

# APEX (PORTUGAL) LOST POLICY DECLARATION FORM

## IMPORTANT INFORMATION

This form should be completed using **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.**

**SIGNATURE** This symbol highlights the signature sections within this form that need to be signed by the Policyholders or Insurance Intermediary.

## LOST POLICY DOCUMENTS

A Policy document should not be considered lost until all possible enquiries and searches have been made. For example, asking additional Policyholders, your Insurance Intermediary, bank or financial institution.

If your Policy was issued more than six months ago, the Lost Policy Declaration Form will need to be signed by all Policyholders / Beneficiaries / authorised signatories or any other parties with a notice of interest to the Policy.

## NON-RECEIPT

If your Policy was issued less than six months ago and the Policy document was never received by your Insurance Intermediary, your Insurance Intermediary can sign this Lost Policy Declaration Form and return it to us.

## WHAT TO DO NEXT

Return the completed form to: **Utmost PanEurope dac, Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.**

## A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions is a brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

Utmost PanEurope dac is regulated by the Central Bank of Ireland.

Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

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.

UPE WS PR 00011/02.2022

**A POLICY DETAILS**

1	Policy number	<input type="text"/>
2	Policyholder name	<input type="text"/>
3	Correspondence address (in full)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	<input type="text"/>
4	Telephone number (including international dialling code)	<input type="text"/>
5	Email address	<input type="text"/>
6	Tick if you have never received a Policy document	<input type="checkbox"/>

**B DECLARATION**

**By submitting this form the Policyholder confirms that:**

- › all information within this form is, to the best of the Policyholder's knowledge and belief, accurate and correct
- › the Schedule of Policies cannot be located and I believe it has been lost or destroyed (only applicable if section A.6 has not be ticked)
- › the Policyholder has not received the original Policy documentation and that the Policyholder has no knowledge of its whereabouts (applicable if section A.6 has been ticked)
- › the Policyholder requests a duplicate to be sent to the Policyholder at the address above
- › the Policyholder undertakes to forward the original Schedule of Policies if it is found to Utmost PanEurope dac
- › the Policyholder agrees to meet and pay on demand to Utmost PanEurope dac any claim, costs, loss, damage, expense or demands suffered by Utmost PanEurope dac in consequence of:
  - issuing a duplicate Policy Schedule or Statement of Benefits in substitution of the original Policy document, and/or
  - making a payment to the Policyholder under the Policy without production of the original Policy document to Utmost PanEurope dac.

C

SIGNATURES

Link to the Policy  
(i.e. Policyholder, Beneficiary)

SIGNATURE	<div></div>	<div></div>	SIGNATURE
	<div></div>	<div></div>	
Print full name	<div></div>	<div></div>	
	<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>	

Link to the Policy  
(i.e. Policyholder, Beneficiary)

SIGNATURE	<div></div>	<div></div>	SIGNATURE
	<div></div>	<div></div>	
Print full name	<div></div>	<div></div>	
	<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>	

Insurance Intermediary

SIGNATURE	<div></div>	SIGNATURE
	<div></div>	
Print full name	<div></div>	
	<div></div>	
Date	<div>d d m m y y y y</div>	