

Family Information Form

Details of the policyholder's family and dependants for Personal Pension Plans, Free Standing AVC Plans, Managed Pensions and Utmost Drawdown Plans

The rules of the scheme give Utmost Life and Pensions, the scheme administrator, discretion to choose who should receive the proceeds of the policy. Please provide details of all the policyholder's family and dependants. Kindly indicate if a section is not applicable by adding N/A.

| | |
|--------------------------------|--|
| Policyholder's name: | |
| Plan/membership number: | |

Please provide details of the policyholder's relationship at the date of their death

| Relationship | Name | Date of birth | Address |
|-------------------------|------|---------------|---------|
| Spouse or Civil Partner | | | |
| Partner | | | |

Please also provide details of any previous spouses or partners

| Relationship | Name | Date of birth | Address |
|--------------|------|---------------|---------|
| | | | |
| | | | |

Please provide details of all children, including any step-children or adopted children, of the policyholder. If the policyholder had any grandchildren please also provide their details

| Relationship | Name | Date of birth | Address |
|--------------|------|---------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Please provide details of the policyholder's parents, brothers and sisters

| Relationship | Name | Date of birth | Address |
|--------------|------|---------------|---------|
| Parents | | | |
| Siblings | | | |

Please provide details of any other individuals who the policyholder may have wanted to benefit from this policy

| Relationship | Name | Date of birth | Address |
|--------------|------|---------------|---------|
| | | | |

Is there any other information we should be aware of (continue on a separate sheet if you need to)

Completed by:

Name: _____

Relationship to the policyholder: _____

Declaration:

- I confirm that the information provided in this form is true, accurate and complete to the best of my knowledge and belief.
- I confirm that I have not omitted any known facts that could influence the decision of Utmost Life and Pensions.
- I understand that the payment of benefits is at the discretion of Utmost Life and Pensions.
- I agree to notify Utmost Life and Pensions if I discover any change or omission in the information provided.

Signature _____ Date _____

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.utmost.co.uk
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