CAPITAL REDEMPTION

REGULAR SAVINGS PLAN

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.

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.

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

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.

Specified US Person

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.

Automatic Exchange of Information

Automatic Exchange of Information (AEOI) is the United States Foreign Account Tax Compliance Act (FATCA) and the Organisation of Economic Cooperation and Development (OECD) Common Reporting Standards (CRS). Under these tax regulations and intergovernmental agreements entered into by the Isle of Man, we are required to collect information which may be exchanged by the Isle of Man Government with other jurisdictions. In order for us to comply with these requirements, you will need to complete the appropriate AEOI Self-Certification Forms in addition to this application form.

Details of who is considered to be a controlling person under AEOI can be found in our AEOI Definitions document. The AEOI Definitions document and the AEOI Entity and Individual Self-Certification Forms can be found here: www.rl360.com/aeoi.

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 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

Specified US Person

Please see the Completion Notes for a definition of Specified US Person and for the information a Specified US Person must provide.

Automatic Exchange of Information - Entity Self Certification

You are required to complete an Automatic Exchange of Information - Entity Self Certification form - as part of this application. You can download a copy from www.rl360.com.

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 %	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		

02 COMPANY DETAILS CONTINUED

	Shareholder 1	Shareholder 2 (if applicable)
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
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 ☐ Visa ☐ Resident Permit	☐ 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		

	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
Tax Identification Number (TIN)		

02 COMPANY DETAILS CONTINUED

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
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 TRUSTEE DETAILS

Automatic Exchange of Information - Entity Self Certification

You are required to complete an Automatic Exchange of Information - Entity Self Certification form - as part of this application. You can download a copy from www.rl360.com.

Where the trust is a bare/absolute trust, you will also need to provide the following information in respect of the beneficiaries: name, date of birth, residential address, country/countries of residence for tax purposes, Tax Identification Number (TIN) or functional equivalent.

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

Specified US Persons

Please see the Completion Notes for a definition of Specified US Person and for the information a Specified US Person must provide.

	Party 1	Party 2
Sex (please tick)	☐ Male ☐ Female	☐ Male ☐ Female
Related party type	☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer	☐ Trustee ☐ Beneficiary ☐ Settlor ☐ Protector ☐ Enforcer
	☐ Other	☐ Other
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		
Date of birth (dd/mm/yyyy)		

03 TRUSTEE DETAILS CONTINUED

	Party 1	Party 2
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**	**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 TRUSTEE 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** ☐ 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		
Current residential address and postcode (in full)		
Country		

03 TRUSTEE 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 including

	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

Who will fund the plan? ☐ The applicant ☐ Settlor(s)*

* Trustee applicants - please provide a certified copy of the Settlor's ID along with a certified copy of their proof of residential address.

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

Plan currency ☐ GBP ☐ USD ☐ EUR ☐ CHF ☐ AUD ☐ HKD ☐ JPY

Amount

Payment frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Payment term (years)

Establishment period (months)

Segmentation

How would you like your plan to be segmented? ☐ 100 segments ☐ One segment

If you leave this section blank we will issue your plan with 100 segments.

Payment method

Please note: RL360 no longer accepts payments by cheque.

☐ Credit/debit card (please provide your card details via our secure payment card website and enter the payment reference number below)

☐ Direct debit (GBP payments from UK and Channel Island banks only) (please complete the direct debit instruction on page 29)

☐ Standing order (please complete the standing order instruction on page 30)

☐ Telegraphic transfer (please complete the banking details below)

IMPORTANT: Some banking institutions may deduct charges for processing international payments. Please check with your bank if any charges 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.

Credit/debit card payments

To provide your card details, please visit our secure payment card website - https://cardpayments.rl360.com. Once complete, you will receive a payment reference number - please enter it below.

Reference number:

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 (quarterly, half-yearly or yearly payments only), 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

Country of source source of funds

05 CHOICE OF FUNDS

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 payment
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			100%

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.

Trustee applicants 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 ☐ 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

	Applicant/Settlor 1	Settlor 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 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 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 ADDITIONAL INFORMATION

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

08 PAYMENT OF PROCEEDS

You do not have to complete this section now, however, if you do:

- it may help us to speed up the payment of withdrawals or plan proceeds in the future; and
- it will help strengthen our anti-fraud procedures.

Payment can only be made to a bank account in your name, as the applicant.

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)

09 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.

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.

I am aware that I am contractually required to make payments to RL360 on the frequency I have indicated, and if I stop paying before the end of the payment term and cancel my plan, early exit charges will apply. I understand that if I stop payments during my plans establishment period I will receive no money back, the only exception to this being where I have used my right to cancel.

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, is not responsible for managing funds and does not determine whether or not funds are suitable for me. I understand that my plan offers access to a range of funds and that these are managed by external companies. I accept that ultimate responsibility for fund selection lies with me and/or my appointed adviser; if funds underperform and as a consequence my plan drops in value, I accept this is not the fault of RL360.

I request that RL360 allocates my payments to the funds selected as part of this application. In order for RL360 to do this I confirm the following:

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

b) I am aware that some funds 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 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 my plan, I agree to compensate RL360 for any loss that it has suffered as a result.

c) I accept that RL360 has the right to sell funds linked to the plan without requiring my permission. RL360 may do this if it decides that a fund may have harmful legal or tax consequences under law.

d) I am aware that there may be fees to pay when RL360 sells one or more of the funds linked to my plan. Any fees due when selling a fund should be detailed by the fund manager in the fund documentation.

e) I confirm that I am aware of the fees that I must pay in relation to my chosen funds.

10 DECLARATION CONTINUED

Trustee applicants

Where the Settlor wishes to make payments direct to RL360, I acknowledge and confirm the following:

a) I acknowledge that it is usual practice for all initial and incremental settlements into a trust to be received by the Trustees and then subsequently invested in accordance with the Settlor's wishes.

b) I acknowledge and confirm that RL360 may accept payments directly from the Settlor(s), and that I am not aware of any legal or regulatory reason why they should not do so.

c) I confirm that all payments made by the Settlor(s) into the plan constitute Trust funds.

d) I confirm that full customer due diligence documentation and source of funds information will be supplied to RL360 in respect of the Settlor(s).

e) I accept responsibility for informing you of any specific cases where the trustees wish to make payments from the Trust bank account to the plan.

f) I understand that RL360 may be unable to accept payments originating in some jurisdictions as a result of international or banking sanctions.

Company applicants

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

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

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

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.

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.

10 DECLARATION CONTINUED

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 funds 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.

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)		

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 Sections 02 and 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 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 trustee / partner named in Section 01 - Your Details. If they 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 the section named - Plan Requirements and have included a signed illustration and Key Information Document. The information should match.

13 PAYMENT METHODS

If you wish to pay by card, standing order or direct debit, please complete the appropriate payment method form or alternatively, please follow the relevant instructions below.

Credit/debit card payments

To provide your card details, please visit our secure payment card website - https://cardpayments.rl360.com. Once complete, you will receive a payment reference number - please enter it in Section 04 – Plan Requirements.

Telegraphic transfer

If you are paying into your plan by telegraphic transfer please instruct your bank to quote your name and policy number as a reference.

Your payment must come from the bank account 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.

DIRECT DEBIT INSTRUCTION

Important

GBP payments from UK and Channel Island banks only.

Any changes to your payment will be applied without the need for a further instruction.

Service User Number | 2 | 7 | 0 | 0 | 5 | 0 |

Name and full postal address of your bank or building society branch.

To the manager — Bank/Building Society

Bank address

Name(s) of account holder(s)

Bank sort code — - - Account number

Instruction to your bank or building society

Please pay RL360 Insurance Company Limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with RL360 Insurance Company Limited and, if so, details will be passed electronically to my bank/building society.

	Account holder 1/Authorised signatory	Account holder 2/Authorised signatory
Signed		
Full name		
Date (dd/mm/yyyy)		

Banks and building societies may not accept Direct Debit instructions from some types of account

This guarantee should be detached and retained by the payer.

THE DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, RL360 Insurance Company Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request RL360 Insurance Company Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by RL360 Insurance Company Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society – If you receive a refund you are not entitled to, you must pay it back when RL360 Insurance Company Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

STANDING ORDER INSTRUCTION

If you have set up a standing order with your bank directly, please continue to complete this document for our records.

☐ By ticking the box, you confirm that you do **not** wish for RL360 to set up this standing order with your bank.

Important

If you wish to change the amount you pay into your plan at a later date, you will need to complete a new standing order instruction. If you wish to cancel your standing order you will need to do this directly through your bank.

To the manager — Bank/Building Society

Bank address

Plan reference

This reference number will be supplied by RL360 after receipt of the application and must be quoted by your bank on all correspondence. Failure to do so may result in payment being rejected by our bankers.

Please debit the payment amount, together with any transfer charges, from my account detailed below:

Currency ☐ GBP ☐ USD ☐ EUR ☐ CHF ☐ AUD ☐ HKD ☐ JPY

Payment amount in figures

Payment amount in words

Payment frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Payment start date (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

Name(s) of account holder(s)

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)

Please tick the box in the table below that matches your plan currency.

Tick one	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.

	Account holder 1/Authorised signatory	Account holder 2/Authorised signatory
Signed		
Full name		
Date (dd/mm/yyyy)	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐

AUTHORISATION TO PAY A FINANCIAL ADVISER FEE

Please complete in BLOCK capitals throughout.

Who is this form for?

This form is for applicants who wish to authorise RL360 to pay a financial adviser fee to:

(adviser company and address)

RL360 adviser number:

We can only accept instructions that have been signed by all applicants.

Important notes

1. As this instruction will result in a deduction from your plan to meet the fee you are agreeing to pay, you should note that this deduction may form part of any deferred tax allowance for your country of residence. You should consult your tax adviser to determine whether this could affect you.
2. 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.
3. This fee is calculated and paid each quarter from the plan anniversary.
4. The value of any additional payments made to the original plan will be treated as part of its value when the fees are calculated.
5. This agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
6. I confirm that I will inform RL360 in writing should I wish to terminate payment of this fee.

Applicant to complete

I authorise RL360 to pay the following fee to my financial adviser:

Financial adviser fee

% per year, paid quarterly in arrears as percentage of my plan value (the fee should not be more than 1.0% per year).

Note: where this fee is used in conjunction with an investment adviser fee, the two fees combined cannot be more than 1.5% per year.

Plan application dated (dd/mm/yyyy)

Fee deduction

Will start after the completion of the original establishment period.

	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)		

INVESTMENT ADVISER APPOINTMENT

Who is this form for?

This form is for applicants who wish to appoint an investment adviser to their plan. Investment advisers may act on a non-discretionary or discretionary basis. This is your choice and an agreement that you must make with your investment adviser.

Completing this form

By completing this form you are informing RL360 about the appointment of a company to act as an investment adviser to your plan. They will have the power to place dealing instructions on your behalf.

We can only accept written instructions that have been signed by all applicants.

Please complete in BLOCK capitals throughout.

Important notes

Please note that payments to your investment adviser may only commence once the plan's original establishment period is complete.

SECTION 1 INVESTMENT ADVISER APPOINTMENT

Applicant to complete

I wish to appoint

Investment adviser company name

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

Application dated (dd/mm/yyyy) ☐☐ ☐☐ ☐☐☐☐

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 funds 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 funds linked to my plan.

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

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. 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 on a discretionary basis. Dealing instructions may be forwarded 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 authorise RL360 to take a fee from my plan in line with the following:

A percentage

☐ % per year, taken quarterly as percentage of my plan value (the fee should not be more than 1.0% per year).

Note: Where this fee is used in conjunction with a Financial Adviser fee, the two fees combined cannot be more than 1.5% per year.

SECTION 1 INVESTMENT ADVISER APPOINTMENT CONTINUED

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

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 (originals only), 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 also responsible for ensuring that they have the 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.

	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)		

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	

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

SECTION 2 INVESTMENT ADVISER DETAILS AND CONDITIONS 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 funds will be in respect of the range agreed by RL360 as being eligible for the plan.
2. All instructions should be provided in a format as agreed by RL360.
3. RL360 will purchase, sell or switch funds 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 the 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 requirement, 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.

If your company is not regulated in the UK, Isle of Man, Channel Islands, Hong Kong or Gibraltar, please provide identification and address verification for each person on the Authorised Signatory list.

Investment adviser

Signed

Date (dd/mm/yyyy)

RL360 Insurance Company Limited

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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.

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