LIFE ASSURANCE

REGULAR SAVINGS PLAN

APPLICATION FORM

RL360°

TABLE OF CONTENTS

01

PAGE 1
YOUR DETAILS

02

PAGE 2
LIVES ASSURED

03

PAGE 3
PLAN REQUIREMENTS

04

PAGE 5
CHOICE OF FUNDS

05

PAGE 5
SOURCE OF FUNDS DETAILS
In this section, tell us how your 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 7
ADDITIONAL INFORMATION

07

PAGE 8
PAYMENT OF PROCEEDS

08

PAGE 8
DECLARATION
In this section you must agree to the plan terms and conditions and sign where appropriate.

09

PAGE 11
FINANCIAL ADVISER DETAILS

10

PAGE 11
APPLICATION CHECKLIST

11

PAGE 13
PAYMENT METHODS

AUTHORISATION TO PAY A FINANCIAL ADVISER FEE (OPTIONAL)

PAGE 17

INVESTMENT ADVISER APPOINTMENT (OPTIONAL)

PAGE 18

THE BENEFICIARY TRUST NOMINATION (OPTIONAL)

PAGE 21

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 10 - 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.

Once you have completed and signed the application you should send it along with all requested additional information to our 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.

01 YOUR DETAILS

You should provide us with verification of your identity and current residential address (see page 11 for details).

	Applicant 1	Applicant 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)		
Country of birth		
Nationality		
Dual nationality (if applicable)		
Country of residence for tax purposes		
Are you a Specified US Person?	☐ Yes ☐ No	☐ Yes ☐ No

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

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		
Home telephone number		
Mobile telephone number		
Relationship to Applicant 1		

01 YOUR DETAILS CONTINUED

Online services

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

	Applicant 1	Applicant 2
Email address		
Password (You will only use this once. Please note that the password is case sensitive.)		
Password hint		

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 the current residential address of the first applicant.

Address and postcode for correspondence

Is this address for ☐ You ☐ Your financial adviser ☐ A friend ☐ A family member

If this address is for you, please provide details of additional property

02 LIVES ASSURED

There may be up to 2 lives assured added to the plan. If either applicant is a life assured, tick the appropriate box below and proceed to Section 03 - Plan Requirements.

☐ Applicant 1 is a life assured ☐ Applicant 2 is a life assured

	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

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)

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

If Yes, please specify

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

Who will fund the plan? ☐ The applicant(s) ☐ Employer ☐ Spouse ☐ Parent ☐ Other

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.

03 PLAN REQUIREMENTS CONTINUED

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 14)

☐ Standing order (please complete the standing order instruction on page 15)

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

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

Account held for ____ years ____ months

04 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%

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 questions below in all cases and for both applicants as applicable.

	Applicant 1	Applicant 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)		

05 SOURCE OF FUNDS DETAILS CONTINUED

	Applicant 1		Applicant 2	
Employment status	☐ Employed Full Time	☐ Retired	☐ Employed Full Time	☐ Retired
	☐ Employed Part Time	☐ Student	☐ Employed Part Time	☐ Student
	☐ Self Employed	☐ Homemaker	☐ Self Employed	☐ Homemaker
	☐ Unemployed		☐ Unemployed	
Employment role	☐ Employee	☐ Key Controller	☐ Employee	☐ Key Controller
	☐ Business Owner	☐ Sole Trader	☐ 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)		

If you intend to fund your plan from another source, please indicate which one from the list below for each applicant and provide the relevant information requested in Section 06 – Additional Information.

Source of funds	Applicant 1	Applicant 2	Information required
Savings	☐	☐	Amount* | Bank where savings were held | How and over how long were savings accumulated?
Property sale	☐	☐	Amount* | Address of property | How long held | Date of sale
Sale of asset	☐	☐	Amount* | Asset type | How long held | Date of sale
Company profits	☐	☐	Profits this year* | Profits last year* | Company name and industry
Company sale	☐	☐	Amount* | Company name and industry | Date of sale
Maturing investment	☐	☐	Amount* | From which company | Date of sale
Lottery/betting/casino	☐	☐	Amount* | Source of win | Date received
Compensation payment	☐	☐	Amount* | Reason for payment | Date received
Gift or Inheritance	☐	☐	Amount* | Relationship to benefactor | Reason for gift | Date received
Other	☐	☐	Amount* | Reason for payment | Date received

* Please include currency

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

06 ADDITIONAL INFORMATION

If you have no additional notes, please continue to Section 07 - Payment of Proceeds.

07 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(s).

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)

08 DECLARATION

Plan literature

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

My application

I confirm that all of the information I have provided in this application, along with any supporting forms, questionnaires, statements, reports or other information are 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 my 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 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, 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.

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 plan. 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.

08 DECLARATION CONTINUED

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
- My Key Information Document
- The Terms and Conditions
- The Plan Schedule
- Any Endorsement to the Plan Schedule.

I accept that RL360 can bring my 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 disclosing all information relating to my 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) _____

	Applicant 1	Applicant 2
Signed		
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 identify – must be provided for all applicants

Please send a **suitably certified copy** of your passport, national identity card or drivers licence showing your 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.

Applicant 1

☐ I have provided identification (please tick to confirm)

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

Applicant 2

☐ I have provided identification (please tick to confirm)

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

10 APPLICATION CHECKLIST CONTINUED

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 reason 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 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 03 – Plan Requirements.

Telegraphic transfer

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

Your payment must come from the bank account 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.

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	Account holder 2
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

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.

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.

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	Account holder 2
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 increase or lump sum 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(s) 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% 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.

Fee deduction

Will start after the completion of the plan's original establishment period.

	Applicant 1	Applicant 2
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(s) 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% 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.

	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	

If you do not have Terms of 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 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)

THE BENEFICIARY TRUST NOMINATION

This trust deed allows owner(s) of an RL360 plan to nominate trustee(s) to receive all plan benefits following the death of the last surviving relevant person. The Trustees will hold all plan benefits on trust for the plan owners) designated beneficiaries.

IMPORTANT NOTES

General
This trust deed is provided as a draft to be considered by you and your professional advisers.

RL360 Insurance Company Limited accepts no responsibility for any tax or other consequences arising out of you executing this trust deed, or for ensuring that the terms of this trust deed meet with your requirements.

This trust deed invalidates all previous beneficiary nominations linked to your plan, therefore it is important that it includes details of all the persons whom you wish to benefit.

The plan owner(s) and the Trustee(s) must sign this trust deed at Part D.

If you cannot enter the details asked for in the space available, please make a note on the trust deed and attach a separate document containing those details.

You should not use this trust deed if you wish to create a gift for UK Inheritance Tax purposes.

Inheritance laws and beneficiary designation
Many countries have laws governing the distribution of a person's estate on their death. There is a risk that the transfer into trust or nomination of the Trustee as owner of the plan is not recognised by a jurisdiction and could be challenged. The basis for such a challenge would be that the rights of heirs may be placed above individual rights to pass on assets on trust to other parties.

The Relevant Person
The Relevant Person is the plan owner, or where there are joint plan owners, the last surviving plan owner. Where there are joint plan owners, the terms of this trust deed will have no effect unless both are deceased.

The Relevant Event
This is the date on which the last surviving Relevant Person dies and when the Beneficiary Trust Nomination is effective. Upon written notification of the death of the Relevant Person, the plan benefits are payable to the Trustee for the benefit of the beneficiaries in accordance with the provisions in Part C of this trust deed.

Trustee
The Trustee(s) are nominated at Part A(ii) of this trust deed to act after your death and give instructions concerning the plan, or any benefits arising from it.

Trust Fund
The Trust Fund is the plan specified in Part A(i) of this trust deed.

Changing Beneficiaries
The plan owner(s) must complete a new Beneficiary Trust Nomination if beneficiaries are to be changed.

Assignments
If you assign any part of the plan specified in this trust deed as security or collateral to a financial body (such as a bank), that assignment will take priority over a beneficiaries' claim to any benefits designated in this trust deed whilst the assignment remains in force. Absolute assignments of all or part of the plan to another party will render this trust deed null and void.

Benefits where no beneficiary survives
If no beneficiaries are alive at such time as any benefits become payable, all benefits will pass to the estate of the plan owner or where there are joint plan owners, to the estate of the last surviving plan owner.

Automatic Exchange of Information
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 Insurance Company Limited is required to collect information about each Trustee, and Named Beneficiary once the trust is created. (Where any of the Named Beneficiaries are minors, this will be required once they reach 18 years old.)

RL360 Insurance Company Limited will provide the information directly to the Isle of Man Income Tax Division (IOMITD) who may then provide the same information to the relevant jurisdiction. RL360 Insurance Company Limited does not send any information direct to other jurisdictions.

IMPORTANT NOTES CONTINUED

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 must 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 Insurance Company Limited 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.

PART A

(i) Plan details

Plan number (the plan)

Or Application dated (if no plan number has yet been issued)

	Plan owner (Relevant Person)	Joint plan owner (Relevant Person)
Full name		
Date of birth (dd/mm/yyyy)		
Country of birth		
Country of residence for tax purposes		
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

Are you a Specified US person?

- ☐ Yes ☐ No
- ☐ Yes ☐ No

If you tick "Yes", please confirm your US TIN or SSN.

The definition of a Specified US Person can be found in the Notes section above.

PART A CONTINUED

(ii) Declaration of Trust and appointment of trustees

As owner(s) of the plan detailed in Part A of this trust deed, I/We nominate and appoint:

	Trustee 1	Trustee 2
Title (please tick)	☐ Mr ☐ Mrs ☐ Miss	☐ Mr ☐ Mrs ☐ Miss
	Other (in full)	Other (in full)
Full name		
Current residential address and postcode (in full)		
Date of birth (dd/mm/yyyy)		
Country of birth		
E-mail address		

To be the owner of my/our plan and receive all plan benefits from the date of the Relevant Event before the maturity or surrender of the plan and instruct RL360 Insurance Company Limited to:

(a) Treat the Trustee(s) as the plan owner of the plan;

(b) Accept such instructions from the Trustee(s) in respect of the plan as if they were the original plan owner; and

(c) Pay any/all plan value or benefits to the Trustee(s):

(iii) For the beneficiaries named in Part B(i) of this document or the contingent named beneficiaries persons in B(ii) in the event that none of the named beneficiaries are alive at the time of the relevant event together with such classes of persons named in the Schedule at such time and in such shares as the trustees shall see fit.

PART B

(i) The Named Beneficiaries and the Appropriate Shares

The Named Beneficiaries and the Appropriate Shares means:

	Beneficiary 1	Beneficiary 2
Full name		
Residential address		
Date of birth (dd/mm/yyyy)		
Appropriate Share	%	%

	Beneficiary 3	Beneficiary 4
Full name		
Residential address		
Date of birth (dd/mm/yyyy)		
Appropriate Share	%	%

The death of a Named Beneficiary under Part B (i) will increase the shares of the remaining beneficiaries.

(ii) Contingent Named Beneficiaries and the Appropriate Shares means;

	Beneficiary 1	Beneficiary 2
Full name		
Residential address		
Date of birth (dd/mm/yyyy)		
Appropriate Share	%	%

The death of a Named Contingent Beneficiary under Part B (ii) will increase the shares of the remaining Named Contingent Beneficiaries.

(iii) Schedule

Any child, grandchild or remoter issue of the Relevant Person

Any brother, sister or parent of the Relevant Person

Any surviving spouse/civil partner of the Relevant Person

Any person or class of persons identified here (please insert full name(s) and address(es))

Children, grandchildren and issue of any person
References to children, grandchildren and the issue of any person shall include children, grandchildren and remoter issue whether legitimate, illegitimate or adopted

Civil partner, former civil partner and surviving civil partner of any person
References to a person's civil partner are to that person's civil partner within the meaning of the Civil Partnership Act 2004; references to a person's former civil partner are to a person who was that person's civil partner until their civil partnership was dissolved or annulled; and references to a person's surviving civil partner are to a person who was that person's civil partner immediately before that person's death.

PART C

Trust Provisions

1. The trustees for the time being of these trusts shall have the following powers:

   (i) to make any kind of investment that they could make if they were absolutely entitled to the Trust Fund

   (ii) to apply the whole or such part of the income and capital of the Trust Fund as the trustees in their absolute discretion shall think fit to or for the benefit of any beneficiary whose interest shall not have vested for or towards the maintenance, education advancement or benefit of such beneficiary and the trustees may exercise such powers whether or not there is any other fund or income available for any such purposes or whether or not there is any person bound by law to provide such maintenance or education

   (iii) to accept as a good and sufficient discharge the receipt given by any such beneficiary who shall have attained the age of 18 years or any parent or guardian of any minor beneficiary in respect of the payment of capital or income paid or applied for the benefit of such beneficiary on the trustees first obtaining an undertaking from such parent or guardian so to apply such capital or income

   (iv) during the minority of any beneficiary under these trusts to accumulate any surplus income held on trust for such beneficiary and invest the same in accordance with paragraph (i) above and any such accumulation shall be added to the fund or share from which it was derived and shall devolve with such fund or share but the trustees may at any time apply any or all of such accumulations for any of the purposes permitted by these trusts as if it were income arising in the then current year

2. Any trustee of these trusts who is engaged in any profession or business shall be entitled to charge and be paid all professional or business charges for business done by him or his firm in connection with these trusts including business which a trustee not being engaged in such profession or business could have done personally.

3. Any corporate trustee may be appointed as trustee of these trusts and the general terms and conditions upon which it acts as a trustee last published before the date of this designation form shall apply to these trusts and it shall be entitled to retain remuneration in accordance with the scale and other fees usually charged at that date for its services in acting as a trustee of these trusts with power to retain and be paid remuneration in accordance with the scale and other fees published by it from time to time for such services.

4. No trustee of these trusts shall be liable for any loss arising by reason of any investment made in good faith or for the default, negligence or fraud of any agent employed by him or by any other trustee whether or not the employment of such agent was strictly necessary or expedient or by reason of any mistake or omission made in good faith by any trustee or by reason of any other matter or thing except wilful fraud or intentional wrongdoing on the part of the trustee who is sought to be made liable.

5. The perpetuity period applicable to these trusts shall be the period from the date of the designation form until the expiration of 21 years from the date of the Relevant Event.

6. This Trust Deed shall be governed by and construed according to the laws of the Isle of Man.

PART D

Executed as a deed by:

	Plan owner	Joint plan owner (if applicable)
Full name		
Signature		
Date (dd/mm/yyyy)		

Witnessed by:
Any witness must be over 18 years old and not party to the trust.

	Witness	Witness
Full name		
Residential address		
Witness's signature		
Date (dd/mm/yyyy)		

Executed as a deed by:

	Trustee 1	Trustee 2
Full name		
Signature		

Witnessed by:
Any witness must be over 18 years old and not party to the trust.

	Witness	Witness
Full name		
Residential address		
Signature		
Date (dd/mm/yyyy)		

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 and cookie policies can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

RL360 Insurance Company Limited

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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.

RSL03g 08/26

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RL360