

SURRENDER REQUEST FORM

International Flexible Protection Plans

1 YOUR DETAILS

1 Policy number

2 Full name

3 Residential Address
and postcode

4 Country of residence

5 Email

6 Contact phone no.

7 Date of birth

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

8 Nationality

2 ADDITIONAL CLAIMANT DETAILS

If you are not the sole owner of the policy we will also need the details from the additional owners in order to verify them. Please print full names of the other legal owners i.e. the;

- executors of the estate
- surviving grantee(s) named in the policy
- trustees (if under trust)
- assignees (if the policy has been assigned)

If there are more than three please provide these additional details separately.

| Claimants | Second | Third | Fourth |
|----------------------------------|--------|-------|--------|
| Full Name | | | |
| Date of Birth | | | |
| Occupation | | | |
| Nationality | | | |
| Residential address and Postcode | | | |
| Telephone number | | | |
| Email address | | | |

If you live in the UK, we may be able to check your identity electronically using a system provided by a credit reference agency. The agency will keep a record of our search however the search will not affect your credit rating. If we are unable to verify your identity electronically, we will ask you to provide further identity verification documents.

3 PAYMENT INSTRUCTIONS

Please note that we do not pay to third parties.

| | |
|---|---|
| Account name | <input type="text"/> |
| IBAN number | <input type="text"/> |
| BIC code | <input type="text"/> |
| Sort code | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> |
| Account number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Building Society ref (if applicable) | <input type="text"/> |
| Bank/Building Society name | <input type="text"/> |
| Bank/Building Society Address and post code | <input type="text"/> |

4 EVIDENCE OF IDENTITY

Background

Money Laundering Regulations require financial services firms to have procedures in place to prevent financial crime. The requirements apply equally to new customers and those customers who may have invested with a financial services firm for many years.

Requirements

We need to get enough information to establish that you are who you say you are and you live where you say you live. This will help us to ensure nobody but you is using your identity to make payments into or withdraw monies from your products with us.

Evidence may be required from the grantee and from other parties associated to the policy.

Although clients may find Money Laundering Regulations inconvenient, it is worth noting the regulations are aimed at consumer protection, and the maximum penalties for firms or individuals who fail to apply them are severe.

Next steps

If we require you to provide us with evidence of identity before we make payment, we will contact you under separate cover.

5 DECLARATION - to be signed by the claimant(s)

- i. To the best of my/our knowledge and belief all the statements made herein are true and complete.
- ii. I/We elect for the full payment of the surrender value available under the Plan specified at the beginning of this form (the "Policy") in accordance with the following statements.
- iii. The instruction in this form is irrevocable.
- iv. I/We agree that full payment of the surrender value available under the Policy in accordance with its terms by you shall constitute a discharge of your obligation to make payments under the Policy.
- v. I/We agree to indemnify Utmost Life and Pensions against all demands, losses, liabilities, damages, costs and expenses (including legal fees) which may arise from Utmost acting on my/our instructions, including any claim from a third party in relation to the payment.
- vi. For the avoidance of doubt, this release shall not act so as to prohibit us from bringing any claim for any act or omission by you.

| | Print full name | Signature | Date |
|-----------------|------------------------|------------------|-------------|
| First Claimant | | | |
| Second Claimant | | | |
| Third Claimant | | | |
| Fourth Claimant | | | |

Please refer to our letter for further details about what other documents you may need to send us to complete this claim. Kindly send all documentation to us at the same time.

Missing information could result in the payment being delayed.

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel: +44 1296 386242 Fax: +44 1296 386243: www.utmost.co.uk

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