

SURRENDER REQUEST

WHO IS THIS FORM FOR?

This form is for policyholders who wish to surrender their policy in full or surrender a policy segment(s).

If you wish to take a withdrawal from your policy, please use our Withdrawal Request form which is available to download from our website or by contacting us.

Depending on how long you have held your policy and the terms on which it was set up, there may be a surrender penalty where one or more policy segments are cashed in. This information can be provided upon request.

COMPLETING THIS FORM

By completing this form you will be surrendering all or a number of segments from your policy. We recommend that you speak to your financial adviser before doing this so that they can make you aware of any tax charges that may apply. If you need help completing this form please contact our Customer Services Team on +44 (0)1624 681682 or alternatively you can email csc@rl360.com.

We will accept emailed or faxed scans of instructions. However, we reserve the right to request original documents in some circumstances, so these must be retained in your records.

Please make sure you read the important notes section of this form.

WHEN YOU HAVE COMPLETED THIS FORM

For all policies

Please send this form to servicing@rl360.com or fax it to: +44 (0)1624 677336

Alternatively you can post it to:
Policy Servicing, RL360,
International House, Cooil Road,
Douglas, Isle of Man, IM2 2SP.

For Hong Kong policies

Please post this form to:
RL360, Unit 803, One Kowloon,
1 Wang Yuen Street, Kowloon Bay,
Hong Kong.

Please note that we cannot be held responsible for requests that are delayed or missed because they have been sent to a fax number other than the applicable number specified above.

A confirmation letter will be sent to you by email once we have released your payment.

CHECKLIST

This is the key information we need to fulfil your request. Please tick each box to confirm you have supplied this information when completing the form:

- ☐ I am aware of any surrender penalties on my policy
- ☐ Where my country of residence and country of beneficiary bank does not match I have given a clear explanation
- ☐ I have provided my tax information
- ☐ I have provided certified verification of address and proof of identity
- ☐ All policyholders have read and signed the declaration
- ☐ Where payment is being made to a new bank account I have provided a copy of the bank statement

We take the security of your policy very seriously; therefore, from time to time we may contact you by telephone to verify your identity. Without completing this short call, we may not be able to action your request.

- ☐ I understand that a member of RL360 may contact me to verify my identity
- ☐ I am aware I can send a dealing form to dealingInstructions@rl360.com to speed up the sale of the assets held within my policy (personalised policies only)
- ☐ I have ensured the form is not in an editable format when submitting and I have not pasted on the signature
- ☐ I am aware I cannot do a segment surrender if I hold a suspended asset
- ☐ I have either hand signed the form or completed it using an acceptable digital format which includes the audit report

We can accept the following digital signatures:

- DocuSign
- AdobeSign
- Pandadoc
- Sign Now
- Zoho Sign

Please ensure the relevant audit report is included when sending the payment through

ANY OTHER INFORMATION RELEVANT TO MY REQUEST

SURRENDER REQUEST FORM

Your details

RL360 policy number

	Policyholder 1	Policyholder 2 (if applicable)
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"/>
Daytime telephone	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Trust details (if applicable)

Trust name	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Daytime telephone	<input type="text"/>
Email address	<input type="text"/>

Please complete an automatic exchange of information entity self certification form located here - www.rl360.com/row/aeoi/index.htm

Company details (if applicable)

Company name	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Country or countries of tax residence	<input type="text"/>
Company tax reference number(s)	<input type="text"/>
FATCA GIIN (if applicable)	<input type="text"/>
Daytime telephone	<input type="text"/>
Email address	<input type="text"/>

TYPE OF SURRENDER REQUIRED

Please tick only one option. ☐ Surrender policy in full **OR** ☐ Surrender individual policy segments

If you are surrendering policy segments, please tell us how many to surrender.

I request that the above numbered policy be surrendered in accordance with the Terms and Conditions of the policy and that RL360 Insurance Company Limited (RL360) pay the surrender value in-line with the instructions provided on this form. I confirm that this payment will discharge RL360 from all liabilities and claims arising out of the policy or surrendered policy segments.

I confirm that I am entitled to the proceeds of the above numbered policy and that no receiving order has been made against me. I am not bankrupt and the policy has not been assigned or transferred, nor does any other person have legal rights to the surrender proceeds under the policy (other than the details provided in any supporting documentation).

PAYMENT INSTRUCTIONS

Payment method
(tick only one)

☐ TT (£20 bank charge) **OR** ☐ BACS (no charge)

TT (Telegraphic Transfer) can be used for payments of any currency. BACS (Bankers Automated Clearing Services) can only be used for making GBP payments to a bank account in the UK/Channel Islands/Isle of Man. There is usually no charge for BACS and cleared funds should appear in your bank account within 3-5 working days..

For payments by TT or BACS

If you are asking us to pay a withdrawal into a bank account that we have not previously made payments to or received payments from, please provide us with a copy of your latest bank statement for this account to include transactions.

Bank name

Bank address and postcode	
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Account holder's name

Bank Swift Code (International) OR Bank Sort Code (UK only) --

Account number or IBAN	
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Routing bank name (if applicable)

Routing bank account number (if applicable)

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Routing bank SWIFT code
(if applicable)

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Reference (optional)	
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Country connection

Please confirm your connection to the country where your bank account is held if this differs to your residency address)

SIGNATURES

Before signing this form, it is very important that you read and understand the important notes on page 6.

Also, depending on how long you have held your policy and the terms on which it was set up, there may be a surrender penalty where one or more policy segments are cashed in. This information can be provided upon request.

	Policyholder/Trustee/Authorised Signatory 1	Policyholder/Trustee/Authorised Signatory 2
Signature	<input type="text"/>	<input type="text"/>
Date signed (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"/>
Full name	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Country or countries of tax residence	<input type="text"/>	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number)		
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signature	<input type="text"/>	<input type="text"/>
Date signed (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"/>
Full name	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Country or countries of tax residence	<input type="text"/>	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)		
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR REASON(S) FOR SURRENDERING

We are dedicated to improving our customer experience and as such if you are surrendering your policy in full, please tell us your reason(s) for doing so.

<input type="checkbox"/> House purchase	<input type="checkbox"/> Poor investment return	<input type="checkbox"/> Moving to another provider
<input type="checkbox"/> School fees	<input type="checkbox"/> High product charges	<input type="checkbox"/> Payment terms completed (Matured)
<input type="checkbox"/> Medical emergency	<input type="checkbox"/> Poor customer service	<input type="checkbox"/> Urgent money requirements
<input type="checkbox"/> End of charging period	<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Change of investment strategy
<input type="checkbox"/> Mis-sold product	<input type="checkbox"/> Unable to pay further premiums	<input type="checkbox"/> Tax reasons
<input type="checkbox"/> Other (please specify)	<input type="text"/>	

IMPORTANT NOTES

Withdrawals

Any payment taken from your policy will be subject to the minimum payment amounts as detailed in your policy literature. The payment amount may need to be reduced if it will take your policy below the minimum allowable policy value.

Tax

We recommend that you speak to your financial adviser or tax professional about your tax situation before taking action on your policy.

General

Depending on the investment(s) to which the value of your policy is linked, some investment managers may have terms and conditions that prevent us from realising a cash value in a timely fashion, and this could delay your withdrawal payment.

Where applicable, please ensure that the authorised signatory list(s) that we hold for this policy are up-to-date before submitting withdrawal instructions. Where authorised signatories have changed and we are unable to match those on this form with our records, this will delay the withdrawal. We may also require further information for the purposes of Anti-Money Laundering.

Specified US Person

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

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

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. RL360 can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport from the country in which you have obtained new citizenship.

Privacy policy

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