

LifePlan

Asset Protection Plan for single UK domicile
life/applicant with critical illness cover



This *Application Form* should be read in conjunction with the current *LifePlan Brochure* and *Key Features*. The LifePlan Asset Protection Plan is a combination of RL360°'s LifePlan product and one of our trust solutions.

Domicile can be complex but broadly speaking you have your domicile in the country that is your 'real' or permanent home which, if you have left, you may or intend to return to.

A copy of the completed *Application Form* and *Terms and Conditions* are available on request. If there is any doubt as to the relevance of any fact it should be included on the *Application Form*, as it is important that all information is fully disclosed. If more space is required please continue on a separate sheet of paper and ensure it is signed and dated by each applicant and/or each life assured.

PLEASE NOTE THAT INSUFFICIENT DETAILS MAY DELAY PROCESSING AND ACCEPTANCE

The Insurance (Anti-Money Laundering) Regulations 2008 requires all Isle of Man life companies to "make enquiries as to how an applicant has acquired the monies to be used as premium for, or contribution to, a policy." 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 all countries that we will accept business from into 1 of 3 tiers. Each tier has different source of wealth requirements. We have categorised countries according to their level of compliance with international regulatory standards.

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

Before you return this *Application Form*, please check the following

Please tick:

- Section 1 completed for single/joint applications
- Section 2 completed if single/joint applicant(s)
- Section 3 completed in all cases
- Section 4 optional
- Section 5 completed in all cases
- Section 6 completed in all cases
- Section 7 completed in all cases
- Section 8 completed in all cases
- Section 9 completed in all cases
- Section 10 completed in all cases where any questions are answered 'yes' and further details are required
- Section 11 read in all cases
- Section 12 completed in all cases
- Section 13 completed in all cases
- Section 14 read in all cases
- Fully completed Asset Protection Plan Trust Deed
- Source of Wealth (where applicable):

Income from employment - Certified copy of your last three months' payslips, confirmation of your income from your employer, copy of your recent accounts if you are self employed, or equivalent documentation.

Other income or capital - Relevant certified documentation to verify the source of wealth.

Any other source not listed - Relevant certified documentation to verify the source of wealth.

This form is to be submitted with:

- a signed Personalised Illustration along with the standard medical and financial evidence detailed in it
- a completed payment method form, or cheque made payable to RL360 Insurance Company Limited
- a certified copy of an identity document that includes a photograph for each applicant and life assured and evidence of their age
- certified documentary evidence of each applicant's current residential address
- any supplementary forms

RL360 Insurance Company Limited ("the Company") accepts no responsibility for any payment until it has been received at a registered RL360° office. Provided that no further information is required and subject to acceptance of your application, your policy documents will be issued as soon as possible. In the unlikely event that you have not received your policy documents within 45 days after signing this form, please contact your financial adviser.

Please complete in **BLOCK CAPITALS** and in black or blue ink throughout.

Section 1 Applicant details

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss

Other (in full)

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country and place of birth

Nationality

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Current residential address and postcode (in full)

Country

Length of time at current address Years Months

Home telephone number

Mobile telephone number

Online services

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

Email address

Password (you will only use this once)

Password hint

Exact occupation and duties

What is your exact occupation?

What is your company name?

What is the nature of your business?

Please state the applicants' combined earned/unearned income from all sources including any bonuses.

Currency

	This year	Last year	Previous year
Earned			
Unearned			

If you have stated annual unearned income please provide details.

Section 2 Life assured details

If the applicant is to be a life assured, please tick the box below.

The applicant is also a life assured Yes

If the life assured is different from the applicant please provide their details below.

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss

Other (in full)

First name(s)

Last name(s)

Current residential address and postcode (in full)

Country

Telephone number

Email address

Nationality

Date of birth (dd/mm/yyyy)

Exact occupation and duties

What is your exact occupation?

What is your company name?

What is the nature of your business?

Please provide details of the life assured's earned/unearned income from all sources including any bonuses.

Currency

Earned This year

Last year

Previous year

Unearned

If you have stated annual unearned income please provide details.

Section 2 Life assured details continued

Which of the following do you perform in the course of your work? (Please indicate the % spent in each, and ensure the total adds up to 100%.)

- a) Managerial, administration, clerical and meetings? %
- b) Skilled, technical, light manual and supervisory on a shop or factory floor? %
- c) Sales (shop/office based), mobile sales, sales management or sales assistance? %
- d) Manual skilled, light unskilled or factory work, including lifting? %
- e) Unskilled work, heavy manual or heavy lifting? %

= 100%

How much work is carried out at home? %

Do you work more than 16 hours per week? Yes No

Do you receive payment from any other occupation? Yes No

If yes, please state other occupation

The applicant and life assured must sign the Declaration in Section 11 and the following should be submitted to support the application

- Full true certified copy of a current passport or national identity card carrying a photograph for the applicant and life assured.
- Documentary evidence of the applicant's residential address (i.e. original or true certified copy of utility, rates, council tax bill, entry from local telephone directory, extract from electoral roll, current driving licence, state benefit book, tax assessment or a mortgage statement). Documents must be the most recently issued in the case of utility bills etc.

Section 3 Correspondence address

If, for any reason, you want correspondence to be sent to a different address you can provide a correspondence address overleaf. In the interest of the security of your policy, the Company recommends that you carefully select the most reliable addressee and correspondence address and advise the Company via your Financial Adviser of any subsequent change of name and/or address during the course of your policy. However, the Company accepts no responsibility for the consequences of sending correspondence to this address.

Correspondence address and postcode

Country

Telephone number

Email address

Section 4 Benefits

Policy currency (only one currency is allowed in each policy) UK Sterling US Dollars Euros Japanese Yen

Amount of primary life cover required

Do you require critical illness cover? (maximum age at entry 59 years attained) Yes No

If 'yes' please state the amount of benefit required

Do you require term life cover? Yes No

If 'yes' please state the amount of benefit required and for what length of time the benefit is required (minimum 5 years, maximum 61 years) Years

Do you require term critical illness cover? Yes No

If 'yes', please state amount of benefit required.

Do you require accidental death benefit? (maximum age at entry 59 years attained) Yes No

Do you require waiver of premium benefit? (maximum age at entry 59 years attained) Yes No

Benefit increase option

Yes No If this option is selected, the automatic premium increase option (Section 5 - Premiums) must be chosen such that regular premiums increase by at least the same rate.

Benefit increase can be on a 5% or 10% **simple** basis: 5% annually 10% annually

Children's critical illness cover

Please provide the names (in full) of any eligible children to be covered (only available if critical illness cover has been selected). Please note eligible children must be aged between 1 and 17 (attained) to qualify.

	Child 1	Child 2	Child 3
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Child 1	Child 2	Child 3
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

	Child 1	Child 2	Child 3
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any of these children suffered from, or received, medical advice or treatment for any disease(s) of the heart, kidneys, brain or nervous system, or any form of cancer, or any other illness apart from minor childhood ailments or do any familial or congenital conditions exist?

Yes No If yes, provide full details in Section 10.

Section 5 Premiums

Premium frequency Monthly Quarterly Half-yearly Yearly

Premium amount

Premium term Whole life
 Fixed term for years

Premium increase option Yes No (This option must be selected if the benefit increase option is selected.)
 If yes, increasing at: 5% annually 10% annually

Section 6 Choice of investment funds

Fund choice

Please list your choice of funds below, up to a maximum of five funds. Please ensure that the percentages invested total 100% and that the amount invested in each fund is not below the GBP25/USD50/EUR50/CHF50/AUD50/JPY5,000 minimum.

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

Section 7 Lifestyle details

Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable. If you answer yes to any question please provide additional information in Section 9.

7.1 Do you currently have an existing policy with us? Yes No
 If yes, please insert your policy number in the appropriate box.

7.2 Please state your height feet inches cm

7.3 Please state your weight. pounds kg

7.4 In the past 12 months have you used tobacco products (cigarettes, cigar or chewing)? Yes No
 If yes, please state your daily consumption.

7.5 Is there any feature of your lifestyle, work or leisure activities or any other circumstances or fact which might affect or threaten your health or life expectancy? If yes, please state full details in Section 9. Yes No

7.6 Do you intend to fly, other than as a fare paying passenger on licensed commercial airlines or participate in any hazardous pursuits? For example underwater diving, motor racing? If yes please complete the supplementary *Aviation Questionnaire* or other relevant pursuit questionnaire. Yes No

7.7 Will you be out of your stated country of residence for 30 days or more in any one year? If yes, please state full details of countries to be visited, nature of visit and length of stay in Section 9. Yes No

7.8 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 9. Yes No

7.9 Has any insurer ever declined, postponed or accepted an application on your life on special terms, or have you withdrawn an application? If yes, please state the company(ies), reason(s) and date(s) in Section 9. Yes No

7.10 Do you have any existing insurance policies (including benefits with RL360 Insurance Company Limited) or are you applying or expecting to apply for insurance benefits with other companies, or do you intend to discontinue any existing cover? Please state the total amount of life and critical illness cover taken out on your life in the last 12 months, including reinstated policies, and the cover currency in Section 9. Yes No

Current medical attendant (this section MUST be completed)

Please provide details of your usual medical attendant/attending physician below. If you have no usual medical attendant/attending physician, please provide details of the last doctor you consulted and the reason.

Name of doctor	<input type="text"/>
Number of years attended	<input type="text"/>
Address and postcode (in full)	<input type="text"/> <input type="text"/>
Country	<input type="text"/>
Date of last visit (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reason for last visit	<input type="text"/> <input type="text"/> <input type="text"/>
Results of last visit	<input type="text"/> <input type="text"/> <input type="text"/>

(If you require more space, please continue in Section 9.)

Section 8 Medical questions

Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable. If you answer yes to any question please provide additional information in Section 9.

- 8.1 Have you ever been advised to give up tobacco and/or alcohol for any specific reason? Yes No
- 8.2 Have either your drinking or tobacco habits differed in the last five years? Yes No
- 8.3 Please state the specific amount of your average weekly consumption of alcohol
(quantity and type)
- beer (in litres)
- wine (75cl bottles)
- spirits (measures)

Do you have or have you ever had any of the following?

- 8.4 Heart or circulatory disorders e.g. high blood pressure, stroke, chest pains, heart murmur, palpitations, rheumatic fever, blood vessel disorders, elevated cholesterol? Yes No
- 8.5 Respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis? Yes No
- 8.6 Disorders of the digestive system, gall bladder or liver e.g. duodenal ulcer, bleeding from the bowel, hepatitis? Yes No
- 8.7 Disease or disorder or infection of the kidneys, bladder or reproductive organs e.g. protein or blood in the urine, stones, prostatitis, venereal disease, bilharzia? Yes No
- 8.8 Nervous, neurological or mental complaint e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety state, depression? Yes No
- 8.9 Ear, eye, nose, throat or skin disorders e.g. ear discharge, defective vision, recurrent tonsillitis, porphyria, psoriasis, dermatitis? Yes No
- 8.10 Disorders or disease of muscles, bones, joints, limbs or spine e.g. rheumatism, arthritis, gout, slipped disc, other back or neck troubles? Yes No
- 8.11 Diabetes, sugar in urine, blood or spleen disorders, thyroid or other glandular disorders? Yes No
- 8.12 Cancer, leukaemia, tumour or growth of any kind? Yes No
- 8.13 Are any medicines or drugs currently prescribed for you, or are you receiving any medical or psychiatric treatment or advice or awaiting surgery? Yes No
- 8.14 Have you received, or do you expect to receive, any advice, counselling, treatment or blood tests in connection with AIDS, HIV or an HIV related disorder or any sexually transmitted disease including hepatitis B? Yes No
- 8.15 Have you ever been counselled or treated in connection with alcohol or drugs? Yes No

Section 8 Medical questions continued

8.16 Family history

Please provide details of your family history in the table below, including details of their current state of health or, if deceased, the cause of death. Of particular importance is if your father, mother or any brothers or sisters have died or suffered from heart disease, stroke, kidney disease, cancer, multiple sclerosis or diabetes before the age of 65, or suffered from any familial/hereditary disorders.

Please tell us the age at outset if your relative had cancer and the part of the body first affected.

Relatives	State of health (or if deceased please state cause of death)	Age (or age at death)
Father		
Mother		
Brothers (numbers born) <input type="text"/>		
Sisters (numbers born) <input type="text"/>		

If more space is required, please continue in Section 9.

Section 11 Declaration

For lives assured

- 11.1 I declare that I have read and understood the important notes within this application and that all the statements made by me, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and I have disclosed all relevant information concerning this application whether or not covered by the questions in this application form or any supplementary questionnaires which might influence the Company's decision concerning this application including whether to assume risk and the amount of premium(s).
- 11.2 I will disclose to the Company any changes to the information given in this application which occur following the completion of this application but prior to the commencement of the policy.
- 11.3 By signing below I irrevocably consent to the Company seeking from any doctor, hospital, medical institution or other person, information which may be related to my occupation, physical or mental health, including the result of any test, and I authorise the giving of such information. This authorisation shall remain in force after my death.

For applicants

- 11.4 I agree that all statements, together with any forms, statements, reports or other information completed or supplied by me or any party on my behalf, shall form the basis of the policy with the Company.
- 11.5 I have read and understood the product *Brochure* and the *Key Features* and fully understand the charges that may be levied.
- 11.6 I agree to accept a policy in the form and containing the standard terms, conditions and rules ordinarily used by the Company for the type of benefits for which I have applied, and the Company shall not be bound in any way by any representations or undertakings made or given by any person save as contained in the policy as issued. It is further agreed and understood that, notwithstanding any statement made to the contrary by any person, no policy comes into existence and no liability whatsoever will attach to the Company as a result of this application unless and until the first premium has been paid and received by the Company and express written notice of acceptance of risk is issued by the Company.
- 11.7 To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 11.8 I confirm that on my own initiative I requested and received information about the policy from my financial adviser. On the basis of that information, I hereby apply for this policy. I understand that the policy is offered by the Company which is established in the Isle of Man and as such the Company is subject to the supervisory arrangements of the Isle of Man Government Insurance and Pensions Authority.
- 11.9 I understand that unless I provide a different address for correspondence in Section 3, all correspondence from the Company concerning this application and the policy, if accepted (including acknowledgement of safe receipt by the Company of my premiums, notification of renewal premiums due and of premiums not received by the Company when due) shall be sent to the first named applicant at the permanent address given for that applicant. I remember that any person who is advising me regarding the policy(ies) for which I am applying, is acting for me and not on behalf of the Company.
- 11.10 I will disclose to the Company any changes to the information given in this application which occur following the completion of this application but prior to the commencement of the policy.

Politically Exposed Persons

A Politically Exposed Person ("PEP") is a person entrusted with prominent public functions, their immediate family members or persons known to be close associates of such persons.

Examples of PEPs include political figures, members of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Please add the names of any PEPs associated with this application in the box below.

Where this box is left blank, you are confirming that no PEPs are associated with this policy.

Data Protection

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group 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 policy, 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.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you. For further information please write to: Data Protection Officer, RL360°, RL360 House, Cool Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Section 11 Declaration continued

If the applicant and the life assured are the same people, then please only sign once where the applicant signs. If the life assured is different from the applicant, the applicant and life assured must sign.

	Applicant	Life assured
Signed	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Please enter the country where this form was completed and signed:	<input style="width: 100%; height: 20px;" type="text"/>	

Section 12 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	<input style="width: 100%; height: 20px;" type="text"/>
Adviser number	<input style="width: 100%; height: 20px;" type="text"/>
Name of regulatory or authorising body (e.g. FSA)	<input style="width: 100%; height: 20px;" type="text"/>
Regulatory number (if applicable)	<input style="width: 100%; height: 20px;" type="text"/>
Financial Adviser's stamp (if this does not state an address, please complete company address details too)	<input style="width: 100%; height: 150px;" type="text"/>
Full name	<input style="width: 100%; height: 20px;" type="text"/>
Online services username (if registered)	<input style="width: 100%; height: 20px;" type="text"/>
Work telephone number	<input style="width: 100%; height: 20px;" type="text"/>
Mobile telephone number	<input style="width: 100%; height: 20px;" type="text"/>
Email address	<input style="width: 100%; height: 20px;" type="text"/>

I confirm that I have seen documentary proof of the applicant(s) identity, and certification of their residential address, and have, where applicable, attached suitably certified copies of both as set out in the completion notes, along with this application.

Signed	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Section 13 Your choice of payment methods

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

Cheque

Please send your cheque, made payable to RL360 Insurance Company Limited to RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP.

Please note that GBP cheques can take up to five working days to clear. Other currency cheques may take considerably longer to clear.

Telegraphic transfer

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

Please make your payment to RL360 Insurance Company Limited through the appropriate bank below.

Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

Bank address

The bank address for all the above accounts is: Citibank, Citigroup Centre, Canada Square, Canary Wharf, London, E14 5LB, UK.



Credit and debit card mandate

Important

We are only able to accept credit or debit cards where the card displays one of the logos above and is prefixed with a '3', '4' or a '5'. We regret that we cannot accept American Express.

The maximum amount that can be collected by credit card is GBP99,999.99 (or currency equivalent) per premium.

We cannot accept payments from Rand or Zimbabwe dollar denominated cards.

I authorise you, until further notice in writing, to collect payments as detailed below:

Premium currency (please tick appropriate box) Sterling (GBP) US dollar (USD) Euro (EUR) Japanese yen (JPY)

Premium amount in figures

Premium amount in words

Premium frequency Monthly Quarterly Half-yearly Yearly

Commencing on* (dd/mm/yyyy)

* this applies to initial premium only, future premiums are deducted 2 working days prior to premium due date.

Card type Mastercard/Eurocard Visa JCB

Card issued by (name of bank)

Country of card issue

Cardholder's name(s) (must be an applicant)

Cardholder's address (as held by the card issuer)

The address details for the cardholder should be the same as the applicant(s) - if not then please provide reasons why in Section 10 of this form.

Card number - - -

Expiry date (mm-yy) -

I understand that RL360 Insurance Company Limited (RL360°) will advise me of the amount to be paid and the dates on which payment is due and that RL360° may only change these after giving me prior notice.

I understand that this authority in favour of RL360° will remain in force until such time as I cancel it in writing to RL360°.

Signature of cardholder(s)

Date (dd/mm/yyyy)

Additional information

In order to comply with the Isle of Man Insurance (Anti-Money Laundering Regulations) 2008, we may require additional source of wealth evidence subject to where the bank that issued your credit or debit card is registered. For further information please refer to our source of wealth information document available online at www.rl360.com/sourceofwealth.pdf.

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

Standing order instruction

Important

If you wish to change the amount you pay into your policy at a later date, including as a result of automatic premium escalation, 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	<input type="text"/>	Bank/Building Society
Bank address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Reference number	<input type="text"/>	

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 (please tick appropriate box)	Sterling (GBP) <input type="checkbox"/>	US dollar (USD) <input type="checkbox"/>	Euro (EUR) <input type="checkbox"/>	Japanese yen (JPY) <input type="checkbox"/>
Payment amount in figures	<input type="text"/>			
Payment amount in words	<input type="text"/>			
Payment frequency	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half-yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Payment commencement date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	until further notice.
Name(s) of account holder(s)	<input type="text"/>			
Branch Swift Code (for all non-GBP and International payments) Swift Code must be either 8 or 11 digits	<input type="text"/>	OR	Bank Sort Code <input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>
			(for UK GBP payments only)	
IBAN/Account number (all non-GBP accounts)	<input type="text"/>	OR	Account number <input type="text"/>	<input type="text"/>
			(GBP UK Bank only)	

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

Tick one	Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
<input type="checkbox"/>	EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
<input type="checkbox"/>	GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
<input type="checkbox"/>	JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
<input type="checkbox"/>	USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

Bank address

The bank address for all the above accounts is: Citibank, Citigroup Centre, Canada Square, Canary Wharf, London, E14 5LB, UK.

Account holder/Authorised Signatory

Signed

Full name

Date (dd/mm/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instruction to your bank or building society to pay by Direct Debit

Important

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

Service User Number

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 (UK only) - - Account number

This Direct Debit Instruction relates to my policy number, reference:

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/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.

Asset Protection Plan Trust Deed

A. Declaration

- A1** This Declaration of Trust is made on 20 by the settlor as follows.
- A2** The settlor assigns the Trust Fund to the trustees to hold it on the trusts set out below.
- A3** The Definitions in Part F shall have the meanings set out in that Part.

B. Trust provisions

- B1** The Trustees shall hold the Retained Benefits upon trust for the absolute benefit of the Settlor.
- B2** The Trustees shall, subject to the provisions of Clause B3, hold the Gifted Benefits upon trust for the benefit of such one or more of the Discretionary Beneficiaries in such proportions, on such terms and conditions and subject to such new or other trust purposes, powers and provisions as to both income and capital (including power to accumulate during such period permissible by law) as the Trustees may during the Trust Period revocably or irrevocably appoint in writing.
- B3** Where the Gifted Benefits include 'Critical Illness Cover' and or Terminal Illness Benefit then, in the event of the Settlor being diagnosed as suffering from a critical or terminal illness, as provided for and defined in the Plan, and the Settlor surviving such diagnosis by 30 days, the Trustees shall hold the 'Critical Illness Cover' or 'Terminal Illness Benefit' for the absolute benefit of the Settlor.
- B4** Subject to the provisions of Clauses B1 and B3, the Trustees may not pay or apply the Trust Fund or any part of it to or on behalf of the Settlor.
- B5** In the event of the failure of the above Trusts, the capital and income of the Trust Fund or such part of it with respect to which such failure has occurred, shall be held upon Trust absolutely for the intestate heir of the last of the Discretionary Beneficiaries to die, provided that in ascertaining such heir the Settlor shall be deemed to have predeceased the last beneficiary so to die.

C. Administrative provisions

The Trustees shall, in addition and without prejudice to all statutory powers, have the powers and immunities set out below. No power conferred on the Trustees shall be exercised so as to conflict with the beneficial provisions of this Deed.

- C1 General**
The Trustees shall have all the powers of investment, sale, alienation, exchange, partition, mortgage, charging, pledging, leasing, insurance, protection, improvement, equipment, dealing, disposition and management (and all other powers) of an absolute beneficial owner of the Trust Fund. Such powers shall not be restricted by any principle of construction but shall operate according to the widest generality of which the foregoing words are capable, notwithstanding that certain powers are more particularly set out in the following clauses.
- C2 Power of investment**
Any money to be invested may be applied in the purchase or acquisition (either alone or jointly with other persons) of such shares, stock, funds, securities, land, buildings, chattels or other property of whatever nature and wherever situate, and whether involving liabilities or producing income or not, or in making such loans, with or without security, as the Trustees think fit.
- C3 No requirement to diversify investments**
The Trustees shall not be required to diversify the investment of the Trust Fund, nor be liable for the consequences of investing, or keeping the Trust Fund invested, in, or in the shares or obligations of, a single business, company or firm, or in one asset or one type of asset.
- C4 No requirement to invest in income-producing investments**
No person beneficially interested in the Trust Fund shall be entitled:
- C4 i** to compel the sale or other realisation of any assets which do not produce income;
- C4 ii** to require the distribution of any dividend by any company from the shares, stock, securities, debenture stock or loan capital of which are comprised in the Trust Fund;
- C4 iii** to require the Trustees to exercise any powers they may have of compelling such distribution;
- C4 iv** to insist on the investment of any part of the Trust Fund in assets which produce income.

C. Administrative provisions continued

C5 Power to lend

The Trustees may lend money or assets comprised in the Trust Fund to any person beneficially interested in the Trust Fund, on such terms (whether or not including provision for the payment of interest) and generally as the Trustees think fit.

C6 Power to borrow

C6 i The Trustees may borrow and raise money either without security or on the security of the Trust Fund, any part of it or any assets comprised in it, for any purpose (including the investment of the money so raised as part of the Trust Fund) and may mortgage, charge or pledge the Trust Fund, any part of it or any assets comprised in it, as security for any money so raised.

C6 ii The Trustees may enter into borrowing arrangements jointly with other persons, whether involving joint or several liability.

C7 Powers in relation to real property and chattels

C7 i The Trustees shall have all the powers of an absolute beneficial owner in relation to the disposition, development and improvement of any land comprised in the Trust Fund.

C7 ii The Trustees shall not be bound to maintain any building or other structure on land comprised in the Trust Fund or to preserve or repair any chattels comprised in the Trust Fund.

C8 Power to permit occupation of property and enjoyment of chattels

The Trustees shall have power to permit any person beneficially interested in the Trust Fund or any part of it to occupy, or reside in or upon, any real or immovable property, or to have the enjoyment and use of chattels or other movable property for the time being comprised in the Trust Fund, on such terms as to payment of rent, rates, taxes and other expenses and outgoings and as to insurance, repair and decoration, and generally upon such terms as the Trustees think fit.

C9 Exclusion of apportionment

The statutory and equitable rules of apportionment shall not apply to this Trust or to any interest created under this Trust and the Trustees may treat all dividends and other payments in the nature of income received by them as income at the date of receipt, irrespective of the period for which the dividend or other income is payable.

C10 Power of appropriation

The Trustees may appropriate any asset, or any part of any asset, comprised in the Trust Fund in or towards satisfaction of any interest or share in the Trust Fund as may in all the circumstances appear to them to be just and reasonable. For the above purpose, the Trustees may from time to time place such value on any or all investments or other property as they think fit.

C11 Powers in relation to minors

C11 i The Trustees may pay or transfer any assets comprised in, or any income of, the Trust Fund to the parent or guardian of any minor who is beneficially entitled to such assets or income, and the receipt of such parent or guardian, or of the minor, shall be a full discharge to the Trustees.

C11 ii The parent or guardian of a minor shall in respect of any assets or income received in accordance with this clause have the powers conferred on the Trustees by Part C of this Deed.

C12 Power to appoint agents

The Trustees may, instead of acting personally, employ and pay at the expense of the capital or income of the Trust Fund any agents in any part of the world, whether accountants, solicitors, brokers, banks, trust companies or other agents (without being responsible for the default of any agent, if employed in good faith) to transact any business or do any act in the execution of these trusts, including (without prejudice to the generality of this clause) the receipt and payment of money, the execution of documents and the holding of any securities, property or documents.

C13 Powers to delegate

C13 i The Trustees may engage any person or partnership as investment adviser to advise them on the investment of all or any part of the Trust Fund and they may, without being liable for any consequent loss, delegate to such investment adviser discretion to manage investments on such terms as the Trustees think fit.

C13 ii The Trustees may without being liable for any consequent loss, delegate to any person the operation of any bank, building society or other account.

C14 Trustee charging

C14 i A Trustee which is a trust corporation or company authorised to undertake trust business shall be entitled to remuneration in accordance with its published terms for trust business in force from time to time and, in the absence of published terms, in accordance with such terms as may from time to time be agreed between the Trustee and the Settlor or, if the Settlor is unfit, unable or unwilling to act, the person or persons by whom the power of appointing new trustees is exercisable.

C14 ii The Trustee, whether acting as a person engaged in a professional business or in a personal capacity, shall be entitled to all normal professional or other fees for business done, services rendered or time spent by such Trustee personally or by such Trustee's firm or company in the administration of these trusts, including acts which a Trustee not engaged in any professional business could have done personally.

D. Power of appointment of Trustees

- D1** The power of appointing a new Trustee or Trustees shall belong to the Settlor during his life or for so long as the Settlor retains full legal capacity and thereafter by the Trustees.
- D2** There shall at all times be at least two Trustees unless a corporate body is a Trustee.
- D3** The Settlor may remove one or more of the Trustees by sending a Notice of Removal in writing to the Trustee in question at his last known address. The sending of the Notice by recorded delivery post will be deemed due service of the Removal Notice. The removed Trustee shall co-operate (without any expense to him) in executing any documents or consents required in order to terminate effectively his Trusteeship and to vest the Trust Fund in the continuing Trustees.

E. Ancillary provisions

- E1 Extended power of maintenance**
The statutory provisions for maintenance and education shall apply, but so that the power of maintenance shall be exercisable in the discretion of the Trustees and free from the obligation to apply part only of the income for maintenance where other income is available.
- E2 Extended power of advancement**
The statutory provisions for advancement shall apply, but so that the power of advancement shall extend to the whole, rather than one half, of the share or interest of the person for whose benefit the advancement is made.
- E3 Power to receive additional property**
The Trustees may, at any time during the Trust Period, accept additional money, investments or other property, of whatever nature and wherever situate, paid or transferred to them by the Settlor or any other person. Such additional money, investments or other property shall, subject to any contrary direction, be held upon the trusts and with and subject to the powers and provisions of this Deed.
- E4 Proper law, forum and place of administration**
This Trust Deed shall be irrevocable and shall be governed by and construed according to the law of the Isle of Man.
- E5 No requirement to consult with beneficiaries**
Any duty to consult with beneficiaries implied by law shall not apply to the trusts contained in this Deed.
- E6 Protection of the Trustees generally**
No Trustee shall be liable for any loss to the Trust Fund except as a result of the fraud of such Trustee. Any liability of a Trustee shall be restricted to the liability arising from his own actions or omissions only.
- E7 Power to exercise powers except where personal interest**
A Trustee may either exercise, or concur in exercising, all powers and discretions conferred on him by this Deed or by law, unless he has a personal interest in the mode or result of any such exercise, in which event he shall allow the remaining Trustees (if any) to act alone in relation to such exercise.
- E8 Duration of powers**
Every power, authority or discretion conferred on the Trustees, or on any other person, by this Deed shall (notwithstanding anything to the contrary expressed or implied in this Deed) only be exercisable during such period (whether definite or indefinite) as in the case of the particular power, authority or discretion the law may allow.
- E9 Trustees' powers, authorities and discretions exercisable without liability**
Every power, authority or discretion conferred on the Trustees by this Deed, or by law shall be an absolute and uncontrolled power, authority or discretion, and no Trustee shall be liable for any loss or damage occurring as a result of his agreement, or refusal or failure to agree, to any exercise of such power, authority or discretion.

F. Definitions

- F1 The Settlor**
The Settlor is the person who is creating the trust. As the applicant you will be the Settlor. You should put your full name and address.

Settlor

Full name

Current residential address

F. Definitions continued

F2 Additional Trustees

Whilst the Settlor is automatically a trustee, at least one additional trustee should be appointed. Complete the full names of the Additional Trustees.

	Additional Trustee 1	Additional Trustee 2
Full name	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Date of birth (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Country and place of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Current residential address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Country of residence for tax purposes	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tax reference number (ie TIN/NI)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Additional Trustee 3	Additional Trustee 4
Full name	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Date of birth (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Country and place of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Current residential address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Country of residence for tax purposes	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tax reference number (ie TIN/NI)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

F3 The Trustees

The Trustees means the Settlor and the Additional Trustees for the time being acting under this Trust Deed and any other person or persons who may be appointed or assumed as a Trustee or Trustees of this Trust Deed.

F4 The Policy

The Policy to be issued by the Company under an application dated (dd/mm/yyyy)

F5 The Company

The Company means RL360 Insurance Company Limited.

F6 The Trust Fund

The Trust Fund means:

- i the Policy;
- ii all money, investments or other property paid or transferred by any person to or so as to be under the control of and, in either case, accepted by the Trustees as additions;
- iii all accumulations (if any) of income added to the Trust Fund; and
- iv the money, investments and property from time to time representing the above.

F. Definitions continued

F7 The Trust Period

The Trust Period means the period of 150 years from the date of this Deed, which shall also be the perpetuity period.

F8 Children, grandchildren and issue of any person

Reference to the children, grandchildren and issue of any person shall include his children, grandchildren and remoter issue, whether legitimate, legitimated, illegitimate or adopted.

F9 The Retained Benefits

These are the benefits of the Plan that you wish to keep for yourself.

The Retained Benefits shall mean the following benefits included in the Plan:

Children's Critical Illness Cover

F10 The Gifted Benefits

These are the benefits of the Plan that you wish to give away.

The Gifted Benefits shall mean any one of the following benefits included in the Plan:

- i Life Cover;
- ii Critical Illness Cover; and
- iii Terminal Illness Benefit

F11 The Discretionary Beneficiaries

This is the list of beneficiaries the Trustees may appoint all, or any part of, the Gifted Benefits to, using the powers in Clause B2.

You can add to this list at any time by giving the Trustees the full names of any beneficiaries you think should benefit from the Trust Fund or by writing the full names of the beneficiaries at v and vi in the boxes below. For example, if you have a partner that you are not legally married to or have not entered into a civil partnership with, your Trustees may only appoint benefits to them if you name them in this section of the form or add them at a later date by writing to the Trustees.

This Discretionary Beneficiaries shall mean:

- i the children and remoter issue of the Settlor (whenever born) including children and remoter issue by adoption;
- ii any spouse or civil partner or former spouse or civil partner of anyone within (i) above;
- iii any person at any time who is the spouse or civil partner of the Settlor or the widow or widower or surviving civil partner of the Settlor;
- iv any person nominated in writing to the Trustees by the Settlor provided that the Settlor may not be the subject of such nomination;

v ; and

vi .

F12 Words and expressions defined in the Policy

Words and expressions defined in the Policy shall, unless the context otherwise requires, have the same meanings in this Trust Deed as are specified in the Policy.

F13 Gender

Unless the context otherwise requires the masculine gender shall include the feminine and the neuter and vice versa, and the singular shall include the plural.

F14 Clause headings

The clause headings are included for reference only and shall not affect the interpretation of this Deed.

G. Data Protection

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group 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 policy, 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.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

H. Signatures

The Settlers and Additional Trustees must sign this Deed. The Settlers must have their signatures witnessed by someone who is neither a Settlor, Additional Trustee, beneficiary or the spouse of any such persons.

IN WITNESS WHEREOF this Trust is signed as a deed and delivered.

Settlor 1

Full name

Signature

Witness

Full name

Current residential address

Signature of witness

Trustee signatures

Each Additional Trustee should sign here to show they have agreed to take on the role of trustee.

Additional Trustee 1

Full name

Signature

Date (dd/mm/yyyy)

Additional Trustee 2

Full name

Signature

Date (dd/mm/yyyy)

Additional Trustee 3

Full name

Signature

Date (dd/mm/yyyy)

Additional Trustee 4

Full name

Signature

Date (dd/mm/yyyy)