

DEATH CLAIM FORM

LIFE INSURANCE PORTFOLIO, SILK LIFE PLAN AND TAILORED LIFE PLAN



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.

Please use BLOCK CAPITALS and blue or black ink.

Note: Please ensure all relevant Sections are fully completed. If any relevant Sections are incomplete, it will be necessary to return the form for completion.

All references to Utmost International in this form mean Utmost International Isle of Man Limited or Utmost International Isle of Man Limited Singapore Branch.

A POLICY DETAILS

Policy number	<input type="text"/>
Product	<input type="text"/>
Full name(s) of Policyholder(s) (including trustees)	<input type="text"/> <input type="text"/>
Full name(s) of the Life/Lives Assured	<input type="text"/> <input type="text"/>

B CLAIMANT DETAILS

This section should be completed by all Claimants

	First Claimant	Second Claimant (if any)
Full name	<input type="text"/>	<input type="text"/>
Maiden name, previous name or alias, if applicable ¹	<input type="text"/>	<input type="text"/>
Amount claimed	<input type="text"/>	<input type="text"/>
ID Card/Passport No.	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
Nationality	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Contact number	<input type="text"/>	<input type="text"/>
Capacity (e.g., Policyholder, executor, trustee, assignee or administrator)	<input type="text"/>	<input type="text"/>

¹ If not completed we will assume you have never been known by another name.

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Employment status	Employed	Self-Employed	Employed	Self-Employed
	Retired	Unemployed	Retired	Unemployed
Date of retirement or unemployment, if applicable	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> ddmmyyyy </div>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> ddmmyyyy </div>	
Occupation and business sector (previous details if retired or unemployed)				
Employer Name				
Employer Address				
	Postcode		Postcode	

If there are more than two Claimants please photocopy this page and attach securely to the form.

C DECEASED DETAILS (THE RELEVANT LIFE ASSURED)

Full forename(s)			
Surname		Previous name or alias	
Gender		Date of birth	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> ddmmyyyy </div>
Place of birth		Nationality	
Last occupation before death		Last date of work	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> ddmmyyyy </div>
Last known address of the deceased			
		Postcode	
Name of employer			
Address of employer			
		Postcode	
Deceased's business travelling pattern (e.g., to which country, duration, frequency etc)			

D DETAILS OF DEATH

Doctor certifying death

Name

Address

 Postcode

Date and time of death

Place of death Cause of death

Cause of death

1. Did the deceased die of illness? Yes No
If yes, please give the following details:
When did the deceased first complain of or give indications of any symptoms related to his/her last illness?

Full details of the illness/disease leading to death

DATE	DETAILS OF ILLNESS/DISEASE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

2. Did the deceased consult a physician for his/her last illness? Yes No
If yes, please give the following details:
Date of first consultation

Name of the physician

Address of the physician
 Postcode

3. If death was not the result of natural causes (for example, murder, suicide), please complete the following questions:
Were the police called? Yes No
If yes, please give the following details:
Name and department of the police officer
Address of the police station
 Postcode

Was there a police investigation? Yes No
If yes, please give the details:
(e.g., police case reference number, date, investigation findings etc)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

4. Did the deceased die from an accident?

Yes

No

If yes, please give full details of the accident

Place and time of accident

Names and addresses of all witnesses

Name of hospital

Address of hospital

Postcode

Date/time of admittance to hospital

d	d	m	m	y	y	y	y
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Names of attending doctors

Other information

Disposition of the body

Cremated

Buried

Date of burial/
cremation

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

Place of burial/cremation

The name and address of 2 persons present at burial/cremation

	NAME	ADDRESS
Person 1		
Person 2		

Please give details of all medical consultations of the deceased in the five years before death (including any tests and investigations)

PHYSICIANS, HOSPITALS OR MEDICAL INSTITUTIONS ATTENDED BY THE DECEASED EITHER FOR AN ILLNESS/DISEASE OR FOR TESTS/ INVESTIGATIONS DURING THE FIVE YEARS BEFORE DEATH			
NAME	ADDRESS	DIAGNOSIS DATE	DISEASE OR CONDITION
		d d m m y y y y	
		d d m m y y y y	
		d d m m y y y y	
		d d m m y y y y	
		d d m m y y y y	

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Please state whether a death inquest will be or has been held?* Yes No Uncertain

If yes, when and where?

Please state whether a post-mortem will be or has been done?* Yes No Uncertain

If yes, when and where?

Life Insurance amount covered by other Companies (include all other policies held by other companies including accident and health in addition to life)

NAME OF COMPANY	TYPE OF POLICY	POLICY NUMBER	POLICY EFFECTIVE DATE	SUM INSURED

** If you are in possession of the verdicts or findings, please forward a copy to us for reference.*

E DETAILS OF ASSIGNEE

Has the Policy been assigned? Yes No If No, please go to Section G.

If Yes, please give the reason for the assignment and the full name of any third party to whom the Policy has been assigned or otherwise charged as security (e.g. assigned to a bank or building society in connection with a loan).

Reason for the assignment

Full name of the assignee

Occupation/Business

Address

	Postcode

Please ensure the relevant original assignment/reassignment documentation is forwarded to Utmost International to assist in assessment of the claim.

F DETAILS OF NOMINATION (IF APPLICABLE)

Is the policy subject to a Nomination? Yes No

Irrevocable Trust Nomination Revocable Nomination Will Nomination

Date of the Nomination

d	d	m	m	y	y	y	y
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Please ensure the original nomination form or the Will if the nomination has been created this way, is forwarded to Utmost International to assist with the assessment of the claim.

The death benefit will only be paid in accordance with the nomination if the nomination was registered and accepted by Utmost International while the policyholder was alive. It is not possible to accept and register any nomination received after the death of the policyholder.

G

Where a nomination has not been noted and accepted by Utmost International, payments will be made to either the Policyholder(s), Executor(s) or Assignee.

- › Where a nomination has been noted and accepted by Utmost International, payment of the death benefit will be made to the Executors, Trustees, Proper Claimant or Beneficiary or their parent or legal guardian if the beneficiary is under the age of 18, depending on the type of nomination.
- › Payment will be sent by Telegraphic Transfer and any bank charges will be deducted from the payment at that time.
- › All payments to banks within Europe now require a Bank Identifier Code (BIC) and International Bank Account Number (IBAN). Please ensure that these fields are filled in as it may delay your payment without this information.
- › Utmost International will be unable to pay any third parties and will only consider those who are entitled to be paid, for example: the surviving policyholder, executors of the deceased or beneficiaries named in a nomination.

If there is more than one payee, please photocopy this page and provide the details. This must be signed by the Claimant(s) and Assignee, if any.

Benefit payment option	Cash	Cash + Asset
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Name of asset(s) to be transferred

Bank name

Bank address

Country	Postcode

Payee name

Capacity
(e.g., Policyholder, executor,
trustee, assignee or administrator)

Account name

Account number

[illegible]

Bank sort code

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Building Society
roll number
(if applicable)

[illegible]

Bank BIC/Swift code
(required for all banks outside the UK)

[illegible]

IBAN

Name & address of bank

Country	Postcode

How long has the account been held?

Years



An original or suitably certified bank statement must be submitted to prove the bank account is in the Claimant(s)' name

H CERTIFIED DOCUMENTS

If you are presenting documents to verify the death of the Life Assured or Claimant(s) address, identity or bank account please confirm how the certifier reviewed the documents.

First Claimant

Second Claimant (if any)

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

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Certification Requirements

Identity verification

I certify that this document is a true copy of the original which I have sighted and the photograph represents a good likeness of the client who I have met.

Address verification

I certify that this document is a true copy of the original which I have sighted.

I DATA PRIVACY STATEMENT

I understand that Utmost Services Limited, Utmost International Business Services Limited, Utmost Services Ireland Limited, Utmost Administration Limited, Utmost International Isle of Man Limited, Utmost International Trustee Solutions Limited and / or Utmost PanEurope dac (Utmost International) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- › my contact details
- › information to verify my identity
- › information about my family, lifestyle, health and finances
- › my payment details.

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside the Utmost group of companies for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- › check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;

- › allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- › enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- › compile statistical analysis or market research, where information is not specific to the individual;
- › comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- › enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that Utmost International would apply.

I may ask Utmost International to:

- › provide a copy of personal information held about me and an explanation of how this data is processed;
- › update or correct my personal information;
- › delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- › restrict processing of my personal information where appropriate. I may also object to Utmost International processing my data but understand that this may have consequences in Utmost International being able to continue servicing my policy.

I have been made aware that a full explanation of how Utmost International collects, uses and shares my personal information can be found at www.utmostinternational.com/privacy-statements/

If I have any questions about data privacy I can address these to:

For Utmost PanEurope dac: The Data Protection Officer, Utmost PanEurope dac, Navan Business Park, Athlumney, Co Meath, C15 CCW8, Ireland.

Or email: dataprotection@utmost.ie

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Data Protection Officer, Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

Or email: IOMFMDPO@Utmostgroup.com

If I have a complaint about the processing of my personal information and Utmost International is unable to provide a satisfactory response I may contact the appropriate regulator:

For Utmost PanEurope dac: The Ireland Data Protection Commissioner, Canal House, Station Road, Portllington, R32 AP23 Co. Laois, Ireland.

For Utmost International Isle of Man Limited or Utmost International Trustee Solutions Limited: The Isle of Man Information Commissioner, First Floor, Prospect Hill, Douglas, Isle of Man, British Isles, IM1 1ET.

As the Isle of Man is not part of the United Kingdom, our Appointed Representative in the United Kingdom is an establishment of Utmost Services Limited based at Saddlers House, 5th Floor, 44 Gutter Lane, London, EC2V 6BR.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to Utmost International either in this application or within accompanying documentation.

J AUTHORITY

All Claimants must sign below.

Each of the undersigned Claimants hereby:

- › Confirms that the Claimant is the legal owner of the Death Benefit and rightful Claimant under the Policy specified in Section A and that all the information disclosed in this form is true and accurate.
- › Claims the amount due under the Policy and authorises and requests Utmost International to pay the amount of the Death Benefit to the payee(s) named in Section G and understands that this payment will be carried out at the Claimant's own risk.
- › Confirms that no assignment or notice affecting the beneficial interest has been made, unless stated within this claim form.
- › Confirms that there is no Bankruptcy order against the Policyholder/Claimant or beneficiary nor are they an undischarged bankrupt or deemed to be insolvent under any relevant insolvency legislation.
- › Undertakes to indemnify Utmost International against any claims or demands made by any other person or party as a result of the payment of this claim as instructed by the Claimant in Section B.
- › Agrees that payment of the amount claimed in accordance with the payment instructions given shall constitute full discharge of the liability of Utmost International.
- › Where the Policyholder of a Silk Life Plan died intestate and did not have a valid nomination at the time of their death, I confirm that I am the Proper Claimant, as defined in S61 Singapore Insurance Act, and therefore the rightful Claimant under the Policy specified in Section A.
- › Confirms that the deceased Policyholder has not made a Will.
- › Understands that Utmost International may not be able to pay the amount of Death Benefit, in excess of US\$150,000, until they have received sight of the Grant of Probate or Letters of Administration and agrees that this amount will be paid to the Executors or the Administrators of the Estate.

	First Claimant	Second Claimant
SIGNATURE	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Date	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> ddmmyyyy </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> ddmmyyyy </div> </div>
Full name (Print)	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

K CHECKLIST

The following documents, where available, must be provided in order to efficiently handle a claim:

1. Death Registration Certificate, original copy
2. Burial Permit (if applicable)

If not available, please state reason why

3. Coroner's certificate
4. Post-mortem report
5. Inquest report
6. Investigation report (if applicable)
7. Autopsy report (if applicable)
8. Policy schedule
9. Grant of probate (if applicable)
10. Claimant(s) verification of address, identity or bank account

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Utmost Wealth Solutions is the registered business name of Utmost International Isle of Man Limited Singapore Branch.
Utmost International Isle of Man Limited Singapore Branch, 6 Battery Road #16-02, Singapore 049909.
Tel: +65 6216 7990 Fax: +65 6216 7999.

Registered in Singapore Number T08FC7158E. Authorised by the Monetary Authority of Singapore to conduct life assurance business in Singapore.
Member of the Life Insurance Association of Singapore. Member of the Singapore Finance Dispute Resolution Scheme.

Utmost International Isle of Man Limited is registered in the Isle of Man under number 024916C.

Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Licensed by the Isle of Man Financial Services Authority.

Utmost Wealth Solutions is registered in the Isle of Man as a business name of Utmost International Isle of Man Limited.

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