ADDITIONAL PAYMENT FORM

Please complete this form in BLOCK CAPITALS throughout.

Once you have completed and signed the form, you should send it along with all requested additional information to: newbusiness@rl360.com

or alternatively post it to: New Business Team, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

01 PLAN DETAILS

Plan reference

	Plan owner 1	Plan owner 2
Name		
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)

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

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

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

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01 PLAN DETAILS CONTINUED

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.

Do you want to update your contact/address details as part of this application? ☐ Yes ☐ No

If yes then please provide new details in Section 04 - Additional Information.

Online services

If you haven't yet registered for online access to your plan but would like to, please download our agreement and registration forms from our website – www.rl360.com.

02 PAYMENT DETAILS

You can use this form to increase regular payments and/or add a lump sum payment to your plan. Use the tick boxes to indicate which options you require.

☐ **Regular payment increase**

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

Current payment

Payment increase

Total payment

Establishment period (months)

Your plan currency, frequency and method of payment will remain unchanged.

Fund selection

Your payment increase will be invested in-line with your current fund selection.

If you wish to amend your current fund selection you will be required to complete a fund switch request form.

☐ **Additional lump sum**

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

Lump sum

Payment option ☐ Telegraphic transfer

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

Please note: RL360 no longer accepts payments by cheque.

02 PAYMENT DETAILS CONTINUED

If you want to use a Currency Exchange House to transfer your payment to us, please ensure that it has been approved by RL360 first. Please also provide your bank account details below from where the payment originates, along with a full audit trail to evidence the transfer to us.

Bank name

Bank address and postcode

Account holder's name

Branch SWIFT code | | | | | | | | | | | SWIFT code must be either 8 or 11 digits

IBAN/Account number

Account held for ____ years ____ months

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

Fund selection (required)

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

ISIN	Fund name	Currency	Percentage of payment
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			100%

03 SOURCE OF FUNDS

The Isle of Man Financial Services Authority requires all Isle of Man life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. This reflects the Isle of Man's commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

RL360 has adopted a risk-based approach to meet these regulations, categorising our products and countries that we will accept business from into Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of funds procedures can be obtained from your financial adviser or can be downloaded from www.rl360.com/sourceoffunds.pdf.

You must complete the following details in full, in all cases, and for both plan owners as applicable.

	Plan owner 1	Plan owner 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		
Other unearned income		
Amount received (include currency)		
Received from		
Date received (dd/mm/yyyy)	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐

03 SOURCE OF FUNDS CONTINUED

If you intend to fund your plan from another source, please indicate which one from the list below for each plan owner and provide the relevant information requested in Section 04 – Additional Information.

Source of funds	Plan owner 1	Plan owner 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.

04 ADDITIONAL INFORMATION

If you have no additional notes, please continue to Section 05 - Declaration.

05 DECLARATION

My application
I am aware that my payment increase and/or lump sum will be treated in line with the terms and conditions of my plan.

Illustration
I confirm that I have included an illustration with this Additional Payment Form.

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.

Key Information Document (KID)
I confirm that I have included a KID with this Additional Payment Form.

I understand that the KID sets out the details of my additional payment and the charges that will be deducted.

Availability
I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my payment increase/ lump sum unlawful.

Investment
I am aware that RL360 is not responsible for the choice of funds within my plan.

I agree to RL360 acting on investment instructions received from me or my appointed adviser, and I will read all of the documentation issued by the investment manager for each fund.

Privacy policy
Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

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

Cancellation
I am aware that I have the right to cancel my additional payment 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 additional payment I will need to complete the Cancellation Notice and return it to RL360.

I accept that RL360 can bring my plan to an end if I have failed to disclose any facts that may influence the decision to accept this additional payment application.

I confirm that this additional payment form was signed in (give country)

	Plan owner 1	Plan owner 2
Signed		
Date (dd/mm/yyyy)		

06 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)	☐☐ ☐☐ ☐☐☐☐

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

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