

LOST POLICY DECLARATION

BEFORE YOU BEGIN

Complete this form using blue or **black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

If you require any assistance, whilst completing this form, contact our Customer Support team on **+44 (0)1624 643 345** or by email at **customersupport@utmostwealth.com** (for Utmost International Isle of Man Limited policies) and **+44 (0) 203 038 3941** or by email at **info@utmostwealthsolutions.ie** (for Utmost PanEurope dac policies).

SIGNATURE this symbol highlights the signature sections within this form which need to be signed by the policyholders or financial adviser.

WHAT TO DO NEXT

Once complete and depending on your product provider return your form to:

Utmost International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

OR

Utmost PanEurope dac, Ashford House, Tara Street, Dublin 2, D02 VX67, Ireland.

A WEALTH *of* DIFFERENCE

www.utmostinternational.com

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

Utmost International Isle of Man Limited is registered in the Isle of Man under number 24916C. Registered Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Tel: +44 (0)1624 643 345. 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.

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.

IMPORTANT INFORMATION

PRIVACY STATEMENT

Details about how we use your information, your rights over this information and how you can exercise your rights can be found in the applicable Privacy Statement. We publish our Privacy Notice on our website www.utmostinternational.com/privacy-statements or you can contact us on +44 (0)1624 643 345 and request a copy. All persons whose details are collected in this form should read the Privacy Statement to understand how the data provided about them will be used.

LOST POLICY DOCUMENTS

Throughout this document 'the Company' refers to either Utmost International Isle of Man Limited or Utmost PanEurope dac, as applicable.

A policy document should not be considered lost until all possible enquiries and searches have been made. Here is a list of places you should look and people you could check with, before completing this form.

This list is not exhaustive and one or more points may not apply in every case.

- › Additional policyholders or additional trustees
- › Your financial adviser
- › Bank/Financial Institution

NON RECEIPT

If your policy was issued less than 6 months ago and the policy document was never received by your financial adviser, your financial adviser can sign the lost policy declaration and return it to us.

If your policy was issued more than 6 months ago, the declaration form will need to be signed by all Policyholders, Trustees or Authorised Signatories.

A POLICY DETAILS

1	Product provider Tick box to indicate	<input type="checkbox"/> Utmost International Isle of Man Limited	<input type="checkbox"/> Utmost PanEurope dac																																																
2	Policy number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																	
3	Policy name	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																	
4	Correspondence address (in full)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																	
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5	Telephone number (including international dialling code)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																	
6	Email address	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																	

I declare that all information within this form is to the best of my knowledge and belief accurate and correct.

7	Tick here if you never received a policy document	<input type="checkbox"/>
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8	a) Is the policy currently held as security against a loan, mortgaged or assigned to an individual or organisation?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No																																																		
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	b) Has the policy ever been mortgaged?	<input type="checkbox"/> Yes (give details)	<input type="checkbox"/> No																																																		
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																			
	c) Give details of any other transactions in relation to the policy.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																			

Any questions
not completed in
full will result in
delays in issuing
duplicate policy
documents.

If the policy was
issued more than
six months ago, this
declaration form will
need to be signed
by all policyholders,
trustees or authorised
signatories.

B DECLARATION

By submitting this form I **confirm and declare** that:


- › If I have ticked the box in section A question 7, I have not received the original policy documentation and that I have no knowledge of its whereabouts
- › If I have NOT ticked the box in section A question 7, I have conducted a thorough search and enquiry and believe to the best of my knowledge that the policy documentation has been lost or destroyed.

C POLICYHOLDER(S)/ADVISER RESPONSIBILITY

If, on a future occasion, the lost document should come into my possession, I will return it immediately to the Company, and I agree to meet and pay on demand to the Company any claim, costs, loss, damage, expense or demands suffered by the Company in consequence of:

- › Issuing a duplicate Policy Schedule or Statement of Benefits in substitution of the original policy document, and/or
- › Making a payment to me under the policy without production of the original policy document, to the Company.

	Policyholder/ Trustee/ Authorised Signatory 1	Policyholder/ Trustee/ Authorised Signatory 2	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print name	<div></div>	<div></div>	
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	
	Policyholder/ Trustee/ Authorised Signatory 3	Policyholder/ Trustee/ Authorised Signatory 4	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print name	<div></div>	<div></div>	
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	
	Policyholder/ Trustee/ Authorised Signatory 5	Policyholder/ Trustee/ Authorised Signatory 6	
SIGNATURE	<div></div>	<div></div>	SIGNATURE
Print name	<div></div>	<div></div>	
Date	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>	
SIGNATURE	Financial Adviser <div></div>		SIGNATURE
Print name	<div></div>		
Date	<div>d d m m y y y y</div>		

Only applicable 
if the policy was
issued less than 6
months ago and the
policy document
was never received.
For further details,
see page 1, under
Non Receipt.