input type="text"/>		
Account holder name	<input type="text"/>		
Sort Code	<input type="text"/>	Account number	<input type="text"/>
SWIFT/BIC	<input type="text"/>	IBAN	<input type="text"/>

Other Instructions (assets transfer or assets instruction, FX exchange)

REASON FOR THE WITHDRAWAL/SURRENDER

Annual withdrawal allowance (5%)

Supplementary income required

Payment of tax, invoices and other fees

Investment in real estate

Reinvestment into another life insurance policy with Utmost Luxembourg S.A.

Reinvestment with another company

Investment performance

Other

1. I/We confirm that I/we have not transferred, assigned or in any way encumbered my/our rights or title under the Policy and that I/we am/are fully entitled to request this withdrawal;
2. I/We acknowledge that this withdrawal will be executed in accordance with the General Conditions of the Policy; and
3. I/We further confirm that I/we have taken appropriate independent advice from a professional source in relation to the consequences in tax of the options offered above.

Your Policy may not confer the same benefits if you move to another country. It is your responsibility as Policyholder to inform the Insurer immediately of any change of residence.

### TAX COMPLIANCE CERTIFICATION

The undersigned Policyholder(s) (the "Policyholders") for one or more life assurance policies (the "Policies") with Utmost Luxembourg S.A., hereby declare that they, the Economic Beneficial Owner (the "EBO") and, where appropriate, the person who is the real payer of premiums to the Policies, comply with all applicable tax obligations (the "Tax Obligations") with regards to the Policies.

The Policyholders further confirm that they will comply with all Tax Obligations related to the existence of, and transactions on, the Policies. The Policyholders hereby discharge Utmost Luxembourg S.A. of any liability and will hold Utmost Luxembourg S.A. indemnified for any consequences resulting from the failure on the Policyholders' part to comply with any Tax Obligations. Furthermore, the Policyholders undertake to (i) inform Utmost Luxembourg S.A. within 30 days of any changes to the validity of this declaration and (ii) provide Utmost Luxembourg S.A. with any documentation reasonably requested at any time by Utmost Luxembourg S.A. in order to evidence full compliance with their Tax Obligations.

The Policyholders acknowledge and agree that the declarations and documentation related to compliance with the Tax Obligations are essential elements for Utmost Luxembourg S.A., that the Policy will be issued by Utmost Luxembourg S.A. in reliance of the accuracy and completeness of these representations and that any misrepresentation, whether intentional or not, or failure to provide the requested documentation may result in the cancellation or resolution of the Policy by Utmost Luxembourg S.A.

The Policyholders acknowledge that Utmost Luxembourg S.A. provides neither legal nor tax advice and confirm that they will refer any questions with regard to the Tax Obligations to their legal or tax adviser(s).

#### Policyholder 1

**SIGNATURE**

Date

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

Place

#### Policyholder 2

**SIGNATURE**

Date

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

Place

**Policyholder 3**

**SIGNATURE**

Date

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

Place

**Policyholder 4**

**SIGNATURE**

Date

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

Place

UTMOST LUXEMBOURG S.A. MUST BE IN RECEIPT OF THE FOLLOWING IN ORDER TO RELEASE THE PROCEEDS:

- › the original of this Withdrawal Request signed by all Policyholders; and
- › certified, valid photographic ID (unless you have provided this to Utmost Luxembourg S.A. previously).

**IMPORTANT:**

Depending on the liquidity of your Portfolio and the redemption timetable of any Fund Manager, the processing of your withdrawal request may be delayed substantially. Depending on the destination of the withdrawal proceeds, payment may take an additional 10 Business Days from the Dealing Day on which the withdrawal is processed. If you need to receive Regular Withdrawal proceeds on a particular date, please specify a date of commencement that takes this timeframe into account.

A WEALTH *of* DIFFERENCE

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

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)  
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg  
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.