

TAX INFORMATION EXCHANGE PACK

SELF-CERTIFICATION FORM FOR INDIVIDUALS

Utmost Wealth Solutions is the brand used by a number of Utmost companies. This item is issued by Utmost Limited, Utmost Ireland dac and Utmost Trustee Solutions.

IMPORTANT NOTES

This pack has been created based on our interpretation of the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standards (CRS) as at 1 January 2017 and may change in the future.

HOW TO COMPLETE THIS FORM

Please complete this form in full using **black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct details and sign your initials next to the correction. **Please do not use correction fluid.**

WHY HAVE I BEEN ASKED TO COMPLETE THIS FORM?

You have been asked to complete this form in order that the relevant **Company** can accurately report your policy under the Isle of Man and Ireland tax information exchange agreements, including FATCA and the CRS. This may be due to a change of circumstances on your policy which potentially changes the status under these agreements, such as a full assignment, or because we do not currently hold sufficient information on your policy to enable us to report your account correctly.

This form should be signed:

- › By the policyholder
- › By those persons authorised to sign on behalf of the policyholder, for example their power of attorney or court appointed deputy where appropriate documentation is held by us.
- › Where Utmost Trustee Solutions is the appointed Trustee, by the relevant individuals linked to the trust as advised. Where a beneficiary is a minor, it would be acceptable for a parent or legal guardian to sign on their behalf.

WHAT HAPPENS IF I DO NOT COMPLETE THIS FORM?

Completion of this form is a regulatory requirement and is therefore **mandatory**. Failure to provide information when requested could lead to your details being reported incorrectly, or without the necessary information. This may ultimately lead to investigations by your local tax jurisdiction. We will continue to remind anyone who fails to provide a completed self-certification at least annually.

TERMS USED IN THIS FORM

Company - The term Company when used in this form refers to **Utmost Limited, Utmost Ireland dac or Utmost Trustee Solutions Limited** or any subsidiary of the 'Company' where appropriate.

Should any information provided here change in the future, please ensure you advise us of the changes promptly.

WHERE SHOULD I SEND THIS FORM WHEN COMPLETED?

Utmost Limited, Utmost Trustee Solutions or Utmost Ireland dac as applicable.

Utmost Limited or Utmost Limited c/o Utmost Trustee Solutions, Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

OR

Utmost Ireland dac, Block E, Iveagh Court, Harcourt Road, Dublin 2, Ireland.

NOTES ON TAX RESIDENCY

Your tax residence is generally the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be tax resident elsewhere or tax resident in more than one country at the same time (dual tax residency). The country/countries in which you pay income tax are likely to be your country/countries of tax residence. If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US. You can find more information on tax residency at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/>

A WEALTH *of* DIFFERENCE

Utmost Wealth Solutions and Utmost Trustee Solutions are brand names used by a number of Utmost companies. This item has been issued by Utmost Limited, Utmost Ireland dac and Utmost Trustee Solutions

The following companies are registered in the Isle of Man. Utmost Limited (No 056473C), Utmost Administration Limited (No 109218C) and Utmost Trustee Solutions Limited (No 106739C) are regulated or licensed by the Isle of Man Financial Services Authority. Not regulated: Utmost Services Limited (No 059248C). Each has its registered office at: Royalty House, Walpole Avenue, Douglas, Isle of Man, IM1 2SL, British Isles.

The following company is registered in Ireland. Utmost Ireland dac (No 303257) is authorised by the Central Bank of Ireland and regulated by the Financial Conduct Authority in the UK for Conduct of Business Rules. Registered office: Block 2, Harcourt Centre, Harcourt Street, Dublin 2, Ireland.

A INDIVIDUAL SELF-CERTIFICATION

Person 1

1 Bond provider Utmost Limited Utmost Ireland dac

2 Policy number

3 Full Name

4 Permanent residential address

Postcode

5 Date of Birth

Please complete below as appropriate: you may need to complete more than one if you are tax resident in multiple jurisdictions.

6 UK Tax Resident Tick here if you are Tax Resident in the UK

UK National Insurance Number (NI)

7 US Tax Resident Tick here if you are Tax Resident in the USA

US Tax Identification Number (TIN)

8 Other Tax Resident Tick here if you are Tax Resident in any other countries and provide details below

Country of Tax Residency	Tax reference number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Only complete if NI, TIN or other tax reference has not been provided above

The above person is unable to obtain an NI, TIN or tax reference number due to:

- › **A** - The country where this person pays tax does not issue tax reference numbers to its residents
- › **B** - The person completing this form is unable to obtain a tax reference number
(provide explanation below)

For example, a child who is a beneficiary of a trust may not have a tax reference number. Please note, you should take reasonable steps to obtain and provide a tax reference to the Company at the earliest opportunity.

I **declare** that the information provided on this form is, to the best of my knowledge and belief, accurate and complete.


I **understand and agree** that the information provided to the **Company** may be shared with the **Isle of Man Government** or **Irish Government** in accordance with various information exchange agreements, including FATCA and the CRS.

I **agree** to inform the **Company** immediately should any information provided by me within this pack change, **and understand** that I am obliged to do so.

SIGNATURE	Person 1		SIGNATURE								
		<input type="text"/>									
Print full name		<input type="text"/>									
		<input type="text"/>									
Date		<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	
d	d	m	m	y	y	y	y				

We may need to contact you in relation to the completion of this form. Please provide details of your preferred method of contact below.

Person 1	
Contact details	<input type="text"/>

These details will only be used for the administration of the policies held with us. 

B ADDITIONAL PERSON(S) - Photocopy as required

Person of

1 Bond provider Utmost Limited Utmost Ireland dac

2 Policy number

3 Full Name

4 Permanent residential address

Postcode

5 Date of Birth

Please complete below as appropriate: you may need to complete more than one if you are tax resident in multiple jurisdictions.

6 UK Tax Resident Tick here if you are Tax Resident in the UK

UK National Insurance Number (NI)

7 US Tax Resident Tick here if you are Tax Resident in the USA

US Tax Identification Number (TIN)

8 Other Tax Resident Tick here if you are Tax Resident in any other countries and provide details below

Country of Tax Residency	Tax reference number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Only complete if NI, TIN or other tax reference has not been provided above

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- › **A** - The country where this person pays tax does not issue tax reference numbers to its residents
- › **B** - The person completing this form is unable to obtain a tax reference number (provide explanation below)

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I **agree** to inform the **Company** immediately should any information provided by me within this pack change, **and understand** that I am obliged to do so.

Person of

SIGNATURE

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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We may need to contact you in relation to the completion of this form. Please provide details of your preferred method of contact below.

Person of

Contact details

These details will only be used for the administration of the policies held with us. 