ADDITIONAL PAYMENT FORM FOR CORPORATE TRUSTEE PLAN OWNERS

Please complete this form in BLOCK CAPITALS throughout.

This form is for plan owners who wish to make an additional payment into their ORACLE plan.

Individual plan owners must complete Additional Payment Form - ref. OR01.

Company and Individual Trustee plan owners must complete Additional Payment Form - ref. OR03.

You can download these forms from our website www.rl360.com.

Once you have completed and signed the form, you should send it along with all requested additional information to: Email: newbusiness@rl360.com

or alternatively post it to:

New Business Team RL360 International House Cooil Road Douglas Isle of Man IM2 2SP British Isles



| Plan reference | | |
|-----------------------------------------------------------|---------------------------------------------------------|--|
| Name | | |
| Global Intermediary Identification Number (FATCA GIIN) | | |
| Do you want to update your conta | act/address details as part of this application? Yes No | |

If yes then please provide new details in Section 05 - Additional Information.

Online services

If you haven't yet registered for online access to your plan but would like to, download our agreement and registration forms from our website - www.rl360.com.



O2 payment details

Please confirm the amount of your additional payment below:

Additional payment

(Currency and cash amount)

| Minimum additional payment | | | |
|----------------------------|--------------------|----------|--------------------|
| Currency | Additional payment | Currency | Additional payment |
| GBP | 2,500 | AUD | 4,500 |
| EUR | 3,000 | НКD | 25,000 |
| CHF | 3,250 | JPY | 387,500 |
| USD | 3,500 | | |

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, 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 | |
|--------------------------------------------------------------------|--------------------------------------|
| Bank address and postcode | |
| Account holder's name | |
| Branch SWIFT code | OR Bank sort code |
| (for all non-GBP and internation SWIFT code must be either 8 or | |
| IBAN/account number (all non-GBP accounts) | OR Account number (GBP UK Bank only) |
| Account held for | years months |
| Who will fund the additional payment? | The plan owner(s) Settlor Other |

If the payer is anyone other than the settlor, please contact us to confirm third party payment requirements.

Please list your choice of funds below. There are no limits to the number of funds you can hold in your plan subject to the minimum investment level of GBP500 per fund. Please refer to the Product Guide for currency equivalent minimums.

Please ensure that the percentages invested total 100% of the payment.

Note: If you require more room then please use the space provided in Section 05 - Additional information.

| ISIN | Fund managers | Fund name | Percentage |
|------|---------------|-----------|------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | Total | 100% |

Total 100%

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 products 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 of the source of funds procedures can be obtained from your financial adviser or can be downloaded from www.rl360.com/sourceoffunds.pdf.

You must complete the following questions below in all cases and for both applicants as applicable.

| | Settlor 1 | Sett | or 2 |
|-------------------------------------------------------------|----------------------------------------------------------|--------|------------------|
| Annual salary plus bo | nuses | | |
| Income this year (include currency) | | | |
| Bonus this year (include currency) | | | |
| Income last year (include currency) | | | |
| Bonus last year (include currency) | | | |
| Occupation | | | |
| Employer's company name | | | |
| Nature of business | | | |
| If you are retired please | e tell us your previous occupation, salary, employer and | date o | f retirement. |
| Previous occupation | | | |
| Salary (include currency) | | | |
| Employer's company name | | | |
| Date retired (dd/mm/y | ууу) | | |
| Other unearned incom | 1e | | |
| Amount received (include currency) | | | |
| Received from | | | |
| Date received (dd/mm | л/уууу) | | |
| Where your source of | funds for this application is from any of the following, | please | provide details. |
| Savings | | | |
| Amount received (include currency) | | | |
| Bank where savings were held | | | |
| How and for how long were the savings accumulated? | | | |

$\bigcirc 4$ source of funds details continued

| | Settlor 1 | Settlor 2 |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------|
| Pension transfer Amount received (include currency) | | |
| Received from | | |
| Date received (dd/mm | л/уууу) | |
| Property or asset sale Amount received (include currency) | | |
| Address of property sold or asset type | | |
| How long held | | |
| Date of sale (dd/mm/) | уууу) | |
| Company profits Profits this year | | |
| (include currency) | | |
| Profits last year (include currency) | | |
| Industry | | |
| Company sale Amount received (include currency) | | |
| Company name | | |
| Company industry | | |
| Date received (dd/mm | л/уууу) | |
| | ng investment, lottery or betting win, gift or inheritanc please confirm how long held). | ce (for inheritance, please state from who, for |
| Amount received (include currency) | | |
| Source | | |

RL360 reserves the right to request further documentary evidence of source of funds should it be considered necessary.

Date received (dd/mm/yyyy)



If you have no additional notes, please continue to Section 06 - Declaration.



My application

I understand that my additional payment will be treated in line with the terms and conditions of my plan.

Illustration

I confirm that I have included an Illustration with this Additional Payment Form.

I understand that my Illustration is not guaranteed by RL360 or my adviser, and only offers an indication of what I might get back under a limited number of scenarios.

Key Information Document (KID)

I confirm that I have included a KID with this Additional Payment Form.

I understand that the KID sets out the details of my additional payment and the charges that will be deducted.

Availability

I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my additional payment unlawful.

Investment

I understand that RL360 is not responsible for the choice of funds within my plan.

I agree to RL360 acting on dealing instructions received from me or my appointed adviser, and I will read all of the documentation issued by the fund manager for each fund.

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.

Legal

I agree to my plan being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that may be brought in relation to it.

Cancellation

I am aware that I have the right to cancel my additional payment 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 additional payment I will need to complete the Cancellation Notice and return it to RL360.

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

I confirm that this additional payment form was signed in (give country)

| | Trustee 1/Authorised Signatory | Trustee 2/Authorised Signatory |
|-------------------|--------------------------------|--------------------------------|
| Signed | | |
| Full name | | |
| Date (dd/mm/yyyy) | | |
| | | |
| | Trustee 3/Authorised Signatory | Trustee 4/Authorised Signatory |
| Signed | Trustee 3/Authorised Signatory | Trustee 4/Authorised Signatory |
| | Trustee 3/Authorised Signatory | Trustee 4/Authorised Signatory |

$\bigcirc 7$ 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 | |
|---------------------------------------------------------------------------------------------------------------------|--|
| Adviser number | |
| Financial adviser's stamp (if this does not state an address, please complete company address details too) | |
| Full name | |
| Online services username (if registered) | |
| Email address | |
| Signed | |
| Date (dd/mm/yyyy) | |

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