



**ELITE INSURANCE COMPANY LIMITED (IN ADMINISTRATION) (“ELITE”) VOTING FORM**

**Please complete this Voting Form to vote on the Scheme. You can find more information about the Scheme, including the Explanatory Statement and Frequently Asked Questions (FAQs), on the Website (<https://www.pwc.co.uk/elite-insurance>).** If you have internet access, you can register your claim and vote in the Scheme online. This will be the most straightforward way for you to vote on the Scheme. Please refer to the Website for further information including guidance on how to value your claim amount for the purposes of this form.

**Part A and Part B of this form must be completed for your vote to be counted.** Both FSCS Protected Creditors and Other Direct Insurance Creditors need to complete both parts in order to vote on the Scheme.

For Other Direct Insurance Creditors, this Voting Form will automatically be submitted as your Claim Form in the Scheme unless you tick the opt-out box below. If you opt-out you will be required to submit a new Claim Form before the Claims Submission Deadline, otherwise you will not be entitled to receive any payment from, or have any further rights against, Elite. Please note, you may edit your submitted claim at any time up until the Claims Submission Deadline.

Opt-out

**UK Policyholders only**

FSCS eligibility is determined by FSCS, however for the purposes of this form, creditors are required to make their own determination as to whether they are eligible for FSCS protection. Information on FSCS eligibility is available at [fscs.org.uk/making-a-claim/claims-process/eligibility-rules](https://www.fscs.org.uk/making-a-claim/claims-process/eligibility-rules).

**Please tick this box if you consider yourself to be an FSCS Protected Creditor**

**PART A: SCHEME CREDITOR AND CLAIM INFORMATION** *(The fields with an asterisk indicate mandatory fields)*

<b>Section 1. Scheme Creditor details</b>		
Title (for individual policyholders only)		
First and Surname*		
Company Name (for corporate policyholders only)		
Address Line 1*		
Address Line 2		
Address Line 3		
City*		
Post Code*		
Country*		
Email*		
Telephone number*		Country code:

<b>Section 2. Policy and claim information</b>	
Policy number*	
Country/jurisdiction of insurance contract*	
Currency*	
Claim amount (including VAT and uncapitalised interest)*	
Claim Details* (please provide supporting information for these details per the terms of the Scheme)	
Details of any deduction or set-off	
Claim reference number (if known)	

<b>Section 3. Authorised representatives (optional)</b>	
Are you an authorised representative completing this form for the Scheme Creditor? You will need to provide a Letter of Authority to evidence this.	
Authorised Representative's full name	
Authorised Representative's full address	
Authorised Representative's phone number	
Authorised Representative's email address	

**ELITE INSURANCE COMPANY LIMITED (IN ADMINISTRATION) (“ELITE”)**

**PART B: VOTING FORM**

Please complete this Section B to vote on the Scheme (with or without modification) at the **Scheme Meetings taking place on 7 May 2026 from 10am CEST** or at any adjournment of those meetings. This Voting form will need to be received by Quest ahead of the Scheme meeting date for your vote to be registered.

<b><u>Option</u></b>	<b><u>You will need to tick either option A, B or C on this Voting Form</u></b>	<b><u>Guidance notes</u></b>
<b><u>A</u></b>	<p>I wish to appoint the Chairperson to vote on the Scheme and I instruct them to vote: (please tick one box)</p> <p>for the Scheme <input type="checkbox"/></p> <p>against the Scheme <input type="checkbox"/></p> <p>abstain <input type="checkbox"/></p>	<p>If you want the Chairperson to vote for you on the Scheme at the Scheme Meeting, please tick a box in this row and tell us how you want the Chairperson to vote. If you pick this option, you do not have to attend the Scheme Meeting.</p>
<b><u>B</u></b>	<p>I wish to appoint someone else to vote on the Scheme and I instruct them to vote: (please tick one box)</p> <p>for the Scheme <input type="checkbox"/></p> <p>against the Scheme <input type="checkbox"/></p> <p>at discretion of proxy <input type="checkbox"/></p> <p>abstain <input type="checkbox"/></p>	<p>If you want a proxy to vote for you on the Scheme at the Scheme Meeting, please tick a box in this row and tell us who you want to appoint as proxy by completing their name, e-mail and telephone number in the table below.</p> <p>Please also tell us how you want the proxy to vote. If you tick the "at discretion of proxy" box, the proxy can decide whether to vote for or against the Scheme. If you pick this option, this vote will only count if the proxy attends and votes at the Scheme Meeting. If your proxy does not want to attend the Scheme Meeting, please complete option A instead (and the Chairperson will vote for you).</p>
<b><u>C</u></b>	<p>I will attend the Scheme Meeting. I wish to vote: (please tick one box)</p> <p>for the Scheme <input type="checkbox"/></p> <p>against the Scheme <input type="checkbox"/></p> <p>abstain <input type="checkbox"/></p>	<p>If you want to join the Scheme Meeting and vote on the Scheme at the Scheme Meeting, please tick a box in this row.</p> <p>If you pick this option, your vote will only count if you attend and vote at the Scheme Meeting. If you do not want to attend the Scheme Meeting, please complete Option A instead (and the Chairperson will vote for you).</p> <p>You can also make (or change) your vote at the Scheme Meeting.</p>

Proxy information (Option B)	
Name of proxy	
Email address of proxy	
Telephone No. of proxy	

Bank Details	
We will pay valid Scheme claims by Bank Transfer unless requested otherwise.	
Account Holder Name	
Sort Code	
Account Number	
IBAN (EU Policyholders)	
Swift BIC (EU Policyholders)	

Print Full Name (BLOCK capitals) :.....

Signed:.....

Date submitted: .....

**Please send to Elite Insurance Company Limited @ Quest Consulting, Quest Consulting, 4th Floor, 52-54 Gracechurch Street, London EC3V 0EH. Alternatively you can send the completed form via email to the Quest Helpdesk at [elite-insurance.scheme@quest-group.co.uk](mailto:elite-insurance.scheme@quest-group.co.uk).**

**Voting Form Guidance:**

1. To make a claim in the Scheme, complete Section A, of this Form. Detailed guidance on how to value your claim is provided in the Scheme document and Explanatory Statement found on the website <https://www.pwc.co.uk/elite-insurance>. You may be required to submit Supporting Information regarding your Scheme Claim as outlined in the Scheme and Explanatory Statement, this should be provided with this Voting Form when sending it to Quest.
2. To vote in the Scheme, complete both Sections A and B (Voting Form). Both FSCS Protected Creditors and Other Direct Insurance Creditors should complete both Sections A and B if they intend to vote in the Scheme.
3. Please submit this Voting Form before 5pm (CEST) on 6 May 2026 if you wish to vote on the Scheme at the Scheme Meeting using this form. Any forms submitted after the Registration Deadline will not be taken into account unless the Chairperson of the Scheme Meeting otherwise agrees.
4. If you are an Other Direct Insurance Creditor and we receive your Voting Form after the Registration Deadline, but before the Claims Submission Deadline, we will consider your claim as part of the Scheme. The Claims Submission Deadline is expected to occur in Q4 2026. The exact date will be published on the Website <https://www.pwc.co.uk/elite-insurance> once known.
5. If you are an Other Direct Insurance Creditor and we receive your Voting Form after the Claims Submission Deadline, you will lose any right to make a claim in the Scheme and not be entitled to receive any payment from (or have any further rights against) Elite. If you have opted out of using this Voting Form as your Claim Form, please ensure you submit your Claim Form by the Claims Submission Date.
6. Please note that Other Direct Insurance Creditors will be deemed to have submitted a Claim Form if they vote on the Scheme unless they have opted out.
7. If you consider that you are entitled to vote in both classes of Scheme Creditor, please contact Elite via the dedicated helpdesk.
8. In the event that the Scheme is approved and your claim is accepted in the Scheme any payment due to you will be made using the bank details entered in this form. Please ensure that you provide accurate and up to date bank details in this form.