



LIFEPLAN  
**COMPANY  
APPLICATION  
FORM**

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# TABLE OF CONTENTS

---

01

---

PAGE 1  
APPLICANT DETAILS

02

---

PAGE 4  
LIVES ASSURED

03

---

PAGE 5  
PLAN REQUIREMENTS

04

---

PAGE 5  
PAYMENT DETAILS

05

---

PAGE 5  
CHOICE OF FUNDS

06

---

PAGE 6  
LIFESTYLE DETAILS

07

---

PAGE 8  
MEDICAL QUESTIONS

08

---

PAGE 10  
ADDITIONAL INFORMATION

09

---

PAGE 11  
IMPORTANT NOTES

10

---

PAGE 11  
DECLARATION

11

---

PAGE 13  
TEMPORARY ACCIDENTAL DEATH  
BENEFIT

12

---

PAGE 14  
FINANCIAL ADVISER DETAILS

13

---

PAGE 15  
APPLICATION CHECKLIST

14

---

PAGE 16  
PAYMENT METHODS

## COMPLETION

Please complete this form using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 13 - Application Checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

Specified US Person means a US Citizen or resident individual, a partnership or corporation organised in the United States or under the law of the United States (or any state, or the District of Columbia).

More information on US FATCA can be found at:

[www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA](http://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 in which you are obtaining new citizenship.

A copy of the completed application and the plan Terms and Conditions are available on request. You should be aware that your plan could be brought to an end if you fail to tell us any facts which might influence our assessment of your application. If you have any doubt as to whether a fact is relevant, then you should disclose it to us.

Once you have completed and signed the application you should send it along with all requested additional information to our New Business Team, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles or email [newbusiness@rl360.com](mailto:newbusiness@rl360.com).

Please note that the start date of your plan may be delayed if you fail to complete this application in full or provide additional information where required.

The Isle of Man Financial Services Authority requires all Isle of Man life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. 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 our product and countries that we will accept business from into Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of funds procedures can be obtained from your financial adviser or can be downloaded from [www.rl360.com/sourceoffunds.pdf](http://www.rl360.com/sourceoffunds.pdf).

Remember, if you need any help, our Regional Support teams are on hand to guide you by telephone or by email.

All references to RL360 within this application form mean RL360 Insurance Company Limited.

# 01

## APPLICANT DETAILS

If you require online servicing for your company please download our agreement and registration forms from our website - [www.rl360.com](http://www.rl360.com). If you wish to link this plan to your existing online service please quote your online reference or existing username below.

Online reference or existing username

### IMPORTANT: Automatic Exchange Of Information (AEOI) - Entity Self-Certification Form.

You will be required to complete an AEOI Entity Self-Certification Form prior to RL360 issuing the plan. The AEOI Entity Self-Certification Form - ref JT04 can be downloaded from our website at [www.rl360.com](http://www.rl360.com). For more information on the terminology used within the AEOI Entity Self-Certification form, you can use our AEOI Definitions document - ref JT05 which you can also download from our website.

### Type of company

☐ **Public Limited Company** - Please tell us which stock exchange you are listed on

☐ **Private Limited Company**

☐ **Limited Liability Partnership**

☐ **Partnership** - Please tell us the nature of your business

### Company details

Company name

Permanent registered  
office address (in full)

Postcode

Country of  
incorporation/  
organisation

Date of incorporation  
(dd/mm/yyyy)

Correspondence  
address (in full) - if  
different to above

Postcode

Contact name

Contact position

Telephone number

Email address

At a meeting of the board of directors held on the

date (dd/mm/yyyy)

at (location)

it was agreed that we have the capacity to make this investment.

**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)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (in full)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (in full)
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"/>
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 of birth	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please see the Completion Notes for a definition of Specified US Person and for the information a Specified US Person must provide.		
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)		
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"/>

**Authorised signatories**

You will need to provide us with a list of all authorised signatories, but please tell us how many signatories will need to sign in order to action changes to the plan (including any special instructions, for example – 1 from category 'A' and 1 from category 'B')

Number of signatories required

Special instructions

**Shareholders and beneficial interest**

Please tell us who in your company has a shareholding or beneficial interest of 25% or more. You will have to provide verification of identity for those listed.

	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"/>
Country 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"/>
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)

	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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country 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"/>
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)		

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

**Evidence required**

☐ As a corporate applicant, please tick to confirm that you have supplied the following:

- A full list of all directors
- Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation
- A copy of the latest annual report and accounts
- Suitably certified documentation verifying registered address of the company
- Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director
- A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more.

There can be up to 2 lives assured on the plan.

Please indicate which life assured basis you require ☐ Single life ☐ Joint life first death ☐ Joint life both death

	Life assured 1	Life assured 2
Sex (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
	<input type="text"/> Other (in full)	<input type="text"/> Other (in full)
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"/>
Mobile 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"/> <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"/>
Relationship to first 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%.)

	Life assured 1	Life assured 2
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive payment from any other occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state other occupation	<input type="text"/>	<input type="text"/>



## 02 LIVES ASSURED CONTINUED

Each life assured must sign the Declaration in Section 10 and the following should be submitted to support the application.

- Full true certified copy of a current passport, national identity card or drivers licence carry a photograph for each applicant and life assured.
- Documentary evidence of each life assured's current residential address (see Section 13 - Application checklist for details).

## 03 PLAN REQUIREMENTS

**Important:** The following information MUST match the details shown on your Key Information Document.

Plan currency	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	<input type="checkbox"/> EUR
Amount of primary life cover required	<b>Life assured 1</b> <input type="text"/>	<b>Life assured 2</b> <input type="text"/>	
Do you require term life cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years	
Do you require accidental death benefit? (maximum age at entry 59 years attained)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 04 PAYMENT DETAILS

Amount	<input type="text"/>
Payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
Payment term	<input type="checkbox"/> Whole life <input type="checkbox"/> Fixed term for <input type="text"/> years

## 05 CHOICE OF 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 minimum.

ISIN	Fund name	Currency	Percentage of payment
			%
			%
			%
			%
			%
			100%



## 06 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 08.

	Life assured 1	Life assured 2
6.1 Do you currently have an existing plan with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please insert your plan number in the appropriate box	<input type="text"/>	<input type="text"/>
6.2 Please state your height	<input type="text"/> cm <input type="text"/> feet <input type="text"/> inches	<input type="text"/> cm <input type="text"/> feet <input type="text"/> inches
6.3 Please state your current weight	<input type="text"/> pounds <input type="text"/> kg	<input type="text"/> pounds <input type="text"/> kg
6.4 In the past 12 months have you used tobacco products (cigarettes, e-cigarettes, cigars or chewing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state your daily consumption.	<input type="text"/>	<input type="text"/>
6.5 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 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7 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 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9 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 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.10 Do you have any existing insurance plans (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 plans, and the cover currency in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

	Life assured 1	Life assured 2
Name of doctor	<div></div>	<div></div>
Number of years attended	<div></div>	<div></div>
Address and postcode (in full)	<div></div>	<div></div>
Country	<div></div>	<div></div>
Date of last visit (dd/mm/yyyy)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Reason for last visit	<div></div>	<div></div>
Results of last visit	<div></div>	<div></div>

If you require more space, please continue in Section 08 - Additional information.

## 07 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 08.

		Life assured 1		Life assured 2
7.1	Have you ever been advised to give up tobacco and/or alcohol for any specific reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	Have either your drinking or tobacco habits differed in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3	Please state the specific amount of your average weekly consumption of alcohol (quantity and type).	<input type="text"/> beer (in litres) <input type="text"/> wine (75cl bottles) <input type="text"/> spirits (measures)		<input type="text"/> beer (in litres) <input type="text"/> wine (75cl bottles) <input type="text"/> spirits (measures)
<b>Do you have or have you ever had any of the following?</b>				
7.4	Heart or circulatory disorders e.g. high blood pressure, stroke, chest pains, heart murmur, palpitations, rheumatic fever, blood vessel disorders, elevated cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5	Respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6	Disorders of the digestive system, gall bladder or liver e.g. duodenal ulcer, bleeding from the bowel, hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
			Life assured 1	Life assured 2
7.7	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8	Nervous, neurological or mental complaint e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety state, depression?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.9	Ear, eye, nose, throat or skin disorders e.g. ear discharge, defective vision, recurrent tonsillitis, porphyria, psoriasis, dermatitis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.10	Disorders or disease of muscles, bones, joints, limbs or spine e.g. rheumatism, arthritis, gout, slipped disc, other back or neck troubles?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.11	Diabetes, sugar in urine, blood or spleen disorders, thyroid or other glandular disorders?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.12	Cancer, leukaemia, tumour or growth of any kind?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.13	Are any medicines or drugs currently prescribed for you, or are you receiving any medical or psychiatric treatment or advice or awaiting surgery?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.14	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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.15	Have you ever been counselled or treated in connection with alcohol or drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7.16 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 onset if your relative had cancer and the part of the body first affected.

## Life assured 1

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

## Life assured 2

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

If more space is required, please continue in Section 08.

## ADDITIONAL INFORMATION

Where any question(s) have been answered yes, or where further details are required to any answer(s) please provide as much information as possible in the space provided below. Please state which question(s) the details relate to and, if applicable, which life assured (first life assured and/or second life assured). If you require more space, please continue on a separate sheet.

## 09 **IMPORTANT NOTES**

The answers provided on this form will be used to assess your application and you must, therefore, answer them fully and to the best of your knowledge and belief. You must also give RL360 any other information which might be relevant and which could influence the decision to accept your application. If you are unsure whether a particular fact is relevant, you should disclose it. Withholding any relevant information may result in the forfeiture of your protection benefits even if your application has been formally accepted. In such event, all monies paid may be forfeited. Please give careful consideration to the declaration before signing it.

Before the plan comes into force, any change of facts contained in the answers given must be notified to RL360 in writing. RL360 reserves the right to amend the terms on which your application may have been accepted or to withdraw acceptance in the event of any such change.

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

Full details can be obtained by reading the LifePlan Terms and Conditions.

## 10 **DECLARATION**

### **For lives assured**

- 10.1** I declare that I have read the important notes in Section 09 and that all statements made by me, whether in my handwriting or not, are true and complete. I also declare that to the best of my knowledge and belief, I have disclosed all relevant information concerning this application, whether or not covered by the questions in this application or any supplementary questionnaires which might influence RL360's decision to issue the plan.
- 10.2** I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the plan.
- 10.3** 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.

### **For applicants**

- 10.4** 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 plan with RL360.
- 10.5** I have read the Product Guide and the Key Information Document and I'm aware of the charges that may be levied.
- 10.6** I agree to accept a plan 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. In addition, RL360 shall not be bound in any way by any representations or undertakings made or given by any person save as contained in the plan as issued. It is further agreed and understood that, notwithstanding any statement made to the contrary by any person, no plan comes into existence and no liability whatsoever will attach to RL360 as a result of this application unless and until the first payment has been received by RL360 and express written notice of acceptance of risk is issued by RL360.
- 10.7** To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 10.8** I confirm that on my own initiative I requested and received information about the plan from my financial adviser. On the basis of that information, I hereby apply for this plan. I understand that the plan is offered by RL360 which is established in the Isle of Man and as such is subject to the supervisory arrangements of the Isle of Man Government Financial Services Authority.
- 10.9** I acknowledge that any person who is advising me regarding the plan for which I am applying, is acting for me and not on behalf of RL360.
- 10.10** I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the plan.
- 10.11** I confirm that we have the necessary powers to take out this plan and enter into a contract with RL360.
- 10.12** I also confirm that our company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

**10.13** I agree that we will notify RL360 in writing immediately when any of our directors or list of authorised signatories change. I agree that we will provide evidence of identity and current residential address when asked by RL360. I also acknowledge that RL360 can ask for an up-to-date authorised signatory list at any time.

**10.14** I am aware that RL360 is authorised to obtain a bank reference at any time.

### Data protection

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your plan. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at [www.rl360.com/privacy](http://www.rl360.com/privacy). Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 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 plan, 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.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing [dpo@rl360.com](mailto:dpo@rl360.com). We can reserve the right to not send you your personal data in some circumstances - if we do we will write to you setting out the reasons why.

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

### Cancellation

I am aware that I have the right to cancel my plan as detailed in the Key Information Document. I understand that the amount I get back may be less than what I paid where my selected funds have fallen in value. I am aware that to cancel my plan I will need to complete the Cancellation Notice and return it to RL360.

### Key Information Document (KID)

I confirm that:

- I have included a signed KID with this application
- The details provided in the KID are the same as the details provided in this application
- I understand that if the details don't match, a new signed KID containing the same information as my application will be required before my plan can start
- I understand that the KID sets out the details of my plan, and by signing it I acknowledge that I am aware of the charges that will be deducted.

### Final agreement

I agree to the following documents forming the basis of the contract between me and RL360:

- this Application Form
- The Key Information Document
- The Terms and Conditions
- The Plan Schedule
- Any Endorsement to the Plan Schedule.

I accept that RL360 can bring my plan to an end if I have failed to detail any facts that may influence the decision to accept this application.

I confirm that this application was signed in (give country)

### Financial adviser

I have appointed  to act as my financial adviser.

I agree to RL360 disclosing all information relating to my plan to my appointed financial adviser. I will let RL360 know in writing if I decide to change my appointed financial adviser.



## 10 DECLARATION CONTINUED

	<b>Authorised signatory 1</b>	<b>Authorised signatory 2</b>
Signed	<div></div>	<div></div>
Date (dd/mm/yyyy)	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
	<b>Authorised signatory 3</b>	<b>Authorised signatory 4</b>
Signed	<div></div>	<div></div>
Date (dd/mm/yyyy)	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
	<b>Life Assured 1</b>	<b>Life Assured 2</b>
Signed	<div></div>	<div></div>
Date (dd/mm/yyyy)	<div></div> <div></div> <div></div> <div></div> <div></div>	<div></div> <div></div> <div></div> <div></div> <div></div>
	I give explicit consent to capture and process my medical/sensitive/lifestyle data	I give explicit consent to capture and process medical/sensitive/lifestyle data

## 11 TEMPORARY ACCIDENTAL DEATH BENEFIT

Subject to the following, you may qualify for Temporary Accidental Death Benefit. This is an amount of primary life cover that RL360 will pay if you die as a result of an accident prior to your plan's issue date.

### Qualifying conditions

- You must submit a fully completed application form and the first payment or payment instruction to RL360
- The proposed life or lives assured must be between the ages of 18 years and 59 years attained as at the date of the signed application form
- The proposed life or lives assured must be resident in a country where Temporary Accidental Death Benefit is available under this product. Your personalised illustration will confirm whether this benefit is available to you or not

### Life cover

The amount of life cover provided under Temporary Accidental Death Benefit is the lesser of the amount of primary life cover applied for or GBP50,000/USD75,000/EUR75,000.

### Period of cover

Temporary Accidental Death Benefit commences from the date RL360 receives a fully completed application form along with the first payment or a valid payment instruction until the earlier of the following dates:

- The date the plan becomes effective
- At midnight (GMT) on the 45th day after Temporary Accidental Death Benefit commenced
- The date we issue confirmation that the application for life cover has been declined

Where the application is for a joint life plan and one of the proposed lives assured dies during the Temporary Accidental Death Benefit period, life cover on the other life will be cancelled with effect from the date of death of the deceased life assured.

## 11 TEMPORARY ACCIDENTAL DEATH BENEFIT CONTINUED

### Excluded Reasons

Excluded Reasons apply when any event leading to a claim is caused:

- a) by or in consequence of injury which is self-inflicted or in any way deliberately caused by the relevant life assured; or
- b) by abuse and/or misuse by the relevant life assured of alcohol or taking of poisons or drugs except as prescribed by a qualified medical practitioner; or
- c) by participation of the relevant life assured in a hazardous sport or pursuit, including but not limited to mountaineering, underwater diving, speed contests of any kind, parachuting or skydiving or in any form of aviation other than as a fare paying passenger travelling on a scheduled route or a route operated by an established charter service and flying to and from registered airfields; or
- d) as a consequence of the life assured's active involvement in war, hostilities or war-like operation (whether war is declared or not), civil war, mutiny, civil commotions assuming the proportions of or amounting to a popular uprising, military rising, insurrection, rebellion, riot, military or usurped power or any action of any person acting on behalf of or in connection with any organization actively directed towards the overthrow of any government or ruling body by force, terrorism or violence; or
- e) by direct or indirect involvement of the relevant life assured in the illegal production of, use or abuse of and/or dealing in, drugs, chemicals or any substances which are controlled or deemed illegal by any government or other authority having jurisdiction over the use of such drugs, chemicals or substances in any relevant jurisdiction; or
- f) by direct or indirect involvement in activities of an illegal or criminal nature either perpetrated by the relevant life assured alone or with other persons; or
- g) as a result of the failure of the relevant Life Assured to take medical advice or to follow treatment recommended by a medical practitioner.

### Payment of claim

Temporary Accidental Death Benefit is payable upon receipt of satisfactory proof of death of the proposed life or lives assured, where such death is caused by a bodily injury resulting directly from accidental means.

Payment will be by a single lump sum in the currency of the proposed plan and made to the plan owner or the representative of the plan owner's estate if they are the life assured or the beneficiary named in the application form.

## 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 type="text"/>
RL360 adviser number	<input type="text"/>
Financial adviser's stamp (if this does not state an address, please complete company address details too)	<input type="text"/>
Full name	<input type="text"/>
Online services username (if registered)	<input type="text"/>
Email address	<input type="text"/>
Signed	<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"/>

# 13 APPLICATION CHECKLIST

This checklist will help make sure you have provided everything we need to process your application.

Please send a **suitably certified copy** of your passport, national identity card or drivers licence showing your photograph(s) and signature - if you are unable to provide either of these pieces please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

## Applicants

☐ I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

## Illustration and Key Information Document

Please make sure to include a signed illustration and Key Information Document.

☐ I have included a signed Key Information Document (please tick to confirm)

☐ I have included a signed Illustration (please tick to confirm)

## Life assured 1

☐ I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

## Life assured 2

☐ I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Please send a **suitably certified copy** of at least one of the following documents for each applicant. If you are unable to provide any of the documents listed below, please complete our confirmation of residential address form to provide us with reasons why no documents are available. The document will guide you on what further documents can be obtained [www.rl360adviser.com/generic/downloads/rl158.pdf](http://www.rl360adviser.com/generic/downloads/rl158.pdf).

Applicant 1 (please tick which documents you have sent us)	Applicant 2 (please tick which documents you have sent us)	Type of document	Conditions
<input type="checkbox"/>	<input type="checkbox"/>	A recent account statement from a regulated bank, building society or credit card company	<ul style="list-style-type: none"> <li>The document must be no more than 6 months old</li> <li>If the statement or bill has been issued electronically, it must clearly show the address of your property</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	A recent mortgage statement from a regulated lender	
<input type="checkbox"/>	<input type="checkbox"/>	A recent rates, council tax or utility bill (mobile phone bills are not acceptable)	
<input type="checkbox"/>	<input type="checkbox"/>	Correspondence from a central or local government agency	<ul style="list-style-type: none"> <li>The document should be no more than 6 months old, or the most recent version where issued annually</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	A photographic driving licence	<ul style="list-style-type: none"> <li>The document must be in date and valid</li> <li>The same document cannot be used to evidence your identity</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	A photographic national identity card	
<input type="checkbox"/>	<input type="checkbox"/>	A full tenancy agreement	<ul style="list-style-type: none"> <li>The agreement must be in date</li> <li>The agreement must be signed by all parties</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Proof of ownership of your property, such as lawyer's confirmation of a property purchase or a legal document recognising title to the property	<ul style="list-style-type: none"> <li>The document must be signed by all appropriate parties</li> </ul>

Please refer to our identity and address verification guidelines for further information on who can suitably certify your documentation <https://www.rl360library.com/joint/jt08-identity-and-address-verification-guidelines-for-individual-applicants.pdf>

# 14 PAYMENT METHODS

- ☐ Credit/debit card (please complete the credit card mandate on page 17)
- ☐ Direct debit (GBP payments from UK and Channel Island banks only) (please complete the direct debit instruction on page 19)
- ☐ Standing order (please complete the standing order instruction on page 20)
- ☐ Telegraphic transfer (please complete the banking details below)
- ☐ Cheque (half-yearly or yearly payment only) (please complete the banking details below)

## Payments by telegraphic transfer or cheque

Please confirm the details of the bank that you will be making payment from.

If you want to use a Currency Exchange House to transfer your payment to us (quarterly, half-yearly or yearly payments only), please ensure that it has been approved by RL360 first. Please also provide your bank account details below from where the payment originates, along with a full audit trail to evidence the transfer to us.

Bank name	<input type="text"/>	
Bank address and postcode	<input type="text"/>	
Account holder's name	<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"/> <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"/>	OR Bank sort code <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"/> (for UK GBP payments only)
IBAN/account number (all non-GBP accounts)	<input type="text"/>	OR Account number <input type="text"/> (GBP UK Bank only)
Account held for	<input type="text"/> years	<input type="text"/> months

## Telegraphic transfer

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

Your payment must come from the bank account detailed above.

## Cheque (half-yearly or yearly payment only)

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

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

**IMPORTANT:** some banking institutions may deduct charges for processing international payments. Please check with your bank if any charges apply prior to transferring your payment to us. If they do, please make sure that the amount your bank transfers is enough, so that the remaining amount received is at least equal to the amount due.

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

Ccy	SWIFT code	IBAN	Sort code	Account number	Bank name	Account name
EUR		GB20 CITI 1850 0813 1418 02		13141802		
GBP	CITIGB2LXXX (all accounts)	GB34 CITI 1850 0813 1420 35	18-50-08 (all accounts)	13142035	Citibank, London (all accounts)	RL360 Insurance Company Limited (all accounts)
USD		GB54 CITI 1850 0813 1415 78		13141578		

## Bank address

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

## Important

We are only able to accept cards with one of the logos above and prefixed with a '3', a '4' or a '5'.

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

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

Currency	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	<input type="checkbox"/> EUR
Payment amount in figures	<input type="text"/>		
Payment amount in words	<input type="text"/>		
Payment frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
Starting on (dd/mm/yyyy)*	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* this applies to initial payment only, future payments are deducted 2 working days prior to the payment due date. Please note if no date is provided, we will use the first date at which all outstanding requirements have been met.

Card type ☐ Mastercard/Eurocard ☐ Visa ☐ JCB ☐ American Express\*

\* The amount we collect from your card will be 1% higher than your payment amount to cover additional charges applied by American Express.

Card issued by \_\_\_\_\_ (name of bank)

Country of card issuer	
------------------------	--

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

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

The cardholder's address should be the same as that of the applicant(s). If it is not, please provide reason why.

Card number 

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 - 

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Expiry date (mm-yy)   -

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

Signature of  
cardholder(s)

Date (dd/mm/yyyy)

## **CREDIT CARD PRE-AUTHORISATION**

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Pre-authorisation is the process of pre-approving payments with the card provider. We carry out this process to make sure that the card's details are correct and working properly prior to collecting the payment.

This process will create a pre-authorisation on the credit card for one unit of the currency payments are made in i.e. GBP1.00/USD1.00/EUR1.00 etc. This amount may not appear on the credit card statement, but will affect the card balance or spending limit until the card provider removes it.

If the cardholder has opted to receive text messages, they may get a confirmation text for this transaction.

# DIRECT DEBIT INSTRUCTION

## Important

GBP payments from UK and Channel Island banks only.

Any changes to your payment will be applied without the need for a further instruction.

Service User Number

2 7 0 0 5 0

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

- -

Account number

## 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.

Signed

Account holder 1

Account holder 2

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.



# STANDING ORDER INSTRUCTION

## Important

If you wish to change the amount you pay into your plan at a later date, 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.

If you have set up a standing order with your bank directly, please continue to complete this document for our records.

☐ By ticking this box, you confirm that you do **not** wish for RL360 to set up this standing order with your bank.

To the manager	<input type="text" value="Bank/Building Society"/>
Bank address	<input type="text"/>
Plan reference	<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	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	<input type="checkbox"/> EUR
Payment amount in figures	<input type="text"/>		
Payment amount in words	<input type="text"/>		
Payment frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
Payment start 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"/>		
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"/> <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"/>		
	OR	Bank sort code	<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"/>
		(for UK GBP payments only)	
IBAN/account number (all non-GBP accounts)	<input type="text"/>		
	OR	Account number	<input type="text"/>
		(GBP UK Bank only)	

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

Tick one	Ccy	SWIFT code	IBAN	Sort code	Account number	Bank name	Account name
<input type="checkbox"/>	EUR	CITIGB2LXXX (all accounts)	GB20 CITI 1850 0813 1418 02	18-50-08 (all accounts)	13141802	Citibank, London (all accounts)	RL360 Insurance Company Limited (all accounts)
<input type="checkbox"/>	GBP		GB34 CITI 1850 0813 1420 35		13142035		
<input type="checkbox"/>	USD		GB54 CITI 1850 0813 1415 78		13141578		

Bank address

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

	Account holder 1	Account holder 2
Signed	<div></div>	<div></div>
Full name	<div></div>	<div></div>
Date (dd/mm/yyyy)	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div></div>

RL360 Insurance Company Limited

**T** +44 (0)1624 681681

**E** [csc@rl360.com](mailto:csc@rl360.com)

Registered Office: International House,  
Cooil Road, Douglas, Isle of Man, IM2 2SP,  
British Isles. Registered in the Isle of  
Man number 137548C. RL360 Insurance  
Company Limited is authorised by the  
Isle of Man Financial Services Authority.

LP04c 02/23

**PROTECTING YOU  
WHEN LIFE DOESN'T  
GO ACCORDING  
TO PLAN**

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