LIFE ASSURANCE

PERSONAL INVESTMENT MANAGEMENT SERVICE

CORPORATE TRUSTEE APPLICATION FORM

RL360°

TABLE OF CONTENTS

01

PAGE 1
YOUR DETAILS

02

PAGE 3
LIVES ASSURED

03

PAGE 5
PLAN REQUIREMENTS

04

PAGE 6
ASSET REQUIREMENTS

05

PAGE 7
SOURCE OF FUNDS DETAILS
Tell us how the Settlor's funds were accumulated. It is important that you complete this section so that we can meet Isle of Man anti-money laundering requirements.

06

PAGE 9
REGULAR WITHDRAWALS

07

PAGE 10
ADDITIONAL INFORMATION

08

PAGE 11
DECLARATION
In this section you must agree to the plan terms and conditions and sign where appropriate.

09

PAGE 14
FINANCIAL ADVISER DETAILS

10

PAGE 15
APPLICATION CHECKLIST

11

PAGE 16
PAYMENT METHOD

12

PAGE 17
REQUEST TO PAY A FINANCIAL ADVISER (OPTIONAL)

13

PAGE 18
REQUEST TO APPOINT AN INVESTMENT ADVISER (OPTIONAL)

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 09 - 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 YOUR 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

Details of the trust

Name of the trust

Date trust was established (dd/mm/yyyy)

Nature and purpose of the trust

Corporate trustee details

Corporate trustee name

Global Intermediary Identification Number (FATCA GIIN)

Registered address and postcode (in full)

Country

Contact name

Contact position

Telephone number

Email address

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use your registered address.

Address for correspondence and postcode

Directors or partners

You will need to provide us with a list of all directors or partners for your business, but we also need you to name two directors, one an executive director, for identity verification purposes. Please state their details here

	Executive Director/Partner 1 (must be completed)	Director/Partner 2 (must be completed)
Sex (please tick)	☐ Male ☐ Female	☐ Male ☐ Female
Title (please tick)	☐ Mr ☐ Mrs ☐ Miss	☐ Mr ☐ Mrs ☐ Miss
	Other (in full)	Other (in full)
First 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)		
Current residential address and postcode (in full)		

01 YOUR DETAILS CONTINUED

Country

Position

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 – one from category 'A' and one 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.

First Name(s)	Last Name(s)	Position	Shareholding (%)

Evidence required

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

For the company

- A full list of all directors.
- Suitably certified certificate 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 two 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.

For the trust

- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

	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.

01 YOUR DETAILS CONTINUED

Member details

Title (please tick) ☐ Mr ☐ Mrs ☐ Miss

☐ Other (in full)

First name(s)

Last name(s)

Previous/Known by any other names (maiden/alias) ☐ Yes ☐ No

If Yes, please specify

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

02 LIVES ASSURED

You may have up to 6 lives assured on your PIMS plan. At least 1 life assured must be younger than age 75 when the plan starts. Please complete the details of all lives assured below.

	Life assured 1	Life assured 2
Sex (please tick)	☐ Male ☐ Female	☐ Male ☐ Female
Title (please tick)	☐ Mr ☐ Mrs ☐ Miss	☐ Mr ☐ Mrs ☐ Miss
	☐ Other (in full)	☐ Other (in full)
First 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)		
Nationality		
Dual nationality (if applicable)		
Current residential address and postcode (in full)		
Country		

02 LIVES ASSURED CONTINUED

	Life assured 3	Life assured 4
Sex (please tick)	☐ Male ☐ Female	☐ Male ☐ Female
Title (please tick)	☐ Mr ☐ Mrs ☐ Miss	☐ Mr ☐ Mrs ☐ Miss
	Other (in full)	Other (in full)
First 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)		
Nationality		
Dual nationality (if applicable)		
Current residential address and postcode (in full)		
Country		

	Life assured 5	Life assured 6
Sex (please tick)	☐ Male ☐ Female	☐ Male ☐ Female
Title (please tick)	☐ Mr ☐ Mrs ☐ Miss	☐ Mr ☐ Mrs ☐ Miss
	Other (in full)	Other (in full)
First 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)		
Nationality		
Dual nationality (if applicable)		
Current residential address and postcode (in full)		
Country		

02 LIVES ASSURED CONTINUED

Politically 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.

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	

03 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.

03 PLAN REQUIREMENTS CONTINUED

Payments 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
(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

04 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 07 – 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.

05 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.

	Settlor 1	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 ☐ 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)	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐

05 SOURCE OF FUNDS DETAILS CONTINUED

	Settlor 1	Settlor 2
Other unearned income		
Amount received (include currency)		
Received from		
Date received (dd/mm/yyyy)		

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)		

05 SOURCE OF FUNDS DETAILS CONTINUED

	Settlor 1	Settlor 2
Other such as maturing investments, lottery or betting win, gift or inheritance (for inheritance please state from who, 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 REGULAR WITHDRAWALS

If you do not wish to set up regular withdrawals on the plan at this stage, please continue to Section 07 - 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 07 - 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 03 - 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 03 - 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

07 ADDITIONAL INFORMATION

If you have no additional notes, please continue to Section 08 - Declaration.

08 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 this investment 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 03 – Plan Requirements must match my signed KID. If they are different RL360 will ask me to sign a new KID matching Section 03 – 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 04 – 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.

08 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)		

09 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)	

10 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 named in Section 01 – Your Details.
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 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 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 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 03 – 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).

11 PAYMENT METHOD

The payment can be made using the following method.

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 03 – 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.

12 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)		

13 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).

13 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.

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.

PML04f 08/26

HELPING YOU TO PROTECT AND GROW YOUR WEALTH

RL360