

Protected Lifestyle
Lebanon

Application



RL360 Insurance Company Limited

Registered with the Insurance Companies' Registry in Lebanon on 29 November 2011 under number 250 and subject to the law governing insurance companies

You can count on us

RL
360

This *Application Form* should be read in conjunction with the current Protected Lifestyle Lebanon *Brochure* and *Key Features*.

A copy of the completed application and the policy *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

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

Please tick:

- Section 1 completed in all cases
- Section 2 completed if single/joint applicant(s)
- Section 3 completed if corporate applicant
- Section 4 completed in all cases
- 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' or further details are required
- Sections 12, 13, 14 completed in all cases
- Section 14 completed in all cases
- Section 15 completed in all cases

This form is to be submitted with:

- a signed, personalised illustration
- the first premium payment, 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 and life assured's current residential address
- any supplementary forms

RL360 Insurance Company Limited ("RL360") accepts no responsibility for any payment until it has been received at RL360's registered 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 Application details

Please indicate on which basis you are applying (tick one box only)

Individual applicant(s) Corporate applicant

Which life assured basis do you require? Single life Joint life first death Joint life second death

Section 2 Individual applicant(s) details

	First applicant	Second applicant (if applicable)
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Relationship to first applicant		<input type="text"/>

Online services

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

Email address	<input type="text"/>	<input type="text"/>
Password (you will only use this once)	<input type="text"/>	<input type="text"/>
Password hint	<input type="text"/>	<input type="text"/>

Section 2 Individual applicant(s) details continued

Exact occupation and duties

What is your exact occupation?	<input type="text"/>	<input type="text"/>
What is your company name?	<input type="text"/>	<input type="text"/>
What is the nature of your business?	<input type="text"/>	<input type="text"/>

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

Currency

	This year	Last year	Previous year
Earned	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unearned	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have stated annual unearned income please provide details.

Section 3 Corporate applicant details

Are you a (please tick): Public registered company Private limited company Unincorporated company

Company name	<input type="text"/>
Permanent registered office address (in full)	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Correspondence address (in full) - if different to above	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Contact name	<input type="text"/>
Contact position	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

We confirm that the beneficial owner(s) of the company's shares is/are

(Beneficial owner being any director/shareholder holding 25% or more of the issued share capital)

	Shareholder 1	Shareholder 2 (if applicable)
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (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"/> <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"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>

Section 3 Corporate applicant details continued

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>

Verification of identity i.e. certified copy passport and address verification for each of the beneficial owners as documented above must be submitted with this Application Form.

At a meeting of the board of directors held on the

date (dd/mm/yyyy)

at (location)

it was **agreed** and **resolved** that:

1. The company has the capacity to enter into the contract applied for
2. The minimum number of the current directors and/or authorised signatories of the company required to provide instructions (including without prejudice to the generality of the foregoing instructions to change underlying investments, make withdrawals, or totally surrender the policy) is (number)
3. All changes in directors and authorised signatories will be immediately notified to RL360° in writing and we agree that appropriate evidence of identity will be provided.

RL360° is authorised by the applicant to obtain a reference if required from:

Name of bank	<input type="text"/>
Address of bank	<input type="text"/>
Postcode	<input type="text"/>
Account name	<input type="text"/>
Account number	<input type="text"/>
Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>

Directors/authorised signatories

Please enclose certified copy passports for at least two of the listed directors one of whom must be an executive director.

	Director 1	Director 2
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>

Section 3 Corporate applicant details continued

	Director 1	Director 2
Date of birth (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"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Signed	<input type="text"/>	<input type="text"/>
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"/> <input type="text"/> <input type="text"/>
	Director 3	Director 4
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Date of birth (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"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Signed	<input type="text"/>	<input type="text"/>
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"/> <input type="text"/> <input type="text"/>

Where there are more than four directors/authorised signatories, please provide details on a separate sheet.

The required number of authorised signatories must also sign the Declaration in Section 14 and the following should be provided to support your application:

- full true certified copy of a current passport or national identity card carrying a photograph for at least two directors one of whom should be an executive director and proof of address should be provided;
- list of directors;
- a true certified copy of the certificate of incorporation;
- evidence of the registered office;
- list of officers from whom RL360° is to take instructions and specimen signatures;
- for private limited companies only - verification of the identity of all shareholders holding 25 per cent or more of the issued share capital as at the date of the application. If the holder of 25 per cent or more is a holding company, trust or nominee, further information may be required;
- where possible a set of the latest annual report and accounts;
- for public registered companies only - a copy of the board resolution providing authority for the authorised signatories to act on behalf of the company.

Section 4 Life or lives assured details

There can be up to 2 lives assured on the policy. If either applicant is to be a life assured, please confirm by ticking the boxes below. Please note that if you require waiver of premium benefit, this will apply only to the first life assured.

	First applicant		Second applicant (if applicable)
The applicant is also a life assured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

If either applicant ticks yes then go to "Details of occupation and duties" below.

If the lives assured are different to the applicants then complete all details as requested below.

	First life assured	Second life assured (if applicable)
Sex (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>
	Miss <input type="checkbox"/>	Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Relationship to applicant	<input type="text"/>	<input type="text"/>
Exact occupation and duties		
What is your exact occupation?	<input type="text"/>	<input type="text"/>
What is your company name?	<input type="text"/>	<input type="text"/>
What is the nature of your business?	<input type="text"/>	<input type="text"/>

Details of occupation and duties

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%.)

	First life assured	Second life assured
a) Managerial, administration, clerical and meetings?	<input type="text"/> %	<input type="text"/> %
b) Skilled, technical, light manual and supervisory on a shop or factory floor?	<input type="text"/> %	<input type="text"/> %
c) Sales (shop/office based), mobile sales, sales management or sales assistance?	<input type="text"/> %	<input type="text"/> %
d) Manual skilled, light unskilled or factory work, including lifting?	<input type="text"/> %	<input type="text"/> %
e) Unskilled work, heavy manual or heavy lifting?	<input type="text"/> %	<input type="text"/> %
	= 100%	= 100%
How much work is carried out at home?	<input type="text"/> %	<input type="text"/> %
Do you work more than 16 hours per week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive payment from any other occupation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state other occupation.	<input type="text"/>	<input type="text"/>

Section 4 Life or lives assured details continued

All applicant(s) and each life assured must sign the Declaration in Section 14 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 each applicant and/or life assured.
- Documentary evidence of each applicant's and/or life assured's current 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 less than 3 months old in the case of utility bills etc.

Correspondence address

If, for any reason, you want correspondence to be sent to a different address you can provide a correspondence address below. In the interest of the security of your policy, RL360° recommends that you carefully select the most reliable addressee and correspondence address and advise RL360° of any subsequent change of name and address during the course of your plan. However, RL360° accepts no responsibility for the consequences of sending correspondence to this address.

Name of addressee	<input type="text"/>
Correspondence address (if different to above)	<input type="text"/> <input type="text"/> <input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country of residence	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Section 5 Policy benefits

Provide policy benefits in United States dollars (USD) only.

Primary life cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state amount	<input type="text" value="USD"/>
Additional life cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state amount	<input type="text" value="USD"/>
and term of cover required	<input type="text"/>	whole years		

Accelerated critical illness cover (Only available if primary life cover has been selected – subject to the initial maximum available.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please state percentage	50% <input type="checkbox"/>	75% <input type="checkbox"/>	100% <input type="checkbox"/>	of primary life cover.
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Children's critical illness cover: Please provide the names (in full) of any eligible children to be covered (only available if accelerated critical illness cover has been selected). Please note eligible children must be aged between 1 and 17 (attained) to apply.

Section 5 Policy benefits continued

	Child 1	Child 2	Child 3
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (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"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <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**.

Accidental death benefit

Yes No If yes, the amount of cover will be the same as the total level of life cover subject to the maximum available.

Waiver of premium

Yes No If this option is selected, the benefit is only applicable to the first life assured and is not available to students or housewives.

Benefit increase option

Yes No If this option is selected, the automatic premium increase option (Section 6 – Premiums) must be chosen such that regular premiums increase by the same rate.

Benefit increase can be 5% or 10% of the original benefit amount: 5% each year 10% each year

Section 6 Premiums

The only policy currency we accept for Protected Lifestyle Lebanon is United States dollars (USD).

Premium amount

Premium frequency Yearly Half-yearly

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% each year 10% each year

Section 7 Choice of investment funds

Fund choice

List your choice of funds in the table below.

You must invest a minimum of 50% of your premium in the Lebanese Deposit Fund.

Fund name	ISIN	Percentage of premium
Lebanese Deposit Fund	-	%
		%
		%
		%
		%
		%
		100%

Section 8 Lifestyle details

This section must be completed. If you answer yes to any question please provide additional information in Section 10. Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable.

	First life assured	Second life assured (if applicable)
<p>8.1 Do you currently have an existing policy with RL360 Insurance Company Limited?</p> <p>If yes, please insert your policy number in the appropriate box.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
<p>8.2 Please state your height</p>	feet <input style="width: 30px;" type="text"/> inches <input style="width: 30px;" type="text"/> cm <input style="width: 100px;" type="text"/>	feet <input style="width: 30px;" type="text"/> inches <input style="width: 30px;" type="text"/> cm <input style="width: 100px;" type="text"/>
<p>8.3 Please state your weight.</p>	pounds <input style="width: 100px;" type="text"/> kg <input style="width: 100px;" type="text"/>	pounds <input style="width: 100px;" type="text"/> kg <input style="width: 100px;" type="text"/>
<p>8.4 In the past 12 months have you used tobacco products (cigarettes, cigar, e-cigarettes or chewing)?</p> <p>If yes, please state your daily consumption.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 100px; height: 20px;" type="text"/>
<p>8.5 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 10.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>8.6 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 <i>Aviation Questionnaire</i> or other relevant pursuit questionnaire.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>8.7 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 10.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>8.8 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 10.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>8.9 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 10.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>8.10 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 10.</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 8 Lifestyle details continued

Current medical attendant

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.

	First life assured	Second life assured (if applicable)
Name of doctor	<input type="text"/>	<input type="text"/>
Number of years attended	<input type="text"/>	<input type="text"/>
Address and postcode (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<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"/> <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"/> <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"/>	<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"/>
Results of last visit	<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"/>
	<input type="text"/>	<input type="text"/>

(If you require more space, please continue on a separate sheet.)

Section 9 Medical questions

This section must be completed. If you answer yes, please provide additional information in Section 10. Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable.

	First life assured		Second life assured (if applicable)	
9.1 Have you ever been advised to give up tobacco and/or alcohol for any specific reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.2 Have either your drinking or tobacco habits differed in the last five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.3 Please state the specific amount of your average weekly consumption of alcohol (quantity and type).	beer (in litres)	<input type="text"/>	beer (in litres)	<input type="text"/>
	wine (75cl bottles)	<input type="text"/>	wine (75cl bottles)	<input type="text"/>
	spirits (measures)	<input type="text"/>	spirits (measures)	<input type="text"/>

Section 9 Medical questions continued

	First life assured		Second life assured (if applicable)	
Do you have or have you ever had any of the following?				
9.4 Heart or circulatory disorders e.g. high blood pressure, stroke, chest pains, heart murmur, palpitations, rheumatic fever, blood vessel disorders, elevated cholesterol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.5 Respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.6 Disorders of the digestive system, gall bladder or liver e.g. duodenal ulcer, bleeding from the bowel, hepatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.7 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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.8 Nervous, neurological or mental complaint e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety state, depression?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.9 Ear, eye, nose, throat or skin disorders e.g. ear discharge, defective vision, recurrent tonsillitis, porphyria, psoriasis, dermatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.10 Disorders or disease of muscles, bones, joints, limbs or spine e.g. rheumatism, arthritis, gout, slipped disc, other back or neck troubles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.11 Diabetes, sugar in urine, blood or spleen disorders, thyroid or other glandular disorders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.12 Cancer, leukaemia, tumour or growth of any kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.13 Are any medicines or drugs currently prescribed for you, or are you receiving any medical or psychiatric treatment or advice or awaiting surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.14 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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.15 Have you ever been counselled or treated in connection with alcohol or drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does/has any member of your immediate family:				
9.16 suffer/ed from cancer, diabetes, stroke, kidney disease, multiple sclerosis, heart disease, high blood pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.17 suffer/ed from any hereditary disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.18 died before the age of 65?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered yes to any of the above questions, please provide full details including your relationship to the family member and their age of diagnosis/death, in **Section 10**.

Section 11 Important notes

Your answers to the questions on this form will be used to assess the application and you must, therefore, answer them fully and to the best of your knowledge and belief. You must give us any other information which might be relevant and which could influence our decision. If you are unsure whether a particular fact is relevant, you should disclose it. Protection benefits may be forfeited if relevant information is found to have been withheld. Any policy of insurance issued pursuant to this application may be declared void even if the application has been formally accepted by RL360°, where facts which are material to this application have been withheld. In such event, all monies paid may be forfeited. Please give careful consideration to the declaration before signing it.

My application

By signing this application I agree to my policy being governed by the Protected Lifestyle Lebanon *Terms & Conditions*. 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.

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 Protected Lifestyle Lebanon unlawful.

Your application is not binding and no policy will exist until RL360° has issued a letter of acceptance, all conditions therein have been complied with and your Policy Schedule has been issued.

Full details can be obtained by reading the Protected Lifestyle Lebanon *Terms and Conditions* which are available from RL360° on request.

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, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Section 12 Declaration for lives assured

- 12.1 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 RL360°'s decision concerning this application including whether to assume risk and the amount of premium(s).
- 12.2 I will disclose to RL360° 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.

Section 13 Declaration for lives assured and applicants

Political exposure

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 PEP's 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 PEP's associated with this application in the box below.

Where this is left blank, you are confirming that no person associated with this application is politically exposed.

- 13.1 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 RL360°.
- 13.2 I have read and understood the *Brochure* and the *Key Features* and fully understand the charges that may be levied.

Section 13 Declaration for lives assured and applicants continued

- 13.3 I agree to accept a policy in the form and containing the standard terms, conditions and rules ordinarily used by RL360° for the type of benefits for which I have applied, and RL360° 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 RL360° as a result of this application unless and until the first premium has been paid and received by RL360° and express written notice of acceptance of risk is issued by RL360°.
- 13.4 To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 13.5 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 RL360° which is established in the Isle of Man and as such RL360° is subject to the supervisory arrangements of the Isle of Man Financial Services Authority.
- 13.6 I understand that unless I provide a different address for correspondence in Section 4, all correspondence from RL360° concerning this application and the policy, if accepted (including acknowledgement of safe receipt by RL360° of my premiums, notification of renewal premiums due and of premiums not received by RL360° 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 for which I am applying, is acting for me and not on behalf of RL360°.

Section 14 Signatures of applicants and lives assured

14.1 I will disclose to RL360° 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.

For lives assured:

14.2 By signing below I irrevocably consent to RL360° 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.

Please tick that the statements in 14.3 apply to you. Please tick only one box each. If the applicant(s) and the life/lives assured are the same people, then please only tick the applicant box.

14.3 I declare that I have read and understood this English *Application Form*. I confirm that I have supplied RL360° with all the required information related to me provided in this *Application Form*.

First applicant
Second applicant
First life assured
Second life assured

إذا كنت لا تقرأ ولا تكتب الانكليزية فإن ترجمة باللغة العربية لاستمارة الطلب هذه متوفرة وعليك الرجوع اليها فقط

(The above states in Arabic: "If you do not read or write in the English language an Arabic version of the literature and *Application Form* is available and you should refer to this only.")

If the applicant(s) and the life/lives assured are the same people, then please only sign once where the applicant(s) sign. If the life/lives assured is/are different from the applicant(s) - then all applicant(s) and life/lives assured must sign.

	First applicant/life assured	Second applicant/life assured (if applicable)
Signature		
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"/>
	First life assured (where different from the first applicant)	Second life assured (if applicable) (where different from the second applicant)
Signature		
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"/>

Please enter the country where this form was completed and signed

Section 15 Financial adviser details

The RL360° adviser number can be obtained from your regional office.

Financial adviser's name/ company	<input type="text"/>
Address or stamp	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Email address	<input type="text"/>
Adviser number	<input type="text"/>
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"/>

Section 16 Your choice of payment methods

If you wish to pay by credit/debit card, or standing order, 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°, Lebanon Branch, Burj Al Ghazal, 8th Floor, Fouad Chehab Highway, Ashrafieh, Tabaris, Lebanon.

Please note that cheques can take up to five working days 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	IBAN	Swift code	Bank name	Account name
USD	LB48 0007 0000 0000 0050 2271 0131	BBMELBBX	HSBC	RL360°

Bank address

HSBC Building, PO Box 11-1380, Minet el-Hosn, Beirut, Lebanon.



Credit 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 either 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	US dollar (USD)
Premium amount in figures	<input type="text"/>
Premium amount in words	<input type="text"/>
Premium frequency	Half-yearly <input type="checkbox"/> Yearly <input type="checkbox"/>
Card type	Mastercard/Eurocard <input type="checkbox"/> Visa <input type="checkbox"/> JCB <input type="checkbox"/>
Card issued by	<input type="text"/> (name of bank)
Country of card issue	<input type="text"/>
Cardholder's name(s) (must be an applicant)	<input type="text"/>
Cardholder's address (as held by the card issuer)	<input type="text"/> <input type="text"/> <input type="text"/>

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	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry date (mm-yy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

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)	<input type="text"/>	<input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

For more information contact:

RL360°, Burj Al Ghazal, 8th Floor,
Fouad Chehab Highway,
Ashrafieh, Tabaris, Lebanon.

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