QUANTUM

ADDITIONAL CONTRIBUTION FORM

Please complete this form in BLOCK CAPITALS throughout.

SECTION 1 POLICY DETAILS

This form should only be used for Quantum policies issued after 6 April 2010. For Quantum policies issued before 6 April 2010 please contact our customer services team for further information.

Policy number

Are you notifying us of any changes to your personal/company/trustee details as part of this application? Yes ☐ No ☐

If yes, please provide details in Section 6 – Your additional notes.

	Policyholder 1	Policyholder 2 (if applicable)
Name		
Country and place of birth		
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

☐ Individual Taxpayer ID (ITIN)

☐ National Insurance Number (NINO)

Tax number

☐ Individual Taxpayer ID (ITIN)

☐ National Insurance Number (NINO)

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

☐ Visa ☐ Resident Permit

Functional equivalent

☐ Passport ☐ Driving License

☐ Visa ☐ Resident Permit

If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number

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 for the country in which you have obtained new citizenship.

If the policyholder is a corporate trustee, please complete Section 5.

If the policyholder is a trust or company, please complete Section 4.

SECTION 2 CONTRIBUTION DETAILS

Do you want to increase your regular premiums or top-up with a single premium injection?

Regular premium increase ☐

Single premium injection ☐

Regular premium details

Minimum payment increase (per month)			
GBP	50	AUD	90
EUR	60	HKD	625
CHF	75	JPY	8,500
USD	80		

The premium currency, method of payment and payment frequency for increased regular premiums will be the same as your current premiums.

Current regular premium

Additional regular premium*

Total regular premium

* For details on the minimum additional premiums applicable to your policy, please refer to the relevant policy literature.

Unless otherwise instructed, additional regular premiums will be invested as per your current instructions.

Single premium injection

Minimum lump sum payment			
GBP	5,000	AUD	9,000
EUR	6,000	HKD	62,500
CHF	7,500	JPY	850,000
USD	8,000		

Additional single premium injection (currency and amount)

Payment details

Telegraphic transfer ☐

Payment by telegraphic transfer

Please confirm the details of the bank that you will be making payment from.

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)

SECTION 2 CONTRIBUTION DETAILS CONTINUED

Account held for ☐ years ☐ months

If the lump sum is to be paid in tranches, please confirm the reason why.

Is the money being invested your own? Yes ☐ No ☐

If no, please provide full details in Section 6 – Your additional notes (we may ask for further documentary evidence).

Fund choice

Please list your choice of funds below, up to a maximum of 10 funds. The minimum investment per fund is GBP25/USD50/EUR50/CHF50/AUD50/HKD500/JPY5,000.

ISIN	Fund name	Currency	Percentage of premium
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
		Total	100%

SECTION 3 SUPPLEMENTARY SECTION FOR CORPORATE TRUSTEES

Corporate trustee name

Global Intermediary Identification Number (FATCA GIIN)

SECTION 4 SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES

Trusts

Trust name

	Settlor 1	Settlor 2 (if applicable)
Name		
Country and place of birth		
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		

	Trustee 1	Trustee 2
Name		
Country and place of birth		
Date of birth (dd/mm/yyyy)		
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		

SECTION 4 SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES CONTINUED

	Trustee 3	Trustee 4
Name		
Country and place of birth		
Date of birth (dd/mm/yyyy)		
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		

Companies

Company name

	Executive Director/Partner 1	Director/Partner 2
Name		
Country and place of birth		
Date of birth (dd/mm/yyyy)		
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		

SECTION 4 SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES CONTINUED

Shareholders and beneficial interest

Please complete this section for persons who have a shareholding or beneficial interest of 25% or more.

	Shareholder 1	Shareholder 2 (if applicable)
First name(s)		
Last name		
Date of birth (dd/mm/yyyy)		
Country and place of birth		
Position held		
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)
First name(s)		
Last name		
Date of birth (dd/mm/yyyy)		
Country and place of birth		
Position held		
Shareholding (%)		
Country of residence for tax purposes		
Are you a Specified US Person?	☐ Yes ☐ No	☐ Yes ☐ No

SECTION 4 SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES CONTINUED

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
Tax Identification Number (TIN)		
Tax number type	**Tax number** ☐ Individual Taxpayer ID (ITIN) ☐ National Insurance Number (NINO)	**Tax number** ☐ Individual Taxpayer ID (ITIN) ☐ National Insurance Number (NINO)
	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 ☐ Visa ☐ Resident Permit	**Functional equivalent** ☐ Passport ☐ Driving License ☐ Visa ☐ Resident Permit
If providing us with a functional equivalent please provide more information about why you are unable to provide a tax number		

SECTION 5 YOUR SOURCE OF FUNDS

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 annual salary question in full, in all cases, and for both policyholders as applicable. Trustees please provide source of funds details for the underlying settlor(s). You must also disclose to us any other sources of funds within this section. Please use Section 6 if you require more space for details.

	First policyholder (Single settlor)	Second policyholder (if applicable) (Joint settlor)
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		

SECTION 5 YOUR SOURCE OF FUNDS CONTINUED

	First policyholder (Single settlor)	Second policyholder (if applicable) (Joint settlor)
Employer's company name		
Country of employment		
If available company website		
Nature of business		

Other unearned income

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

Savings

Amount received (include currency)		
Bank where savings were held		
How and for how long were the savings accumulated?		

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)		

SECTION 5 YOUR SOURCE OF FUNDS CONTINUED

	First policyholder (Single settlor)	Second policyholder (if applicable) (Joint settlor)
Maturing investments or policy claim		
Amount received (include currency)		
From which company		
Date received (dd/mm/yyyy)		
Amount received (include currency)		
From which company		
Date received (dd/mm/yyyy)		
Other such as maturing investment, 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.

SECTION 6 YOUR ADDITIONAL NOTES

If you have no additional notes, please continue to Section 7 – Your declaration.

SECTION 7 YOUR DECLARATION

My application
I understand that my additional premium will be treated in line with the terms and conditions of my policy.

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

Investment
I understand that RL360 is not responsible for the choice of investments within my Quantum policy.

I agree to RL360 acting on investment instructions received from me or my appointed adviser, despite the fact I may not have read all of the documentation issued by the investment manager for each fund.

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.

Legal
I agree to the policy being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that may be brought in relation to the policy.

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

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

	Policyholder/Trustee/Authorised Signatory 1	**Policyholder/Trustee/Authorised Signatory 2**
Full name		
Signed		
Date (dd/mm/yyyy)		

	Policyholder/Trustee/Authorised Signatory 3	**Policyholder/Trustee/Authorised Signatory 4**
Full name		
Signed		
Date (dd/mm/yyyy)		

SECTION 8 YOUR ADVISER'S DECLARATION

This section is to be completed by your financial adviser.

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

Company name	
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)	

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