CAPITAL REDEMPTION

# PERSONAL INVESTMENT MANAGEMENT SERVICE

## COMPANY AND INDIVIDUAL TRUSTEE APPLICATION FORM

RL360°

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## COMPLETION

Please complete this form using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 12 - Application Checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. RL360 can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport in which you are obtaining new citizenship.

A copy of the completed application and the plan Terms and Conditions are available on request. You should be aware that your plan could be brought to an end if you fail to tell us any facts which might influence our assessment of your application. If you have any doubt as to whether a fact is relevant, then you should disclose it to us.

We will accept emailed or faxed scans of applications. However, we reserve the right to request original documents in some circumstances, so these must be retained in your records. Where the policyholder is resident in Africa, we will still require original signed instructions.

Once you have completed and signed the application, you should send it along with all requested additional information to: newbusiness@rl360.com or alternatively post it to: New Business Team, RL360, International House, Cooil Road Douglas, Isle of Man, IM2 2SP, British Isles.

Please note that the start date of your plan may be delayed if you fail to complete this application in full or provide suitable evidence where required.

Remember, if you need any help, our Regional Support teams are on hand to guide you by telephone or by email.

All references to RL360 within this application form mean RL360 Insurance Company Limited.

All references to PIMS within this application form mean Personal Investment Management Service.

## 01 APPLICANT TYPE

☐ Company (complete Section 02)

☐ Trustee (complete Section 03)

## 02 COMPANY DETAILS

**If you require online servicing for your company please download our agreement and registration forms from our website – www.rl360.com. If you wish to link this plan to your existing online service please quote your online reference or existing username below.**

Online reference or existing username

### Type of company

☐ **Public Limited Company** - Please tell us which stock exchange you are listed on

☐ **Private Limited Company**

☐ **Limited Liability Partnership**

☐ **Partnership** - Please tell us the nature of your business

Bearer share capable? ☐ Yes ☐ No

☐ **Other** - Please provide details

### Company details

Company name

Trading names (if different to company)

Permanent registered office address (in full)

Postcode

Principle place of business (if different to registered address)

Postcode

Countries of operation

Regulated jurisdictions (if regulated)

Business type

Nature of business

Country of incorporation/ organisation

## 02 COMPANY DETAILS CONTINUED

Date of incorporation (dd/mm/yyyy)

Company registration number

Stock exchange country

Contact name

Correspondence address (in full) - if different to above

Postcode

Contact name

Contact position

Telephone number

Email address

At a meeting of the board of directors held on the

date (dd/mm/yyyy)

at (location)

it was agreed that we have the capacity to make this investment.

### Directors/authorised signatories

Please enclose certified copy passports for at least two of the listed directors one of whom must be an executive director.

| | Director 1 | Director 2 |
|---|---|---|
| Is the related party an entity/corporate structure? | ☐ Yes ☐ No | ☐ Yes ☐ No |

If Yes, please provide the full legal entity name. If No, complete the individual details below.

| | | |
|---|---|---|
| Entity name | | |
| Title (please tick) | ☐ Mr ☐ Mrs ☐ Miss | ☐ Mr ☐ Mrs ☐ Miss |
| | Other (in full) | Other (in full) |
| First name(s) | | |
| Middle name(s) | | |
| Last name(s) | | |
| Previous/Known by any other names (maiden/alias) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please specify | | |
| Current residential address and postcode (in full) | | |
| Date of birth (dd/mm/yyyy) | | |
| Country of birth | | |
| Country of residence for tax purposes | | |
| Are you a Specified US Person? | ☐ Yes ☐ No | ☐ Yes ☐ No |

## 02 COMPANY DETAILS CONTINUED

| | Director 1 | Director 2 |
|---|---|---|
| Tax Identification Number (TIN) | | |
| Tax number type | **Tax number** | **Tax number** |
| | ☐ Individual Taxpayer ID (ITIN) | ☐ Individual Taxpayer ID (ITIN) |
| | ☐ National Insurance Number (NINO) | ☐ National Insurance Number (NINO) |
| | **Functional equivalent** | **Functional equivalent** |
| | A functional equivalent should only be provided if you do not have a tax number. We can only accept a passport or driving licence number that has been issued by the country in which you are resident and deemed tax resident in. | |
| | ☐ Passport ☐ Driving License | ☐ Passport ☐ Driving License |
| | ☐ Visa ☐ Resident Permit | ☐ Visa ☐ Resident Permit |
| If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number | | |
| Signed | | |
| Date (dd/mm/yyyy) | | |

### Authorised signatories

You will need to provide us with a list of all authorised signatories, but please tell us how many signatories will need to sign in order to action changes to the plan (including any special instructions, for example – 1 from category 'A' and 1 from category 'B').

Number of signatories required

Special instructions

### Shareholders and beneficial interest

Please tell us who in your company has a shareholding or beneficial interest of 25% or more. You will have to provide verification of identity for those listed.

| | Shareholder 1 | Shareholder 2 (if applicable) |
|---|---|---|
| Is the related party an entity/corporate structure? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please provide the full legal entity name. If No, complete the individual details below. | | |
| Entity name | | |
| | Percentage of ownership % | % |
| First name(s) | | |
| Middle name(s) | | |
| Last name(s) | | |
| Previous/Known by any other names (maiden/alias) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please specify | | |
| Date of birth (dd/mm/yyyy) | | |
| Country of birth | | |
| Position held | | |

# 02 COMPANY DETAILS CONTINUED

| | Shareholder 1 | Shareholder 2 (if applicable) |
|---|---|---|
| Shareholding (%) | | |
| Country of residence for tax purposes | | |
| Are you a Specified US Person? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Tax Identification Number (TIN) | | |
| Tax number type | **Tax number** | **Tax number** |
| | ☐ Individual Taxpayer ID (ITIN) | ☐ Individual Taxpayer ID (ITIN) |
| | ☐ National Insurance Number (NINO) | ☐ National Insurance Number (NINO) |
| | **Functional equivalent** | **Functional equivalent** |
| | A functional equivalent should only be provided if you do not have a tax number. We can only accept a passport or driving licence number that has been issued by the country in which you are resident and deemed tax resident in. | |
| | ☐ Passport ☐ Driving License | ☐ Passport ☐ Driving License |
| | ☐ Visa ☐ Resident Permit | ☐ Visa ☐ Resident Permit |
| If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number | | |

| | Shareholder 3 (if applicable) | Shareholder 4 (if applicable) |
|---|---|---|
| Is the related party an entity/corporate structure? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please provide the full legal entity name. If No, complete the individual details below. | | |
| Entity name | | |
| Percentage of ownership | % | % |
| First name(s) | | |
| Middle name(s) | | |
| Last name(s) | | |
| Previous/Known by any other names (maiden/alias) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please specify | | |
| Date of birth (dd/mm/yyyy) | | |
| Country of birth | | |
| Position held | | |
| Shareholding (%) | | |
| Country of residence for tax purposes | | |
| Are you a Specified US Person? | ☐ Yes ☐ No | ☐ Yes ☐ No |

## 02 COMPANY DETAILS CONTINUED

| | Shareholder 3 (if applicable) | Shareholder 4 (if applicable) |
|---|---|---|
| Tax Identification Number (TIN) | | |
| Tax number type | **Tax number** | **Tax number** |
| | ☐ Individual Taxpayer ID (ITIN) | ☐ Individual Taxpayer ID (ITIN) |
| | ☐ National Insurance Number (NINO) | ☐ National Insurance Number (NINO) |
| | **Functional equivalent** | **Functional equivalent** |
| | A functional equivalent should only be provided if you do not have a tax number. We can only accept a passport or driving licence number that has been issued by the country in which you are resident and deemed tax resident in. | |
| | ☐ Passport ☐ Driving License | ☐ Passport ☐ Driving License |
| | ☐ Visa ☐ Resident Permit | ☐ Visa ☐ Resident Permit |
| If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number | | |

**Verification of identity i.e. certified copy passport and address verification for each of the shareholders as documented above must be submitted with this Application Form.**

**Evidence required**

☐ As a corporate applicant, please tick to confirm that you have supplied the following:

- A full list of all directors
- Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation
- A copy of the latest annual report and accounts
- Suitably certified documentation verifying registered address of the company
- Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director
- A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more.

## AUTOMATIC EXCHANGE OF INFORMATION – ENTITY SELF-CERTIFICATION

### Instructions for completion

Under Tax Regulations and intergovernmental agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively "AEOI"), RL360 is required to collect information about each applicant's tax status.

Please complete all relevant sections below and provide any additional information or certified documentation as directed.

This section is for applicants who are classified as an Entity under the Tax Regulations (please see our AEOI definitions for further clarification). Each individual controlling person must complete a separate Individual Self-Certification form.

Please note that in certain circumstances the information you provide may be disclosed to the Isle of Man Income Tax Division who in turn may exchange this information with tax authorities in other jurisdictions.

If any of the information that you provide changes in the future, you must advise us of these changes by completing a new Entity Self-Certification form and/or an Individual Self Certification as appropriate.

### PART A Passive Non-Financial Entity (NFE) & Passive Non-Financial Foreign Entity (NFFE)

☐ If the entity is a Passive Non-Financial Entity/Passive Non-Financial Foreign Entity please tick here and complete Parts D and F. If the Entity is a Specified US person, please complete Parts B, D and F.

### PART B Specified US Person (If the Entity is not a US person, complete PART C).

Please tick and complete as appropriate.

(a) ☐ The entity is a **Specified US Person** and the entity's US federal taxpayer identifying number (US TIN) is as follows:

(b) The entity is a US Person that is **not a Specified US Person**. Please indicate exemption

a. ☐ An organisation exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37); The United States or any of its agencies or instrumentalities;

b. ☐ A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities;

c. ☐ A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg section 1.1472-1(c)(1)(i);

d. ☐ A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i);

e. ☐ A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state;

f. ☐ A real estate investment trust;

g. ☐ A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940;

h. ☐ A common trust fund as defined in section 584(a);

i. ☐ A bank as defined in section 581;

j. ☐ A broker;

k. ☐ A trust exempt from tax under section 664 or described in section 4947; or

l. ☐ A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

## PART C US FATCA Classification for all Non United States Entities

Please complete this section if the entity is **not** a US Tax Resident.

If the entity is a **Registered Financial Institution**, please tick one of the below categories, and provide the entity's GIIN.

(a) ☐ IGA Partner Jurisdiction Financial Institution

(b) ☐ Registered Deemed Compliant Foreign Financial Institution

(c) ☐ Participating Foreign Financial Institution

Global Intermediary Identification number (GIIN): _____

If the entity is a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

(a) ☐ The Entity is a **Sponsored Financial Institution** and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name: _____

Sponsoring Entity's GIIN: _____

(b) ☐ The Entity is a **Trustee Documented Trust**. Please provide your Trustee's name and GIIN.

Trustee's Name: _____

Trustee's GIIN: _____

(c) ☐ The Entity is a Certified Deemed Compliant, or otherwise **Non-Reporting**, **Foreign Financial Institution** (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).

Indicate exemption: _____

(d) ☐ The Entity is a **Non-Participating Foreign Financial Institution**.

If the entity is **not a Foreign Financial Institution**, please confirm the Entity's FATCA status below:

(a) ☐ The Entity is an **Exempt Beneficial Owner** Indicate status: _____

(b) ☐ The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)

i. If the Entity is a **Direct Reporting NFFE**, please provide the Entity's GIIN: _____

ii. If the Entity is a **Sponsored Direct Reporting NFFE**, please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name: _____

Sponsoring Entity's GIIN: _____

## PART D Declaration of Tax Residency (to be completed in all cases)

| Country/countries of tax residency | Tax reference number type (e.g. company tax number) | Tax reference number (e.g. TIN) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

If it is not possible to provide a tax identification number, you must specify the reason here:

## PART E Common Reporting Standard (CRS) Classification

Provide your CRS classification by ticking the appropriate box(es). Note that CRS classification does not necessarily coincide with your classification for US FATCA purposes.

If the entity is a **Financial Institution**, please specify the type of Financial Institution below:

☐ Reporting Financial Institution under CRS.

OR

☐ Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:

- ☐ Governmental Entity
- ☐ International Organisation
- ☐ Central Bank
- ☐ Broad Participation Retirement Fund
- ☐ Narrow Participation Retirement Fund
- ☐ Pension Fund of a Governmental Entity, International Organisation, or Central Bank
- ☐ Exempt Collective Investment Vehicle
- ☐ Trust whose trustee reports all required information with respect to all CRS Reportable Accounts
- ☐ Qualified Credit Card Issuer
- ☐ Other Entity defined under the domestic law as low risk of being used to evade tax.

  Specify the type provided in the domestic law: _____

If the Financial Institution is resident in a **Non-Participating Jurisdiction** under CRS, please specify the type of Financial Institution resident in a Non-Participating Jurisdiction below:

(a) ☐ Investment Entity and managed by another Financial Institution.

If you have ticked this box please indicate the name of the Controlling Person(s) in Part F.

(b) ☐ Other Financial Institution, including a Depositary Financial Institution, Custodial Institution, or Specified Insurance Company.

(c) ☐ Other Investment Entity

If the entity is an **Active Non-Financial Entity** ("NFE") please specify the type of NFE below:

a) ☐ Corporation that is regularly traded or a related entity of a regularly traded corporation.

Provide the name of the stock exchange where traded: _____

b) ☐ If you are a related entity of a regularly traded corporation, provide the name of the regularly traded corporation:

_____

c) ☐ Governmental Entity, International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing

d) ☐ Other Active Non-Financial Foreign Entity

## PART F If applicable, please state the full name(s) of the controlling person(s)

**Controlling Persons who are natural persons must complete our Individual Self Certification form in addition to this form. Controlling Persons who are not natural persons must complete an additional Entity Self Certification Form in addition to this form.**

# 03 INDIVIDUAL TRUSTEE APPLICANT DETAILS

## Details of the trust

Name of the trust

Date trust was established (dd/mm/yyyy)

Country the trust was established

Nature and purpose of the trust

Correspondence address and postcode

Country

Is the related party an entity/corporate structure? ☐ Yes ☐ No

Related party type ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer

☐ Other

Name of legal entity

## Related party details

| | Party 1 | Party 2 |
|---|---|---|
| Sex (please tick) | ☐ Male ☐ Female | ☐ Male ☐ Female |
| Related party type | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other |
| Title (please tick) | ☐ Mr ☐ Mrs ☐ Miss ☐ Other (in full) | ☐ Mr ☐ Mrs ☐ Miss ☐ Other (in full) |
| First name(s) | | |
| Middle name(s) | | |
| Last name(s) | | |
| Previous/Known by any other names (maiden/alias) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please specify | | |
| Date of birth (dd/mm/yyyy) | | |
| Country of birth | | |
| Nationality | | |
| Dual nationality (if applicable) | | |
| Country of residence for tax purposes | | |
| Are you a Specified US Person? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Tax Identification Number (TIN) | | |

# 03 INDIVIDUAL TRUSTEE APPLICANT DETAILS CONTINUED

| | Party 1 | Party 2 |
|---|---|---|
| Tax number type | **Tax number** | **Tax number** |
| | ☐ Individual Taxpayer ID (ITIN) | ☐ Individual Taxpayer ID (ITIN) |
| | ☐ National Insurance Number (NINO) | ☐ National Insurance Number (NINO) |
| | **Functional equivalent** | **Functional equivalent** |
| | A functional equivalent should only be provided if you do not have a tax number. We can only accept a passport or driving licence number that has been issued by the country in which you are resident and deemed tax resident in. | |
| | ☐ Passport ☐ Driving License | ☐ Passport ☐ Driving License |
| | ☐ Visa ☐ Resident Permit | ☐ Visa ☐ Resident Permit |
| If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number | | |
| Current residential address and postcode (in full) | | |
| Country | | |
| Length of time at current address | ☐ Years ☐ Months | ☐ Years ☐ Months |
| Home telephone number | | |
| Mobile telephone number | | |

## Online services

If you wish to access details of your plan online, you must supply us with the following information.

| | | |
|---|---|---|
| Email address | | |
| Password (You will only use this once. Please note that the password is case sensitive.) | | |
| Password hint | | |

# 03 INDIVIDUAL TRUSTEE APPLICANT DETAILS CONTINUED

| | Party 3 | Party 4 |
|---|---|---|
| Sex (please tick) | ☐ Male ☐ Female | ☐ Male ☐ Female |
| Related party type | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other |
| Title (please tick) | ☐ Mr ☐ Mrs ☐ Miss ☐ Other (in full) | ☐ Mr ☐ Mrs ☐ Miss ☐ Other (in full) |
| First name(s) | | |
| Middle name(s) | | |
| Last name(s) | | |
| Previous/Known by any other names (maiden/alias) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| If Yes, please specify | | |
| Date of birth (dd/mm/yyyy) | | |
| Country of birth | | |
| Nationality | | |
| Dual nationality (if applicable) | | |
| Country of residence for tax purposes | | |
| Are you a Specified US Person? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Tax Identification Number (TIN) | | |
| Tax number type | **Tax number**<br>☐ Individual Taxpayer ID (ITIN)<br>☐ National Insurance Number (NINO) | **Tax number**<br>☐ Individual Taxpayer ID (ITIN)<br>☐ National Insurance Number (NINO) |
| | **Functional equivalent**<br>A functional equivalent should only be provided if you do not have a tax number. We can only accept a passport or driving licence number that has been issued by the country in which you are resident and deemed tax resident in.<br>☐ Passport ☐ Driving License<br>☐ Visa ☐ Resident Permit | **Functional equivalent**<br>☐ Passport ☐ Driving License<br>☐ Visa ☐ Resident Permit |
| If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number | | |
| Current residential address and postcode (in full) | | |
| Country | | |

## 03 INDIVIDUAL TRUSTEE APPLICANT DETAILS CONTINUED

| | Party 3 | | Party 4 | |
|---|---|---|---|---|
| Length of time at current address | Years | Months | Years | Months |
| Home telephone number | | | | |
| Mobile telephone number | | | | |

**Online services**

If you wish to access details of your plan online, you must supply us with the following information.

| | | |
|---|---|---|
| Email address | | |
| Password (You will only use this once. Please note that the password is case sensitive.) | | |
| Password hint | | |

**Evidence required**

☐ As an individual trustee applicant, please tick to confirm that you have supplied the following:

- Suitably certified identity and current residential address documentation for each trustee
- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

| | Settlor(s) | Protector(s) | Beneficiaries (where named) |
|---|---|---|---|
| First name | ✓ | ✓ | ✓ |
| Last name | ✓ | ✓ | ✓ |
| Date of birth | ✓ | ✓ | ✓ |
| Current residential address | ✓ | ✓ | ✓ |
| Occupation | ✓ | *x* | *x* |
| Date of death | ✓# | *x* | *x* |

# for Settlor(s) no longer alive.

# 04 PLAN REQUIREMENTS

**IMPORTANT: The following information MUST match the details shown on your Key Information Document.**

**Plan currency**
Please tick only one: ☐ GBP ☐ USD ☐ EUR ☐ CHF ☐ AUD ☐ HKD ☐ JPY

**Payment**
Please remember the minimum payment is GBP45,000 or currency equivalent. Please refer to the Product Guide for currency equivalent minimums. Where you are transferring assets please provide an estimated value.

Your initial payment will be applied to your plan in the currency(ies) paid to us.

Amount _____ (Currency and cash amount)

+

Asset transfer value (if any) _____ (Existing assets to be added directly into your plan)

=

**Total payment** _____

**Segments**
Please state your required number of segments. The minimum number of segments is 1 and the maximum is 999. If you leave this blank we will issue your plan with 100 segments.

Number of segments _____

**IMPORTANT:** some banking institutions may deduct charges for processing international payments. Please check with your bank if any charges will apply prior to transferring your payment to us. If they do, please make sure that the amount your bank transfers is enough, so that the remaining amount received is at least equal to the amount due.

**Payment by telegraphic transfer**
Please confirm the details of the bank that you will be making payment from.

If you want to use a Currency Exchange House to transfer your payment to us, please ensure that it has been approved by RL360 first. Please also provide your bank account details below from where the payment originates, along with a full audit trail to evidence the transfer to us.

Bank name _____

Bank address and postcode _____

Account holder's name _____

Branch SWIFT code _____ **OR** Bank sort code ☐☐-☐☐-☐☐
(for all non-GBP and international payments) (for UK GBP payments only)
SWIFT code must be either 8 or 11 digits

IBAN/account number _____ **OR** Account number _____
(all non-GBP accounts) (GBP UK Bank only)

Account held for _____ years _____ months

Country of source of funds _____

# 05 ASSET REQUIREMENTS

If you wish to use an investment adviser you should complete our Request to appoint Investment Adviser form, returning it along with your application. If you need additional space to complete this section, please use Section 08 – Additional Information.

The payment and any asset transfer value will be used to calculate the amount linked to each of your chosen assets. Asset transfers will be added into the plan directly.

## Quick selection

☐ Please allocate my payment to the PIMS cash account (we will supply a Dealing Instruction at a later date).

## Your PIMS investments

Please tell us the percentages of the payment that you want to be applied to each asset.

| PIMS cash account (mandatory[1]) | | | Percentage |
|---|---|---|---|
| You must place at least 2% of your total payment into the PIMS cash account | | | % |
| **Bank or building society name** | | **Cash deposit name** | **Percentage** |
| | | | % |
| **ISIN or Sedol code** | **Asset manager** | **Asset name (including currency)** | **Percentage** |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | Total | 100% |

[1] Please be aware that asset managers may impose minimum amounts that they will allow to be sold or purchased. Any income from distributing assets will automatically be credited to your PIMS cash account.

# 06 SOURCE OF FUNDS DETAILS

The Isle of Man Financial Services Authority requires all Isle of Man life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. This reflects the Isle of Man's commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

RL360 has adopted a risk-based approach to meet these regulations, categorising our products and countries that we will accept business from into Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of funds procedures can be obtained from your financial adviser or can be downloaded from www.rl360.com/sourceoffunds.pdf.

**You must complete the following details below in all cases and for both Settlors as applicable.**

| | Applicant 1/Settlor 1 | Applicant 2/Settlor 2 |
|---|---|---|
| **Annual salary plus bonuses** | | |
| Annual salary this year (include currency) | | |
| Bonuses this year (include currency) | | |
| Annual salary last year (include currency) | | |
| Bonuses last year (include currency) | | |
| Employment status | ☐ Employed Full Time ☐ Retired<br>☐ Employed Part Time ☐ Student<br>☐ Self Employed ☐ Homemaker<br>☐ Unemployed | ☐ Employed Full Time ☐ Retired<br>☐ Employed Part Time ☐ Student<br>☐ Self Employed ☐ Homemaker<br>☐ Unemployed |
| Employment role | ☐ Employee ☐ Key Controller<br>☐ Business Owner ☐ Sole Trader | ☐ Employee ☐ Key Controller<br>☐ Business Owner ☐ Sole Trader |
| Occupation | | |
| Employer's company name | | |
| Country of employment | | |
| If available company website | | |
| Nature of business | | |

If you are retired please tell us your previous occupation, salary, employer and date of retirement.

| | | |
|---|---|---|
| Previous occupation | | |
| Salary (include currency) | | |
| Employer's company name | | |
| Country of employment | | |
| If available company website | | |
| Date retired (dd/mm/yyyy) | ☐☐ ☐☐ ☐☐☐☐ | ☐☐ ☐☐ ☐☐☐☐ |
| **Other unearned income** | | |
| Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm/yyyy) | ☐☐ ☐☐ ☐☐☐☐ | ☐☐ ☐☐ ☐☐☐☐ |

# 06 SOURCE OF FUNDS DETAILS CONTINUED

Where your source of funds for this application is from any of the following, please provide details.

| | Applicant 1/Settlor 1 | Applicant 2/Settlor 2 |
|---|---|---|
| **Savings** | | |
| Amount received (include currency) | | |
| Bank where savings were held | | |
| How and for how long were the savings accumulated? | | |
| **Pension transfer** | | |
| Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm/yyyy) | | |
| **Property or asset sale** | | |
| Amount received (include currency) | | |
| Address of property sold or asset type | | |
| How long held | | |
| Date of sale (dd/mm/yyyy) | | |
| **Company profits** | | |
| Profits this year (include currency) | | |
| Profits last year (include currency) | | |
| Industry | | |
| **Company sale** | | |
| Amount received (include currency) | | |
| Company name | | |
| Company industry | | |
| Date received (dd/mm/yyyy) | | |

**Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance please state from whom, for maturing investments please confirm how long held).**

| | | |
|---|---|---|
| Amount received (include currency) | | |
| Source | | |
| Date received (dd/mm/yyyy) | | |

RL360 reserves the right to request further documentary evidence of source of funds should it be considered necessary.

# 06 SOURCE OF FUNDS DETAILS CONTINUED

| | Party 1 | Party 2 |
|---|---|---|
| Related party type | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other |

## Annual salary plus bonuses

| | | |
|---|---|---|
| Annual salary this year (include currency) | | |
| Bonuses this year (include currency) | | |
| Annual salary last year (include currency) | | |
| Bonuses last year (include currency) | | |
| Employment status | ☐ Employed Full Time ☐ Retired ☐ Employed Part Time ☐ Student ☐ Self Employed ☐ Homemaker ☐ Unemployed | ☐ Employed Full Time ☐ Retired ☐ Employed Part Time ☐ Student ☐ Self Employed ☐ Homemaker ☐ Unemployed |
| Employment role | ☐ Employee ☐ Key Controller ☐ Business Owner ☐ Sole Trader | ☐ Employee ☐ Key Controller ☐ Business Owner ☐ Sole Trader |
| Occupation | | |
| Employer's company name | | |
| Country of employment | | |
| If available company website | | |
| Nature of business | | |

If you are retired please tell us your previous occupation, salary, employer and date of retirement.

| | | |
|---|---|---|
| Previous occupation | | |
| Salary (include currency) | | |
| Employer's company name | | |
| Country of employment | | |
| If available company website | | |
| Date retired (dd/mm/yyyy) | ☐☐ ☐☐ ☐☐☐☐ | ☐☐ ☐☐ ☐☐☐☐ |

## Other unearned income

| | | |
|---|---|---|
| Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm/yyyy) | ☐☐ ☐☐ ☐☐☐☐ | ☐☐ ☐☐ ☐☐☐☐ |

## 06 SOURCE OF FUNDS DETAILS CONTINUED

| | Party 1 | Party 2 |
|---|---|---|
| Where your source of funds for this application is from any of the following, please provide details. | | |
| **Savings** | | |
| Amount received (include currency) | | |
| Bank where savings were held | | |
| How and for how long were the savings accumulated? | | |
| **Pension transfer** | | |
| Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm/yyyy) | | |
| **Property or asset sale** | | |
| Amount received (include currency) | | |
| Address of property sold or asset type | | |
| How long held | | |
| Date of sale (dd/mm/yyyy) | | |
| **Company profits** | | |
| Profits this year (include currency) | | |
| Profits last year (include currency) | | |
| Industry | | |
| **Company sale** | | |
| Amount received (include currency) | | |
| Company name | | |
| Company industry | | |
| Date received (dd/mm/yyyy) | | |
| **Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance please state from whom, for maturing investments please confirm how long held).** | | |
| Amount received (include currency) | | |
| Source | | |
| Date received (dd/mm/yyyy) | | |

RL360 reserves the right to request further documentary evidence of source of funds should it be considered necessary.

# 06 SOURCE OF FUNDS DETAILS CONTINUED

| | Party 3 | Party 4 |
|---|---|---|
| Related party type | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other | ☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer ☐ Other |

## Annual salary plus bonuses

| | | |
|---|---|---|
| Annual salary this year (include currency) | | |
| Bonuses this year (include currency) | | |
| Annual salary last year (include currency) | | |
| Bonuses last year (include currency) | | |
| Employment status | ☐ Employed Full Time ☐ Retired ☐ Employed Part Time ☐ Student ☐ Self Employed ☐ Homemaker ☐ Unemployed | ☐ Employed Full Time ☐ Retired ☐ Employed Part Time ☐ Student ☐ Self Employed ☐ Homemaker ☐ Unemployed |
| Employment role | ☐ Employee ☐ Key Controller ☐ Business Owner ☐ Sole Trader | ☐ Employee ☐ Key Controller ☐ Business Owner ☐ Sole Trader |
| Occupation | | |
| Employer's company name | | |
| Country of employment | | |
| If available company website | | |
| Nature of business | | |

If you are retired please tell us your previous occupation, salary, employer and date of retirement.

| | | |
|---|---|---|
| Previous occupation | | |
| Salary (include currency) | | |
| Employer's company name | | |
| Country of employment | | |
| If available company website | | |
| Date retired (dd/mm/yyyy) | ☐☐ ☐☐ ☐☐☐☐ | ☐☐ ☐☐ ☐☐☐☐ |

## Other unearned income

| | | |
|---|---|---|
| Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm/yyyy) | ☐☐ ☐☐ ☐☐☐☐ | ☐☐ ☐☐ ☐☐☐☐ |

## 06 SOURCE OF FUNDS DETAILS CONTINUED

| | Party 3 | Party 4 |
|---|---|---|
| **Where your source of funds for this application is from any of the following, please provide details.** | | |
| **Savings** | | |
| Amount received (include currency) | | |
| Bank where savings were held | | |
| How and for how long were the savings accumulated? | | |
| **Pension transfer** | | |
| Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm/yyyy) | | |
| **Property or asset sale** | | |
| Amount received (include currency) | | |
| Address of property sold or asset type | | |
| How long held | | |
| Date of sale (dd/mm/yyyy) | | |
| **Company profits** | | |
| Profits this year (include currency) | | |
| Profits last year (include currency) | | |
| Industry | | |
| **Company sale** | | |
| Amount received (include currency) | | |
| Company name | | |
| Company industry | | |
| Date received (dd/mm/yyyy) | | |
| **Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance please state from whom, for maturing investments please confirm how long held).** | | |
| Amount received (include currency) | | |
| Source | | |
| Date received (dd/mm/yyyy) | | |

RL360 reserves the right to request further documentary evidence of source of funds should it be considered necessary.

## 07 REGULAR WITHDRAWALS

If you do not wish to set up regular withdrawals on the plan at this stage, please continue to Section 08 - Additional Information.

Please remember that the minimum regular withdrawal is GBP250 or currency equivalent. Regular withdrawals will be paid in the plan currency unless you tell us otherwise in Section 08 - Additional Information.

How do you want to take the withdrawals? (choose only one) ☐ As fixed amount Tell us the amount

**OR**

☐ As a percentage Tell us the percentage of the total initial payment %

Withdrawal frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐ Termly

Date of first withdrawal (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Payment method ☐ BACS ☐ TT

BACS payments require up to three days to clear and can only be used for GBP payments to a UK bank account. A GBP20 (or currency equivalent) charge applies to payments made by TT.

If you would like withdrawals to be paid back to the same bank account as detailed in Section 04 - Plan Requirements, please tick below. Otherwise please specify the bank account to be used to receive withdrawals. Payments can only be made to bank accounts in the trust's name, as the applicant.

☐ Please use the bank account details in Section 04 - Plan Requirements

Bank name

Bank address and postcode

Account holder's name

Branch SWIFT code (for all non-GBP and international payments) SWIFT code must be either 8 or 11 digits

**OR** Bank sort code ☐☐-☐☐-☐☐ (for UK GBP payments only)

IBAN/account number (all non-GBP accounts)

**OR** Account number (GBP UK Bank only)

Account held for ☐ years ☐ months

## 08 ADDITIONAL INFORMATION

If you have no additional notes, please continue to Section 10 - Declaration.

## 09 POLICITALLY EXPOSED PERSONS

A Politically Exposed Person (PEP) is a person who is, or who has been, entrusted with prominent public functions. This also includes their close family members and their close associates.

Examples of PEPs include political figures, member of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Are you, any of your family members or any of your close associates a PEP? ☐ Yes ☐ No

If Yes, please provide the following details and complete the supplementary Source of Wealth Form.

Party type ☐ Director ☐ Shareholder ☐ Settlor ☐ Trustee ☐ Other

Surname

Forename(s)

Position held as PEP

Country position held

Dates position held From ☐☐ ☐☐ ☐☐☐☐ To ☐☐ ☐☐ ☐☐☐☐

If the PEP is a family member or close associate, please confirm the relationship

Are you, any of your family members or any of your close associates a PEP? ☐ Yes ☐ No

If Yes, please provide the following details and complete the supplementary Source of Wealth Form.

Party type ☐ Director ☐ Shareholder ☐ Settlor ☐ Trustee ☐ Other

Surname

Forename(s)

Position held as PEP

Country position held

Dates position held From ☐☐ ☐☐ ☐☐☐☐ To ☐☐ ☐☐ ☐☐☐☐

If the PEP is a family member or close associate, please confirm the relationship

Are you, any of your family members or any of your close associates a PEP? ☐ Yes ☐ No

If Yes, please provide the following details and complete the supplementary Source of Wealth Form.

Party type ☐ Director ☐ Shareholder ☐ Settlor ☐ Trustee ☐ Other

Surname

Forename(s)

Position held as PEP

Country position held

Dates position held From ☐☐ ☐☐ ☐☐☐☐ To ☐☐ ☐☐ ☐☐☐☐

If the PEP is a family member or close associate, please confirm the relationship

# 10 DECLARATION

### Plan literature
I confirm that I have read a copy of the plan literature including the Product Guide, Key Information Document and Terms and Conditions.

### My application
I confirm that all of the information provided in this application, along with any supporting forms, questionnaires, statements, reports or other information is true and complete.

### Availability
I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make investment into this plan unlawful.

### Illustration
I understand that my Illustration is not guaranteed by RL360 or my adviser, and only offers an indication of what I might get back under a limited number of scenarios. I accept that RL360 is not responsible for monitoring whether my plan's performance matches the assumptions made in my Illustration.

### Key Information Document (KID)
I confirm that I have included a signed KID with this application.

I understand that the KID sets out the details of my plan, and by signing it I acknowledge that I am aware of the charges that will be deducted.

I am also aware that the details that I have provided in Section 04 – Plan Requirements must match my signed KID. If they are different RL360 will ask me to sign a new KID matching Section 04 – Plan Requirements before it can allow my plan to start.

### Investment
I am aware that RL360 does not provide investment advice.

I request that RL360 allocates the payment to the assets detailed in Section 05 – Asset Requirements. In order for RL360 to do this, I confirm the following:

a) I agree to RL360 acting on dealing instructions received from me or the appointed investment adviser, and I will read the documentation issued by the asset manager for each asset prior to selecting it for the plan.

b) Where the payment is allocated in full or in part to any cash deposit account(s), I am aware that I may not be covered by any depositors compensation scheme should the deposit account provider become insolvent. I am aware that this is because RL360 holds this account on my behalf.

   I acknowledge the risks associated with linking a cash deposit account to the plan and accept that in the event of the insolvency of my chosen deposit account provider, RL360 will have no responsibility for any loss and I could lose the full amount invested.

   I am aware and acknowledge that the deposit account provider I choose to invest with may not be an institution or subsidiary with which RL360 would normally hold balances or deposits.

c) I am aware that some assets (including cash deposits) may have terms and conditions that could:

   i) restrict RL360 from realising a cash value when requested and prevent RL360 paying out benefits from the plan in a timely fashion.

   ii) result in RL360 receiving the cash value from a sale in multiple instalments. If this should happen RL360 has the right not to re-invest or pay in full, benefits from the plan until the amount has been received in full.

   iii) result in RL360 receiving a payment from a sale by a means other than cash. If this should happen RL360 may require us to cancel some or all of the plan.

   iv) result in RL360 having to pay back some or all of the sale proceeds if an adjustment has to be made after the payment. If RL360 is required to make such a repayment and the plan value is too low to cover it, or I have cancelled the plan, I agree to compensate RL360 for any loss that it has suffered as a result.

d) I accept that RL360 has the right to sell assets linked to the plan without requiring my permission. RL360 may do this if it decides that an asset may have harmful legal or tax consequences under law.

e) I am aware that there may be fees to pay when RL360 sells one or more of the assets linked to the plan. Any fees due when selling an asset should be detailed by the asset manager in the asset documentation.

f) I confirm that I am aware of the fees that must be paid in relation to the chosen assets. I realise that these fees are required to cover the costs of promoting and distributing the assets, including any commission paid to my appointed adviser(s).

### Applicants

a) I confirm that I have the necessary powers to take out this plan and enter into a contract with RL360.

b) I also confirm that my company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

c) I agree that I will notify RL360 in writing immediately when any of the directors, list of authorised signatories or trustees change.

d) I agree that I will provide evidence of identity and current residential address when asked by RL360. I also acknowledge that RL360 can ask for an up-to-date authorised signatory list at any time.

e) I am aware that RL360 is authorised to obtain a bank reference at any time.

### Data Protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your plan, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances - if we do we will write to you setting out the reasons why.

Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

### Legal

I agree to my plan being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that maybe brought in relation to my plan.

### Cancellation

I am aware that I have the right to cancel my plan as detailed in the Key Information Document. I understand that the amount I get back may be less than what I paid where my selected assets have fallen in value. I am aware that to cancel my plan I will need to complete the Cancellation Notice and return it to RL360.

## 10 DECLARATION CONTINUED

### Final agreement

I agree to the following documents forming the basis of the contract between me and RL360:

- this Application Form
- the Key Information Document
- the Terms and Conditions
- the Plan Schedule
- any Endorsement to the Plan Schedule.

I accept that RL360 can bring the plan to an end if I have failed to detail any facts that may influence the decision to accept this application.

### Financial adviser

I have appointed _____ (company name) to act as my financial adviser.

I agree to RL360 Insurance Company Limited (RL360), disclosing all information relating to the plan to my appointed financial adviser. I will let RL360 know in writing if I decide to change my appointed financial adviser.

I confirm that this application was signed in (give country) _____

| | Trustee 1/Authorised Signatory | Trustee 2/Authorised Signatory |
|---|---|---|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |

| | Trustee 3/Authorised Signatory | Trustee 4/Authorised Signatory |
|---|---|---|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |

| | Settlor 1/Authorised Signatory | Settlor 2/Authorised Signatory |
|---|---|---|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |

| | Settlor 3/Authorised Signatory | Settlor 4/Authorised Signatory |
|---|---|---|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |

## 11 FINANCIAL ADVISER DETAILS

**This section is to be completed by your financial adviser.**

The RL360 adviser number can be obtained from your regional office.

| | |
|---|---|
| Company name | |
| RL360 adviser number | |
| Financial adviser's stamp (if this does not state an address, please complete company address details too) | |
| Full name | |
| Online services username (if registered) | |
| Email address | |
| Signed | |
| Date (dd/mm/yyyy) | |

# 12 APPLICATION CHECKLIST

This checklist will help make sure you have provided everything we need to process your application.

**Verification of identity – must be provided for all directors/partners and trustees named in Section 02 or 03.**
Please send a **suitably certified copy** of their passport, national identity card or drivers licence showing their photograph(s) and signature - if you are unable to provide either of these pieces please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

### Applicants

☐ I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

### Verification of current residential address – must be provided for all applicants

Please send a **suitably certified copy** of at least one of the following documents for each applicant. If you are unable to provide any of the documents listed below, please complete our confirmation of residential address form to provide us with reasons why no documents are available. The document will guide you on what further documents can be obtained and can be found at https://www.rl360adviser.com/generic/downloads/rl158.pdf.

| Applicant 1 (please tick which documents you have sent us) | Applicant 2 (please tick which documents you have sent us) | Type of document | Conditions |
|---|---|---|---|
| ☐ | ☐ | A recent account statement from a regulated bank, building society or credit card company | The document must be no more than 6 months old<br>If the statement or bill has been issued electronically, it must clearly show the address of your property |
| ☐ | ☐ | A recent mortgage statement from a regulated lender | |
| ☐ | ☐ | A recent rates, council tax or utility bill (mobile phone bills are not acceptable) | |
| ☐ | ☐ | Correspondence from a central or local government agency | The document should be no more than 6 months old, or the most recent version where issued annually |
| ☐ | ☐ | A photographic driving licence | The document must be in date and valid<br>The same document cannot be used to evidence your identity |
| ☐ | ☐ | A photographic national identity card | |
| ☐ | ☐ | A full tenancy agreement | The agreement must be in date<br>The agreement must be signed by all parties |
| ☐ | ☐ | Proof of ownership of your property, such as lawyer's confirmation of a property purchase or a legal document recognising title to the property | The document must be signed by all appropriate parties |

Please refer to our identity and address verification guidelines for further information on who can suitably certify your documentation https://www.rl360library.com/joint/jt08-identity-and-address-verification-guidelines-for-individual-applicants.pdf

### Confirmation of plan details

Please make sure you have completed Section 04 – Plan Requirements and have included a signed Illustration and Key Information Document.

☐ I have provided my plan requirements and can confirm that they match my Key Information Document (please tick to confirm).

☐ I have included a signed Illustration and Key Information Document (please tick to confirm).

# 13 PAYMENT METHODS

Please note: RL360 no longer accepts payments by cheque. Payments must be made by electronic transfer.

**Telegraphic transfer**
If you are paying into the plan by telegraphic transfer please instruct your bank to quote the trust's name as a reference.

Your payment must come from the bank account(s) you have detailed in Section 04 – Plan Requirements.

Please make your payment to RL360 Insurance Company Limited through the appropriate bank below.

| Ccy | SWIFT code | IBAN | Sort code | Account number | Bank name | Account name |
|---|---|---|---|---|---|---|
| AUD | CITIGB2LXXX (all accounts) | GB45 CITI 1850 0813 1419 34 | 18-50-08 (all accounts) | 13141934 | Citibank, London (all accounts) | RL360 Insurance Company Limited (all accounts) |
| CHF | | GB26 CITI 1850 0813 1418 88 | | 13141888 | | |
| EUR | | GB20 CITI 1850 0813 1418 02 | | 13141802 | | |
| GBP | | GB34 CITI 1850 0813 1420 35 | | 13142035 | | |
| HKD | | GB10 CITI 1850 0813 1416 91 | | 13141691 | | |
| JPY | | GB26 CITI 1850 0813 1415 00 | | 13141500 | | |
| USD | | GB54 CITI 1850 0813 1415 78 | | 13141578 | | |

**Bank address**
The bank address for all the above accounts is: Citibank, Citigroup Centre, Canada Square, Canary Wharf, London, E14 5LB, UK.

## 14 REQUEST TO PAY A FINANCIAL ADVISER

**Who is this form for?**
We can only accept written instructions that have been signed by all owners, trustees or authorised signatories.

Please complete in BLOCK capitals throughout.

Plan application dated:

I wish RL360 to pay.

Financial adviser company name, address and RL360 adviser number (if known)

**Important notes**

1. RL360 cannot be held responsible for any future tax liability that may accrue to the adviser as a result of a failure to levy tax where it later transpires that it should have been charged. The adviser is responsible for deciding whether or not the service they are providing is subject to any additional taxes.
2. The payment will commence from the date we receive your completed form. It will be calculated and paid each quarter from the plan anniversary.
3. The value of any additional payments made to the plan will be treated as part of its value when the financial adviser payment is calculated.
4. This agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
5. I confirm that we will inform RL360 in writing should we wish to terminate this payment. Any payment accrued to the point where the payment is terminated will be deducted from the plan and paid to the financial adviser. No further financial adviser payment will be taken.
6. I understand that, as a result of my request, RL360 may have to alter the Terms and Conditions of my contract to facilitate a payment to my financial adviser. I request that all required changes are made to my Terms and Conditions and they are effective immediately.

**Financial adviser payment**

% per year, paid quarterly in arrears as percentage of my plan value (the payment should not be more than 1.5% per year).

**Important notes**

1. Where this payment is used in conjunction with an investment adviser payment, the two payments combined cannot be more than 2% per year.
2. Where the plan owner and financial adviser is domiciled outside of the United Kingdom, RL360 will deduct a financial adviser "charge" from the plan. This will not affect any 5% annual withdrawal allowance as it will not be classed as a withdrawal from the plan.
3. Where either the plan owner and/or financial adviser is domiciled in the United Kingdom, RL360 will deduct a financial adviser "fee" from the plan, which will affect any 5% withdrawal allowance as it is classed as a withdrawal from the plan.

| | Applicant 1 | Applicant 2 |
|---|---|---|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |

# 15 REQUEST TO APPOINT AN INVESTMENT ADVISER

### Who is this form for?

This form is for applicants who wish to request RL360 appoint an investment adviser to their plan. Investment advisers may act on a discretionary or non-discretionary basis. This is your choice and an agreement that you must make with your investment adviser. They will have the power to place dealing instructions on your behalf.

### Completing this form

We can only accept written instructions that have been signed by all owners, trustees or authorised signatories.

Please complete in BLOCK capitals throughout.

## SECTION 1 INVESTMENT ADVISER APPOINTMENT

### Applicant(s) to complete

Plan reference: ☐

I wish to request RL360 appoint

| |
|---|
| Investment adviser company name, address and RL360 adviser number (if known) |

to act in the capacity of an investment adviser to my plan.

I understand that my investment adviser will be able to act on my behalf, subject to the terms and conditions set out in Section 2 below, to advise on and change the assets to which the value of my plan is linked. I authorise RL360 Insurance Company Limited (RL360) to release all relevant information relating to my plan to my investment adviser when requested.

I understand that RL360 is not responsible for any loss or liability incurred to my plan as a result of advice given or negligence by, my appointed investment adviser. I also understand that RL360 is not responsible for the performance of any assets linked to my plan.

I confirm that all communications in relation to dealing instructions should be directed to my investment adviser.

I understand that, as a result of my request, RL360 may have to alter the Terms and Conditions of my contract to facilitate a payment to my investment adviser. I request that all required changes are made to my Terms and Conditions and they are effective immediately.

Please confirm on what basis you wish your investment adviser to be appointed, non-discretionary or discretionary by ticking the appropriate box below.

☐ I confirm that my investment adviser will be acting on a non-discretionary basis. Dealing instructions may only be forwarded to RL360 after my investment adviser has consulted me. My investment adviser has confirmed to me that they have the necessary regulatory authorisations in order to perform this role. I understand that RL360 is not required to obtain proof that my investment adviser has consulted with me, prior to acting on any instructions received.

☐ I confirm that my investment adviser will be acting upon a discretionary basis. Dealing instructions may be forward to RL360 without my consent. My investment adviser has confirmed to me that they have the necessary regulatory authorisations in order to perform this role.

I request RL360 to make a payment to the investment adviser of my plan in line with the following:

**Investment adviser payment**

☐ % per year, taken quarterly as a percentage of my plan value (the payment should not be more than 1.5% per year).

## 15 REQUEST TO APPOINT AN INVESTMENT ADVISER CONTINUED

### Important notes

1. Where this payment is used in conjunction with a financial adviser payment, the two payments combined cannot be more than 2.0% per year.

2. RL360 will deduct an investment adviser "charge" from the plan. This will not affect any 5% annual withdrawal allowance as it will not be classed as a withdrawal from the plan.

### Privacy policy

Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

### Disclaimer

I am aware that for as long as I have an appointed investment adviser I will be unable to access online dealing facilities.

The payment will commence from the date we receive your completed form. It will be calculated and paid each quarter from the plan anniversary.

I confirm that should I change my investment adviser, or bring this agreement to an end in the future, I agree to inform RL360 in writing immediately.

I acknowledge that RL360 has the right to reject the appointment of my investment adviser at its discretion.

I agree that I am solely responsible for the appointment of an investment adviser to my plan and that I am responsible for ensuring that they have appropriate experience, and/or qualifications and permissions to provide me with investment advice.

I acknowledge that RL360 is not liable for the performance or conduct of my investment adviser, or for ensuring that they hold and continue to maintain any regulatory or legal permissions required to provide investment advice.

| | Applicant 1 | Applicant 2 |
|---|---|---|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |

## SECTION 2 INVESTMENT ADVISER DETAILS AND CONDITIONS

### Investment adviser to complete

| | |
|---|---|
| Full name | |
| Online services username (if registered) | |
| Company name | |
| RL360 adviser number | |
| Investment adviser company address | |
| Email address | |
| Telephone number | |
| Fax number | |

If you do not have Terms or Business with RL360, please contact your Regional Sales Manager before submitting this form.

## 15 REQUEST TO APPOINT AN INVESTMENT ADVISER CONTINUED

In accepting the appointment of investment adviser to the above stated plan, I agree to the following terms and conditions:

1. All instructions relating to the purchase, sale or switching of assets will be in respect of any asset agreed by RL360 as being eligible to the plan.
2. All instructions should be provided in a format agreed by RL360.
3. RL360 will purchase, sell or switch assets at the relevant market price as available at the time of placing an instruction.
4. RL360 has the right to accept or reject any instruction from the investment adviser at its own discretion.
5. The investment adviser must maintain such authorisation as is necessary to act as an investment adviser under legislation and regulation in the country in which advice is given.
6. RL360 and the plan owner cannot be held responsible for any future tax liability, that may accrue to the investment adviser, as a result of a failure to levy tax where it later transpires that it should have been charged. The investment adviser is responsible for deciding whether or not the service they are providing is subject to the levy of any additional taxes.
7. RL360 has the right to remove the investment adviser from the plan, without specifying a reason, and on giving one month's written notice to the plan owner and the investment adviser.
8. The investment adviser may resign their appointment by giving written notice to the plan owner and RL360. RL360 will remove the investment adviser from the plan as soon as the notification is received.
9. The appointment will cease immediately upon written notification of bankruptcy, dissolution, or insolvency of the investment adviser, or any composition with creditors, or if the investment adviser is in breach of any regulatory requirements, or it becomes illegal for the investment adviser to act in this capacity.
10. This appointment and agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
11. RL360 will not be liable in the event that the appointed investment adviser or the plan owner fails to notify RL360 of any material factor affecting the above.

Please submit a current certified copy of your company's authorised signatory list with this form. If you have an additional list for persons authorised to sign dealing instructions, please also submit a certified copy with this form.

**Investment adviser**

Signed

Date (dd/mm/yyyy)

RL360 Insurance Company Limited

**T** +44 (0)1624 681681
**E** csc@rl360.com

Registered Office: International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Registered in the Isle of Man number 137548C. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority.

PMC05g 09/26

# HELPING YOU TO PROTECT AND GROW YOUR WEALTH



RL360