

ONLINE SERVICE CENTRE CHANGE OF EMAIL ADDRESS

WHO IS THIS FORM FOR?

This form is for RL360 Insurance Company Limited (RL360) and RL360 Life Insurance Company Limited (RL360° Services) plan owners. It is for individuals, trustees, scheme members and corporate plan owners of single and regular payment plans who need to notify us of a change of email address for the Online Service Centre.

COMPLETING THIS FORM

Fill in your policy number and your name in the spaces provided.

We can only accept written instructions that have been signed by all applicants, plan owners, trustees, scheme members or authorised signatories.

Please complete in BLOCK capitals throughout.

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

WHEN YOU HAVE COMPLETED THIS FORM

We will accept emailed scans of instructions. **However, we reserve the right to request original documents in some circumstances, so these must be retained in your records.** Where the policyholder is resident in Africa, we will still require original signed instructions.

Please note we are unable to accept electronic signatures on this document.

Please send this form to csc@rl360.com.

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

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.

Plan number(s)	<input style="width: 700px; height: 20px;" type="text"/>
Full name	<input style="width: 700px; height: 20px;" type="text"/>
New email address	<input style="width: 700px; height: 20px;" type="text"/>

	Plan owner/Trustee/Scheme Member/ Authorised Signatory 1		Plan owner/Trustee/Scheme Member/ Authorised Signatory 2
Signature	<input style="width: 330px; height: 40px;" type="text"/>		<input style="width: 330px; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>
Full name	<input style="width: 330px; height: 20px;" type="text"/>		<input style="width: 330px; height: 20px;" type="text"/>

	Plan owner/Trustee/Scheme Member/ Authorised Signatory 3		Plan owner/Trustee/Scheme Member/ Authorised Signatory 4
Signature	<input style="width: 330px; height: 40px;" type="text"/>		<input style="width: 330px; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/>		<input style="width: 20px; height: 20px;" type="text"/>
Full name	<input style="width: 330px; height: 20px;" type="text"/>		<input style="width: 330px; height: 20px;" type="text"/>