

# SURRENDER REQUEST

## SWEDEN

Policy Number

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.

**Policyholder 1**

Mr

Mrs

Other

Surname(s)

First name(s)

Address

Street/N°

City

Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

**Policyholder 2**

Mr  Mrs  Other

Surname(s)  First name(s)

Address  
Street/N°

City  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

**Policyholder 3**

Mr  Mrs  Other

Surname(s)  First name(s)

Address  
Street/N°

City  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

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For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

**Policyholder 4**

Mr  Mrs  Other

Surname(s)  First name(s)

Address  
Street/N°

City  Postcode

Country

Mobile number

E-mail

Please, select as appropriate:

I have already provided an AEol Self-Certification Form and I confirm that such Self-Certification is still correct and valid.

or

For individuals: I certify that i) I am a tax resident as per the following table, ii) I will provide a certified supporting document for any future change in tax country, and iii) if TIN is missing as per Reason B, I will promptly within 30 days provide a valid TIN.

TAX COUNTRIES (PLEASE AVOID ANY ABBREVIATION)	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	REASON IF TIN UNAVAILABLE (A, B OR C)*	EXPLANATION IF TIN UNAVAILABLE (REASON B ONLY)

For entities: Please promptly within 30 days provide an AEol Self-Certification Form for Entities duly filled in.

- \* Reason A                    The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
- Reason B                    The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the table if you have selected this reason).
- Reason C                    No TIN is required (Note. Only select this Reason C if the authorities of the country of tax residence entered do not require the TIN to be disclosed).

I/We, the undersigned, as Policyholder(s) of the Policy request that Utmost Luxembourg S.A. fully surrender the above Policy as follows.

The Insurer will pay the surrender value net of fees to the Policyholder. Whatever the possible method of taxation of the surrender, it will be the responsibility of the Policyholder to declare the amount of the financial income related to the surrender in his tax return.

**Please transfer the amounts/securities (subject to prior acceptance by the Insurer) to the following account(s):**

Name of the bank	<input type="text"/>		
Address	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
E-mail	<input type="text"/>		
Account holder name	<input type="text"/>		
Sort Code	<input type="text"/>	Account number	<input type="text"/>
SWIFT/BIC	<input type="text"/>	IBAN	<input type="text"/>
Cash account currency	<input type="text"/>		
Asset account number	<input type="text"/>		(for payment in specie only)

Other Instructions (assets transfer or assets instruction, FX exchange)

**REASON FOR THE SURRENDER**

Supplementary income required

Payment of tax, invoices and other fees

Investment in real estate

Reinvestment into another life insurance policy with Utmost Luxembourg S.A.

Reinvestment with another company

Investment performance

Other

1. I/We confirm that I/we have not transferred, assigned or in any way encumbered my/our rights or title under the Policy and that I/we have not designated irrevocable beneficiaries and that I/we am/are fully entitled to request this surrender;
2. I/We acknowledge that this surrender will be executed in accordance with the General Conditions of the Policy;
3. I/We understand that any and all outstanding indebtedness, including any applicable taxes to be withheld by Utmost Luxembourg S.A., will be deducted from the Surrender Value; and
4. I/We agree that on payment of the policy proceeds, Utmost Luxembourg S.A. will be discharged absolutely from its obligations in respect of the Policy.

**TAX COMPLIANCE CERTIFICATION**

The undersigned Policyholders, confirm that they, the Economic Beneficial Owner and, where appropriate, the person who is the real payer of the additional Premium, comply with all their tax obligations (the "Tax Obligations") with regards to the existence of the Policy and related transactions (including the payment of the additional Premium) in accordance with the declaration made at the time of the subscription of the Policy.

The Policyholders acknowledge that they have discharged Utmost Luxembourg S.A. ("the Insurer") of any liability and will hold the Insurer indemnified for any consequences resulting from the failure on the Policyholders' part to comply with any Tax Obligations.

The Policyholders have undertaken to (i) inform the Insurer within 30 days of any changes to the validity of this declaration and (ii) provide the Insurer with any documentation reasonably requested at any time by the Insurer in order to evidence full compliance with their Tax Obligations.

The Insurer reminds the Policyholders that the declarations and documentation related to compliance with the Tax Obligations are essential elements of the Policy for the Insurer, that the Policy will be issued by the Insurer in reliance of the accuracy and completeness of these representations and that any misrepresentation, whether intentional or not, or failure to provide the requested documentation may result in the cancellation or resolution of the Policy by the Insurer.

The Policyholders acknowledge that the Insurer provides neither legal nor tax advice and confirm that they will refer any questions with regard to the Tax Obligations to their legal or tax advisers.

The Policyholders acknowledge that the Insurer may (directly or indirectly) receive and use the tax compliance data of the Policy and disclose this tax compliance certification to third parties, including, without limitation, the Custodian Bank or any Luxembourg or foreign authority, body or court, if such disclosure is required by virtue of the existence of the Policy.

**Policyholder 1**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
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Place

**Policyholder 2**

**SIGNATURE**

Date

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

Place

**Policyholder 3**

**SIGNATURE**

Date

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

Place

**Policyholder 4**

**SIGNATURE**

Date

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

Place

UTMOST LUXEMBOURG S.A. MUST BE IN RECEIPT OF THE FOLLOWING IN ORDER TO RELEASE THE PROCEEDS:

- › the original Policy Schedule and any endorsement;
- › the original of this Surrender Request signed by all Policyholders;
- › a certified copy of a valid ID for each of the Policyholders (unless you have provided this to Utmost Luxembourg S.A. previously); and
- › if not indicated on the ID, a certificate/proof of residence of the Policyholder(s).

**IMPORTANT:**

Depending on the liquidity of the Funds and/or the Underlying Assets and the redemption timetable of any Fund Manager, the processing of your surrender request may be delayed substantially. Depending on the destination of the surrender proceeds, the payment may take an additional 10 business days from the day the total surrender is processed.

## A WEALTH *of* DIFFERENCE

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

Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)  
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg  
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.