

# RESIDENTIAL ADDRESS AND MEANS OF COMMUNICATION

## UNITED KINGDOM (VERSION FOR INDIVIDUAL AND CORPORATE POLICYHOLDERS)

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.

All capitalised terms shall have the meaning ascribed to such terms in the clause "Definitions" in the General Conditions of the Policy.

Policy Number

### INDIVIDUAL POLICYHOLDER(S)

**Policyholder 1**

Mr

Mrs

Other

Surname(s)

First name(s)

The residential address previously indicated is still valid.

The residential address has changed. In this case, please complete the below and provide proof of residence dated within the last 3 months:

Street/N°

City/County

Postcode

Country

Mobile number

E-mail

If your new residential address is not located in UK, please contact your Intermediary, Adviser or the Insurer.

**Policyholder 2**

Mr

Mrs

Other

Surname(s)

First name(s)

The residential address previously indicated is still valid.

The residential address has changed. In this case, please complete the below and provide proof of residence dated within the last 3 months:

|               |                      |          |                      |
|---------------|----------------------|----------|----------------------|
| Street/N°     | <input type="text"/> |          |                      |
| City/County   | <input type="text"/> | Postcode | <input type="text"/> |
| Country       | <input type="text"/> |          |                      |
| Mobile number | <input type="text"/> | E-mail   | <input type="text"/> |

If your new residential address is not located in UK, please contact your Intermediary, Adviser or the Insurer.

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**Policyholder 3**

Mr     Mrs     Other   

Surname(s)  First name(s)

The residential address previously indicated is still valid.

The residential address has changed. In this case, please complete the below and provide proof of residence dated within the last 3 months:

|               |                      |          |                      |
|---------------|----------------------|----------|----------------------|
| Street/N°     | <input type="text"/> |          |                      |
| City/County   | <input type="text"/> | Postcode | <input type="text"/> |
| Country       | <input type="text"/> |          |                      |
| Mobile number | <input type="text"/> | E-mail   | <input type="text"/> |

If your new residential address is not located in UK, please contact your Intermediary, Adviser or the Insurer.

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**Policyholder 4**

Mr     Mrs     Other   

Surname(s)  First name(s)

The residential address previously indicated is still valid.

The residential address has changed. In this case, please complete the below and provide proof of residence dated within the last 3 months:

|               |                      |          |                      |
|---------------|----------------------|----------|----------------------|
| Street/N°     | <input type="text"/> |          |                      |
| City/County   | <input type="text"/> | Postcode | <input type="text"/> |
| Country       | <input type="text"/> |          |                      |
| Mobile number | <input type="text"/> | E-mail   | <input type="text"/> |

If your new residential address is not located in UK, please contact your Intermediary, Adviser or the Insurer.

CORPORATE POLICYHOLDER

Name of company

The registered office address previously indicated is still valid.

The registered office address has changed. In this case, please complete the below and provide an extract from the UK Trade Register dated within the last 3 months:

Street/N°

City/County  Postcode

Country

**Legal Representative/Director 1**  Mr  Mrs  Other

Surname(s)  First name(s)

Mobile number  E-mail

**Legal Representative/Director 2**  Mr  Mrs  Other

Surname(s)  First name(s)

Mobile number  E-mail

**Legal Representative/Director 3**  Mr  Mrs  Other

Surname(s)  First name(s)

Mobile number  E-mail

**Legal Representative/Director 4**  Mr  Mrs  Other

Surname(s)  First name(s)

Mobile number  E-mail

MEANS OF COMMUNICATION FOR CORRESPONDENCE AND USE OF THE INSURER'S DIGITAL PLATFORM CONNECT

RECEIPT OF ANY DOCUMENT OR COMMUNICATION RELATING TO THE POLICY

Please select only one option from the below. Please complete only if the means of communication for correspondence was not previously selected or if the Policyholder intends to change what was previously selected.

**Electronic correspondence**

In order for the Policyholder to benefit from this service, all the following conditions must be met.

The Policyholder declares that he has regular access to the Internet and that this mode of delivery is appropriate in the context of the relationship with the Insurer.

The Policyholder expressly consents:

- › to receive the contractual correspondence exclusively electronically, at the Insurer's discretion, either by email to the personal email address that he provided, or via a personal user account set up to this effect on the Insurer's digital platform;
- › to the use, by the Insurer, of his data (in particular his personal email address and mobile telephone number\*):
  - › for the creation of an individual user account for the access and the use of the Insurer's digital platform for which he declares to understand and accept the terms and conditions provided to him, which may be updated from time to time,
  - › for the purpose of electronically signing the terms and conditions of the Insurer's digital platform.
- › to connect to the Insurer's digital platform and to consult and download, whenever necessary, all documents made available by the Insurer.

**The Policyholder accepts that communications received by electronic means will replace the equivalent paper communications.** All documents shall be deemed to have been validly notified and delivered to the Policyholder as of the date they are sent securely by email to the Policyholder or made available by the Insurer on the Insurer's digital platform. **Therefore it is the responsibility of the Policyholder to read and access, whenever necessary, any document made available securely by the Insurer.**

The Policyholder is informed that:

- › He has the right to request, free of charge, a hard copy of the communications sent by electronic means.
- › Paper correspondence may be sent to the Policyholder's residential address when it is required by the applicable law or if and when the electronic communication is not available.
- › He can revoke his consent to receive communication by electronic means at any time by contacting the Insurer. Such a revocation will not affect the lawfulness and validity of documents previously transmitted electronically based on consent before revocation. In this case, the Policyholder acknowledges and accepts that the means of communication with the Insurer will be in paper format to the residential address held on file by the Insurer from the date his request is acknowledged by the Insurer.
- › The Insurer reserves the right to contact the Policyholder directly at the last reported address of residence. The Insurer shall have the right, but not the obligation, to contact the Policyholder at any other address at which, in the judgment of the Insurer, information may reach the Policyholder, using for this purpose such means of communication as the Insurer deems most appropriate (e.g., telephone, fax or e-mail).
- › Where there is more than one Policyholder, it will be sufficient for the Insurer to send each communication to any one of them, it being understood that each Policyholder gives a mandate to the others.

**Paper correspondence to the Policyholder**

By selecting this option, the Policyholder requests that the Insurer posts any contractual communications in paper format to the address of Policyholder/Trustee 1 / Policyholder (if a corporate entity).

In combination with this option, the Policyholder can also select the following:

**Use of the digital platform Connect**

The Policyholder requests to use the Insurer's digital platform for consulting general information related to the Policy.

By selecting this option, the Policyholder expressly consents to the use, by the Insurer, of his data (in particular his personal email address and mobile telephone number\*) for:

- › the creation of an individual user account for the access and the use of the Insurer's digital platform, for which he declares to understand and accept the terms and conditions provided to him which may be updated from time to time, and
- › the purpose of electronically signing the terms and conditions of the Insurer's digital platform.

**Correspondence to a third party**

By selecting this option, the Policyholder requests that the Insurer sends any contractual communications to the following address of his tax adviser (including chartered accountant), legal adviser or Intermediary (Third Party):

|                 |  |               |  |
|-----------------|--|---------------|--|
| Name of company |  |               |  |
| Surname(s)      |  | First name(s) |  |
| Street/N°       |  |               |  |
| City/County     |  | Postcode      |  |
| Country         |  |               |  |
| E-mail          |  |               |  |

By selecting this option, the Policyholder grants the Third Party the power to receive on his behalf any contractual communications and accepts to sign a disclosure agreement form in favour of the Third Party.

The means by which any contractual communications are transmitted to the Third Party (electronic or post) will be defined by the Third Party.

If the chosen means of communication is electronic, the Policyholder must sign the Information Disclosure Agreement - Connect Authorised User form, in favor of the Third Party.

In combination with this option, the Policyholder can also select the following:

**Use of the digital platform Connect**

The Policyholder requests to use the Insurer's digital platform for consulting general information related to the Policy.

By selecting this option, the Policyholder expressly consents to the use, by the Insurer, of his data (in particular his personal email address and mobile telephone number\*) for:

- › the creation of an individual user account for the access and the use of the Insurer's digital platform, for which he declares to understand and accept the terms and conditions provided to him which may be updated from time to time, and
- › the purpose of electronically signing the terms and conditions of the Insurer's digital platform.

**CONSENT TO THE USE OF ELECTRONIC SIGNATURES**

The Insurer makes available the use electronic signatures for completion of any future contractual documentation during the term of the Policy. This service is free of charge. Utmost Luxembourg S.A.'s electronic signature process falls within the provisions under European Regulation n°910/2014/EU on electronic identification and trusted services for electronic transactions in the European internal market (the "eIDAS" Regulation) and is qualified as an "advanced electronic signature" within the meaning of article 26 of the eIDAS Regulation. By ticking the box below, the Policyholder agrees to use electronic signatures for the completion of future contractual documentation.

When applicable, the Policyholder requests to use electronic signatures and consents to the use by the Insurer of his personal email address and mobile telephone number\* provided by him whenever an electronic signature is required for which he will receive notifications by email.

In the event of a joint subscription, a separate personal email address and a separate personal mobile number for each Policyholder will be required for the use of the electronic signatures.

Where the Policyholder has agreed to the use of electronic signatures, the Policyholder accepts that it constitutes a valid signature and that any document signed electronically gives rise to the same rights and obligations than if it was signed by hand.

The Policyholder has the right to revoke his consent on the use of electronic signatures at any time by contacting the Insurer, such revocation having no effect on any documents previously completed by means of an electronic signature. In this case, the Policyholder acknowledges and agrees that the documents, following such choice, will be signed using a handwritten signature.

\* The Policyholder is referred to the Insurer's Privacy Notice on the corporate website ([www.utmostinternational.com/privacy-statements](http://www.utmostinternational.com/privacy-statements)), which provides information on the processing of personal data and his rights to such personal data.

**Policyholder 1**

**SIGNATURE**

Date

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Place

**Policyholder 2**

**SIGNATURE**

Date

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

Place

**Policyholder 3**

**SIGNATURE**

Date

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

**Policyholder 4**

**SIGNATURE**

Date

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

**Legal representative/Director 1**

**SIGNATURE**

Date

|   |   |   |   |   |   |   |   |
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| d | d | m | m | y | y | y | y |
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Place

**Legal representative/Director 2**

**SIGNATURE**

Date

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|---|---|---|---|---|---|---|---|

Place

**Legal representative/Director 3**

**SIGNATURE**

Date

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

Place

**Legal representative/Director 4**

**SIGNATURE**

Date

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

Place

A WEALTH *of* DIFFERENCE

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

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