

UNIT LINKED - FULL SURRENDER REQUEST

UTMOST WORLDWIDE LIMITED



Please complete this form using BLOCK CAPITALS. All sections are mandatory unless indicated otherwise.

A	PLANHOLDER DETAILS	
	First Planholder	Second Planholder (if applicable)
1	Plan number(s) ("Plan")	
2	Full name	
3	Do you have a former name or alias? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> If "Yes", please provide full details.	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
4	Date of birth	
5	Nationality	
6	City of birth	
7	Residential address	
8	Correspondence address (if not the same as residential address)	
9	Date moved to current residential address	
10	If UK / Switzerland please indicate date of return to UK / Switzerland:	
11	Telephone contact details:	
12	Email address:	

A PLANHOLDER DETAILS (CONTINUED)

Please provide information below to allow us to meet our tax information exchange reporting requirements under FATCA (for US persons) and CRS (the Common Reporting Standard) as applicable. Please ensure that you provide a valid TIN (Tax Identification Number) for each country where you are tax resident, or a valid explanation of why you do not have one. US TINs are mandatory for US persons. If completing in relation to a legal entity, please provide a separate Entity International Tax Compliance form. Please note that failure to provide complete information below may affect our ability to carry out instructions on your Plan(s) on a timely basis. By completing this information you declare that it is complete and accurate, and that no material fact has been omitted or concealed.

Tax Residence:


	First Planholder:	Second Planholder:
Jurisdiction 1:	<input type="text"/>	<input type="text"/>
TIN 1:	<input type="text"/>	<input type="text"/>
Jurisdiction 2:	<input type="text"/>	<input type="text"/>
TIN 2:	<input type="text"/>	<input type="text"/>
Jurisdiction 3:	<input type="text"/>	<input type="text"/>
TIN 3:	<input type="text"/>	<input type="text"/>
Do you hold dual nationality?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please list the Countries:	<input type="text"/>	<input type="text"/>
Please provide an explanation if you do not have a TIN number:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Please note: If the surrender is in respect of a legal entity, a separate Entity International Tax Compliance form is available.

B EMPLOYMENT AND FINANCIAL DETAILS

	First Planholder	Second Planholder (if applicable)
1 Employment details	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed	<input type="checkbox"/> Employed or Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not currently employed
2 Date of retirement or leaving employment (if applicable)	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
3 Your occupation		
a. The nature of your employment and the position held (e.g. job title, level of seniority)	<input type="text"/>	<input type="text"/>
b. Length of service with current Employer or business	<input type="text"/>	<input type="text"/>
c. If less than 18 months please state previous employment details	<input type="text"/>	<input type="text"/>

d. If you are self-employed or business owner, please state percentage of business owned

 If retired or not currently employed, please state former occupation, Including role e.g. Director and industry sector e.g. accountancy and include date of retirement or unemployment.

4 Name and address of employer or business

5 Industry or business sector

6 Employer or business website address

B1 INCOME DETAILS

Please provide an estimated breakdown of your current annual income:

DETAILS	FIRST PLANHOLDER		SECOND PLANHOLDER (IF APPLICABLE)			
Specify Currency	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR
	<input type="checkbox"/> Other (state currency)			<input type="checkbox"/> Other (state currency)		
INCOME DETAILS	DESCRIPTION	VALUE	DESCRIPTION	VALUE		
Annual Salary/Income						
Annual Bonus Income						
Other Annual Income (please specify, for example, Investment Income, Pension Income, Benefits in Kind)						
Total Annual Income						

C SOURCE OF FUNDS AND WEALTH

C1 SOURCE OF FUNDS FOR YOUR INVESTMENT WITH UTMOST

First Policyholder

- ☐ 1 Savings from employment income (including salary, bonus and fees)
- ☐ 2 Compensation payment/legal settlement
- ☐ 3 Competition win
- ☐ 4 Gift
- ☐ 5 Inheritance
- ☐ 6 Loan
- ☐ 7 Maturing policy/policy claim/replacement policy/pension
- ☐ 8 Sale of asset portfolio or investment
- ☐ 9 Company sale or sale of interest in a business
- ☐ 10 Property sale
- ☐ 11 Other income sources
- ☐ 12 Third party payment (please specify)
-

Second Policyholder

- ☐ 1 Savings from employment income (including salary, bonus and fees)
- ☐ 2 Compensation payment/legal settlement
- ☐ 3 Competition win
- ☐ 4 Gift
- ☐ 5 Inheritance
- ☐ 6 Loan
- ☐ 7 Maturing policy/policy claim/replacement policy/pension
- ☐ 8 Sale of asset portfolio or investment
- ☐ 9 Company sale or sale of interest in a business
- ☐ 10 Property sale
- ☐ 11 Other income sources
- ☐ 12 Third party payment (please specify)
-

a. Please confirm the main country that the above economic source of funds came from.

First Planholder

Second Planholder (if applicable)

b. Which country has your overall wealth been generated in, if different?

C2 PERSONAL WEALTH

a. Please state your estimated personal net worth (after deduction of mortgages or loans).

	First Planholder	Second Planholder (if applicable)
Currency	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
Amount	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

b. Please provide an estimated breakdown of how your current wealth is held:

DETAILS	FIRST PLANHOLDER		SECOND PLANHOLDER (IF APPLICABLE)	
	CURRENCY	VALUE	CURRENCY	VALUE
1. Property				
2. Valuables (motor vehicles, furniture, jewellery etc.)				
3. Investments (stocks and bonds)				
4. Owner managed business interests				
5. Cash and savings accounts				
6. Other				

c. Please indicate the main source for your wealth:

First Planholder

- ☐ Same as Source of Funds (see subsection C1 above)
- ☐ Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

Second Planholder

- ☐ Same as Source of Funds (see subsection C1 above)
- ☐ Where different to Source of Funds, please specify main source of your wealth below.

DETAILS	CURRENCY	VALUE	GEOGRAPHICAL LOCATION

D SURRENDER DETAILS

Utmost Worldwide Limited can make payment in a currency other than the Plan Currency if you request us to do so. Any applicable cost of payment (including currency exchange charges) will be deducted from the amount payable.

The foreign currency exchange risk associated with Utmost Worldwide Limited facilitating such a request will be borne by you.

Please tick the currency required, if left unticked the payment will be made in your Plan Currency.

- ☐ USD ☐ GBP ☐ EUR ☐ HKD
- ☐ JPY ☐ SGD ☐ AUD (FOCUS only)

If this is different to your Plan Currency, please tick this box to acknowledge the above statement regarding currency exchange charges. ☐

IMPORTANT - If an underlying fund corresponding to a plan investment* (see "Important - Please Note" below) is suspended or has a long dealing period, please contact your financial adviser or your local Utmost Worldwide Limited office for more information and to request interim payments to be processed if required.

E SURRENDER VALUE DISCLAIMER

Please sign below to indicate that you have reviewed a current valuation statement, you understand that the current indicative surrender value of your Plan is _____ * and that the final amount payable will be different (due to the need to sell units in your plan investments at the next available Bid Price when carrying out your instruction).

*Please complete currency and amount

SIGNATURE	First Planholder:	Second Planholder:
	<div></div>	<div></div>
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>

F REASON FOR YOUR SURRENDER

1 Please indicate the reason for your surrender request:

Property Purchase:	<input type="checkbox"/>	Alternative Investment:	<input type="checkbox"/>
School / University Fees:	<input type="checkbox"/>	Plan Performance:	<input type="checkbox"/>
Personal Expenditure:	<input type="checkbox"/>	Other - Please state:	<div></div>
			<div></div>
			<div></div>

2 Nature and purpose for the original investment

☐ Succession Planning ☐ Retirement Planning

☐ Other

G PAYMENT DETAILS

Utmost Worldwide Limited will not authorise third-party payments, and will only make payment to a bank account in the name of the Planholder(s). **It will be beneficial to you if we pay your surrender proceeds to your originating bank account.**

Payments will be made by electronic transfer, the cost of which will be deducted from the amount payable. If there are any special instructions, please provide details on a separate sheet signed by all Planholders and attach to this form.

We strongly recommend that you obtain FULL payment routing details from your Bank when completing this section.

Utmost Worldwide are not responsible for any delays in payment that occur once the surrender proceeds have left our bank account.

Please tick if additional sheet attached. ☐

Payment to be made to the following bank account:

Bank Name:

Branch Name/Number:

Bank Address:

Account Holder Name:

Account No.:

☐ IBAN ☐ CLABE:

☐ Sort Code ☐ Swift Code ☐ BIC ☐ ABA:

☐ Transit and Institution No ☐ BSB Code:

Please provide Correspondent bank details (details can be obtained from your bank):

Bank Name:

Bank Address:

Account No.:

☐ IBAN ☐ CLABE:

☐ Sort Code ☐ Swift Code ☐ BIC ☐ ABA:

If your payment is to a different bank account than your source of funds bank account, please explain the reason why:

H ADDITIONAL REQUIREMENTS

The below information and additional documents are required in order to release your payment once the Plan's surrender has been processed and the proceeds obtained.

Please tick the boxes as your confirmation of completion and that you have provided the relevant documents.

I have provided my original Policy / Plan documents or by ticking this box, I confirm that I never received or have lost my Plan documents ☐

This 'Full Surrender Request', signed by all Planholders ☐

Certified identification and proof of address documents for all Planholders ☐

My premium payment standing order has been cancelled with my Bank ☐

Evidence of the Bank Account the payment is being made to (We will require the account holder name, account number, statement date and bank details (i.e. logo) to be clearly visible) ☐

I have signed and completed section E of this surrender form to confirm that I understand my plan surrender value. ☐

I DECLARATION

I wish to fully surrender my Plan(s) and I understand:

- › that the sum received will be the value of plan units* (see "Important - Please Note" below) surrendered less any amount due on full surrender as described in the Terms and Conditions applicable to my Plan;
- › that Utmost Worldwide will begin the processing of my surrender request, i.e. the termination of the Plan and the selling of its investments, upon receipt of a verifiable written instruction in our prescribed form either by email or hard copy in the post;
- › that my Plan will terminate on acceptance of this request for full surrender and on payment of the claim, all Utmost Worldwide Limited's liabilities under my Plan will cease;
- › the implications of fully surrendering my Plan and have sought appropriate advice from my financial adviser in particular covering the following bullet points;
- › (FOCUS product) that surrender during my commitment period will cause regular contribution establishment fees due over the remainder of such commitment period to be deducted in full from the payment amount and I will lose out on the commitment reward payable at the end of the commitment period.
- › (Other products) that surrender during an early discontinuance charge period will cause early discontinuance charge(s) (if applicable) to apply, which could otherwise be avoided;
- › (Other products) that surrender during a committed regular contribution payment term will cause administration fees (if applicable) due over the remainder of such payment term to be deducted in full from the payment amount.

I DECLARATION (CONTINUED)



IMPORTANT - PLEASE NOTE

- › **This form** must be signed by all Planholders.
- › **If your Plan has been assigned or placed in trust** since the plan commencement date this form **must be signed by** the assignees or trustees and **payment will be made to** the assignee or trustees as appropriate.
- › **Utmost Worldwide reserves the right to seek additional information/ documentation:**
 - › **If the payment bank account details differ** from the most recent financial information presented;
 - › **Where the Planholder's signature** has changed or the signature on the surrender request form does not match that held on file; and/or
 - › **Where required, in order to meet our legal requirements.**
- › **Certified copies:** Any copy documents must be certified by a qualified professional who has seen the original at the time of certification. We will also accept copies certified by the Office Manager or Sales Manager in your local Utmost Worldwide Limited office, provided the original was seen at the time of certification.
- › **We will not be in a position** to complete this surrender request until Utmost Worldwide is satisfied with and has verified your instruction and any required additional security checks are completed to our satisfaction. Please note that in times of extreme volatility there may be delays in processing your surrender request due to the volume of instructions that we receive. Utmost Worldwide are not liable for market conditions which result in lower surrender proceeds being obtained between the date of processing of your instruction and the date of sale of the relevant units.
- › **A payment from your Plan** will be made from our bank within seven business days of receipt of full proceeds of sale of the relevant units in the underlying funds corresponding to your plan investments, provided that the relevant claim has been approved or any requirement applicable to the termination of the Plan has been met **in accordance with our legal and operational requirements**. Please note that the dealing frequency of underlying funds, any trading restriction applied by the relevant underlying fund or a delay in receiving settlement proceeds from the relevant underlying fund e.g. extreme stock market conditions can cause delays in settlement of a claim or a payment which are beyond our control. **Please ensure all required bank payment instructions have been completed in full.**
- › **There may be tax consequences** on the surrender of your Plan. We recommend that you seek professional tax advice before proceeding. Utmost Worldwide cannot provide tax advice on the implications of a surrender of the Plan.
- › **Once this request has been accepted your Plan cannot be re-instated, as the Plan will be at an end. It is not possible to re-start a Plan once it has been fully surrendered. Please consider carefully whether or not you wish to instruct a full surrender request before submitting this form to us.**
- › **The cancellation, reduction or surrender** of your Plan for the purpose of subscribing to another similar contract may be disadvantageous to you. In particular, please make sure that you are aware of the financial consequences of replacing your Plan (for example the replacement plan may involve new, higher or additional charges compared to this Plan) which can be explained to you by your financial adviser.
- › **Bank Standing Order:** It is your responsibility to contact your bank and instruct them to cancel/ amend any Bank Standing Order which is in place.
- › **Contributions to the Plan received after** the acceptance of this request will be returned less any associated costs of refund.
- › *** In relation to the term "plan investment"** used in this document, in certain territories the terms "ILP sub-fund", "investment option" or "fund" are used. All have the same meaning. Likewise holdings in such "plan investment" are called **"plan units"** in this document. Again, in certain territories the terms "sub-fund units", "notional units" or "units" are used for such holdings. Again all have the same meaning.

Local Rules, Laws and Regulations

All transactions related to your Plan are subject to any rules, laws and regulations applicable in your jurisdiction(s) of tax residence; inclusive of tax deductions and reporting.

I DECLARATION (CONTINUED)

› I confirm that I have read and understood the Data Privacy Notice that is available on the Utmost Worldwide Web Site - utmostinternational.com/privacy-statements/ and that I consent to any personal or financial information relating to me held by Utmost Worldwide at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) ("Personal Data") being disclosed and transferred to other Companies in our corporate group and, where Personal Data is collected by a branch of Utmost Worldwide established outside Guernsey, to other Companies within our corporate group.

SIGNATURE

First Planholder:

Second Planholder:

Date

d	d	m	m	y	y	y	y
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d	d	m	m	y	y	y	y
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RESET

A WEALTH *of* DIFFERENCE

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, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

Utmost Worldwide Limited also holds a permit issued by the Jersey Financial Services Commission to conduct long term business in Jersey.

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