

WEALTH MANAGEMENT PORTFOLIO REMOVAL OF UCITS RESTRICTIONS FORM

BEFORE YOU BEGIN

You should complete this form if you want to remove the Undertakings for Collective Investment of Transferable Securities (UCITS) restriction from your bond.

Please complete all relevant sections of this form by typing in the fields. Once complete, please print and sign using **blue or black ink**.

Alternatively, please print and complete this form in **BLOCK CAPITALS** using **blue and black ink**.

When completed, send the completed form, by post, to: **Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.**

If you have any queries, you can contact our Client Relations team on +44 (0) 845 602 9281.

A POLICYHOLDER DETAILS

1 Full name(s) of
policyholder(s)

2 Bond number

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3 Email address

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We will only use the details you provide in this section to contact you about your bond.

B REMOVAL OF UCITS RESTRICTIONS

The removal of the UCITS restriction from your bond may have implications if you decide to move to, or return to, Spain in the future.

For more information on this, please refer to your policy conditions and key features documents and speak to your financial adviser.

Please mark this box to confirm that you want to remove the UCITS restriction from your bond. ☐

If you have appointed an investment manager and have chosen to remove the UCITS restriction, you will have to complete a new Investment services appointment agreement.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost PanEurope dac is regulated by the Central Bank of Ireland (No 311420). Its registered office is Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland. Utmost PanEurope dac is a Category A Insurance Permit holder with the Jersey Financial Services Commission.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

UIC PR 0124 | 08/22

C AUTHORISATION

Policyholder 1

Policyholder 2

SIGNATURE

SIGNATURE

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Print full name

Date

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Policyholder 3

Policyholder 4

SIGNATURE

SIGNATURE

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Print full name

Date _____

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