ADDITIONAL CONTRIBUTION FORM

Please complete this form in BLOCK CAPITALS throughout.

SECTION 1 POLICY DETAILS

Policy number

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

If yes, please provide details in Section 4 – 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**	**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		

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.

SECTION 2 CONTRIBUTION DETAILS

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

Regular premium increase ☐

Single premium ☐

Regular premium details

Minimum payment increase (per month)			
GBP	50	USD	70
EUR	60	AUD	90

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

Minimum lump sum payment			
GBP	5,000	USD	7,000
EUR	6,000	AUD	9,000

Additional single premium (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)

Account held for years months

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

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

If no, please provide full details in Section 4 – Your additional notes (we may ask for further documentary evidence).

Single premium fund selection

We will invest your lump sum only as per the fund selection provided in the table below

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

SECTION 3 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. You must also disclose to us any other sources of funds within this section. Please use Section 4 if you require more space for details.

	First policyholder	Second policyholder (if applicable)
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		
Other unearned income		
Amount received (include currency)		
Received from		
Date received (dd/mm/yyyy)		

SECTION 3 YOUR SOURCE OF FUNDS CONTINUED

	First policyholder	Second policyholder (if applicable)
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)		
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)		

SECTION 3 YOUR SOURCE OF FUNDS CONTINUED

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).

	First policyholder	Second policyholder (if applicable)
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 4 YOUR ADDITIONAL NOTES

If you have no additional notes, please continue to Section 5 – Your declaration.

SECTION 5 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 Malaysia unlawful.

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

SECTION 5 YOUR DECLARATION CONTINUED

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)

	First policyholder	Second policyholder (if applicable)
Full name		
Signed		
Date (dd/mm/yyyy)		

SECTION 6 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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RL360 Insurance Company Limited, Labuan Branch (Company No. LF13039). Management Office: Brighton Place, Ground Floor, U0213-U0215 Jalan Bahasa, 87014 Labuan F.T., Malaysia. Tel: +60 87 442 899/Fax: +60 87 451 899. Co-Located Office: BO2-C-16, Menara 3, KL Eco City, No 3 Jalan Bangsar, 59200 Kuala Lumpur, Malaysia. Tel: +60 3 2109 5555. A Licensed Labuan Life Insurer under the Labuan Financial Services & Securities Act 2010 (IS2016163).