

Change of address/contact details

Who is this form for?

This form is for individual, trustee and corporate policyholders of single and regular premium policies who need to notify us of a change to their address or contact details.

Policyholders should also use this form to notify us of any address changes for the lives assured on their policy.

Completing this form

We can only accept original written instructions by post that have been signed by all individual policyholders, trustees or authorised signatories. We will not accept instructions by email or fax.

Please complete in BLOCK capitals throughout.

Changes to the details of an individual policyholder (not held in trust)

All policy owners must sign the form. In the case of joint ownership both owners must sign, otherwise the form will be invalid.

Changes to the details of a trust

All trustees must sign the form.

Changes to the details of a company

The appropriate authorised signatories must sign on behalf of the company. Please ensure that the authorised signatory list we hold on file is up-to-date before sending the form.

In all cases the appropriate persons as detailed above must sign the form otherwise we cannot proceed with any changes.

Important information

Changes to your country of residence may affect the tax treatment of your policy as well as changing the investments which you can hold. We suggest that you speak to your financial and tax advisers in the first instance.

Where should I send the completed form?

Please return this form to:

Alterations Team
RL360°
RL360 House
Cooil Road
Douglas
Isle of Man
IM2 2SP
British Isles

Note

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

Change of address/contact details

Policy number(s)	<input type="text"/>	
	Policyholder 1 (or Trustee)	Policyholder 2 (or Trustee)
Name	<input type="text"/>	<input type="text"/>
New residential/registered address and postcode (in full)	<input type="text"/>	<input type="text"/>
Date moved to new address (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
New correspondence address (if different to above)	<input type="text"/>	<input type="text"/>
Home telephone ¹	<input type="text"/>	<input type="text"/>
Work telephone ²	<input type="text"/>	<input type="text"/>
Mobile telephone	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

Company details (if applicable)

Company name	<input type="text"/>
New registered address and postcode (in full)	<input type="text"/>
Date moved to new address (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>
New correspondence address and postcode (in full)	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>
Company tax reference number(s)*	<input type="text"/>
FATCA GIIN (if applicable)	<input type="text"/>
* If it is not possible to provide a tax reference number, you must specify the reason here	<input type="text"/>

Online services (for individual policyholders and individual trustees)

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"/>

If you require online servicing for your company please download our agreement and registration forms from our website - www.rl360.com.

	Policyholder/Trustee/Authorised signatory 1	Policyholder/Trustee/Authorised signatory 2
Signed	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Country of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Country or countries of tax residence	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tax reference number(s)* (ie TIN/NI)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If it is not possible to provide a tax reference number, you must specify the reason here	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>

	Policyholder/Trustee/Authorised signatory 3	Policyholder/Trustee/Authorised signatory 4
Signed	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Country of birth	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Country or countries of tax residence	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Tax reference number(s)* (ie TIN/NI)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If it is not possible to provide a tax reference number, you must specify the reason here	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>

Notes

¹ Required for individual policyholders and individual trustees.

² Required for corporate investors.