



ORACLE

**COMPANY AND
INDIVIDUAL TRUSTEE
APPLICATION FORM**

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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 12 - Application Checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

US Specified Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address 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.

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.

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

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

Where both the Trustee and the Settlor(s) are resident in the Isle of Man, the Settlor must complete an Automatic Exchange of Information - Individual Self Certification form. The form can be downloaded from www.rl360.com.

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

01 APPLICANT TYPE

Company (complete Section 02)

Trustee (complete Section 03)

02 COMPANY DETAILS

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

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)

Contact name

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"/>
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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/>
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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

02 COMPANY DETAILS CONTINUED

	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country and place 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"/>
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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

AUTOMATIC EXCHANGE OF INFORMATION - ENTITY SELF-CERTIFICATION

Instructions for completion

Under Tax Regulations and intergovernmental agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively "AEOI"), RL360 is required to collect information about each applicant's tax status.

Please complete all relevant sections below and provide any additional information or certified documentation as directed.

This section is for applicants who are classified as an Entity under the Tax Regulations (please see our AEOI definitions for further clarification). Each individual controlling person must complete a separate Individual Self-Certification form.

Please note that in certain circumstances the information you provide may be disclosed to the Isle of Man Income Tax Division who in turn may exchange this information with tax authorities in other jurisdictions.

If any of the information that you provide changes in the future, you must advise us of these changes by completing a new Entity Self-Certification form and/or an Individual Self Certification as appropriate.

PART A Passive Non-Financial Entity (NFE) & Passive Non-Financial Foreign Entity (NFFE)

If the entity is a Passive Non-Financial Entity/Passive Non-Financial Foreign Entity please tick here and complete Parts D and F. If the Entity is a Specified US person, please complete Parts B, D and F.

02 COMPANY DETAILS CONTINUED

PART B Specified US Person (If the Entity is not a US person, complete PART C).

Please tick and complete as appropriate.

- (a) The entity is a **Specified US Person** and the entity's US federal taxpayer identifying number (US TIN) is as follows:
- (b) The entity is a US Person that is **not a Specified US Person**. Please indicate exemption
- a. An organisation exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37); The United States or any of its agencies or instrumentalities;
 - b. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities;
 - c. A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg section 1.1472-1(c)(1)(i);
 - d. A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i);
 - e. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state;
 - f. A real estate investment trust;
 - g. A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940;
 - h. A common trust fund as defined in section 584(a);
 - i. A bank as defined in section 581;
 - j. A broker;
 - k. A trust exempt from tax under section 664 or described in section 4947; or
 - l. A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

PART C US FATCA Classification for all Non United States Entities

Please complete this section if the entity is **not** a US Tax Resident

If the entity is a **Registered Financial Institution**, please tick one of the below categories, and provide the entity's GIIN.

- (a) IGA Partner Jurisdiction Financial Institution
- (b) Registered Deemed Compliant Foreign Financial Institution
- (c) Participating Foreign Financial Institution

Global Intermediary Identification number (GIIN):

If the entity is a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

- (a) The Entity is a **Sponsored Financial Institution** and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.
- Sponsoring Entity's Name:
- Sponsoring Entity's GIIN:
- (b) The Entity is a **Trustee Documented Trust**. Please provide your Trustee's name and GIIN.
- Trustee's Name:
- Trustee's GIIN:
- (c) The Entity is a Certified Deemed Compliant, or otherwise **Non-Reporting, Foreign Financial Institution** (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).
- Indicate exemption:

02 COMPANY DETAILS CONTINUED

PART C US FATCA Classification for all Non United States Entities continued

(d) The Entity is a **Non-Participating Foreign Financial Institution**.

If the entity is **not a Foreign Financial Institution**, please confirm the Entity's FATCA status below:

(a) The Entity is an **Exempt Beneficial Owner** Indicate status:

(b) The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)

i. If the Entity is a **Direct Reporting NFFE**, please provide the Entity's GIIN:

ii. If the Entity is a **Sponsored Direct Reporting NFFE**, please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name:

Sponsoring Entity's GIIN:

PART D Declaration of Tax Residency (to be completed in all cases)

Country/countries of tax residency	Tax reference number type (e.g. company tax number)	Tax reference number (e.g. TIN)

If it is not possible to provide a tax identification number, you must specify the reason here:

PART E Common Reporting Standard (CRS) Classification

Provide your CRS classification by ticking the appropriate box(es). Note that CRS classification does not necessarily coincide with your classification for US FATCA purposes.

If the entity is a **Financial Institution**, please specify the type of Financial Institution below:

Reporting Financial Institution under CRS.

OR

Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:

Governmental Entity

International Organisation

Central Bank

Broad Participation Retirement Fund

Narrow Participation Retirement Fund

Pension Fund of a Governmental Entity, International Organisation, or Central Bank

Exempt Collective Investment Vehicle

Trust whose trustee reports all required information with respect to all CRS Reportable Accounts

Qualified Credit Card Issuer

Other Entity defined under the domestic law as low risk of being used to evade tax.

Specify the type provided in the domestic law:

02 COMPANY DETAILS CONTINUED

PART E Common Reporting Standard (CRS) Classification continued

If the Financial Institution is resident in a **Non-Participating Jurisdiction** under CRS, please specify the type of Financial Institution resident in a Non-Participating Jurisdiction below:

- (a) Investment Entity and managed by another Financial Institution.
If you have ticked this box please indicate the name of the Controlling Person(s) in Part F.
- (b) Other Financial Institution, including a Depository Financial Institution, Custodial Institution, or Specified Insurance Company.
- (c) Other Investment Entity

If the entity is an **Active Non-Financial Entity** ("NFE") please specify the type of NFE below:

- a) Corporation that is regularly traded or a related entity of a regularly traded corporation.
Provide the name of the stock exchange where traded:
- b) If you are a related entity of a regularly traded corporation, provide the name of the regularly traded corporation:
- c) Governmental Entity, International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing
- d) Other Active Non-Financial Foreign Entity

PART F If applicable, please state the full name(s) of the controlling person(s)

Controlling Persons who are natural persons must complete our Individual Self Certification form in addition to this form.

Controlling Persons who are not natural persons must complete an additional Entity Self Certification Form in addition to this form.

03 INDIVIDUAL TRUSTEE APPLICANT DETAILS

Details of the trust

Name of the trust

Date trust was established (dd/mm/yyyy)

Nature and purpose of the trust

Correspondence address and postcode

Country

Trustee details

Trustee 1

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss Other (in full)

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Country of residence for tax purposes

Tax Identification Number (TIN)

Trustee 2

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss Other (in full)

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a US Specified Person? Yes No

Current residential address and postcode (in full)

Country

Length of time at current address Years Months

Home telephone number

Mobile telephone number

Online services

If you wish to access details of your plan online, you must supply us with the following information.

Email address

Password (you will only use this once)

Password hint

	Trustee 3	Trustee 4
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"/>
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"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>

Online services

If you wish to access details of your plan 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"/>

Evidence required

As an individual trustee applicant, please tick to confirm that you have supplied the following:

- Suitably certified identity and current residential address documentation for each trustee
- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

	Settlor(s)	Protector(s)	Beneficiaries (where named)
First name	✓	✓	✓
Last name	✓	✓	✓
Date of birth	✓	✓	✓
Current residential address	✓	✓	✓
Occupation	✓	x	x
Date of death	✓#	x	x

for Settlor(s) no longer alive.

You may have up to six lives assured on your Oracle plan. At least one life assured must be younger than age 65 when the plan starts. Please complete the details of all lives assured below.

	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"/>
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"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

	Life assured 3	Life assured 4
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"/>
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"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

	Life assured 5	Life assured 6
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"/>
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"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

05 PLAN REQUIREMENTS

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

Plan currency

Please tick only one:

GBP USD EUR CHF AUD HKD JPY

Payment

Please remember the minimum payment is GBP20,000 or currency equivalent. Please refer to the Product Guide for currency equivalent minimums.

If the currency of the initial payment(s) received differs to the chosen plan currency, we will convert this into the currency of the plan using the relevant exchange rate.

Amount (Currency and cash amount)

Segments

Please state your required number of segments. The minimum number of segments is 1 and the maximum is 100. If you leave this blank we will issue your plan with 100 segments.

Number of segments

IMPORTANT: some banking institutions may deduct charges for processing international payments. Please check with your bank if any charges will 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.

Payments by cheque or telegraphic transfer

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 (for all non-GBP and international payments)
SWIFT code must be either 8 or 11 digits

OR Bank sort code --
(for UK GBP payments only)

IBAN/account number
(all non-GBP accounts)

OR Account number
(GBP UK Bank only)

Account held for years months

07 SOURCE OF WEALTH DETAILS

The Insurance (Anti-Money Laundering) Regulations 2008 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 all countries that we will accept business from into 1 of 3 tiers. Each tier has different source of wealth requirements. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of wealth procedures can be obtained from your financial adviser or can be downloaded from www.rl360.com/sourceofwealth.pdf.

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

	Applicant/Settlor 1	Applicant/Settlor 2
Annual salary plus bonuses		
Income this year (include currency)	<input type="text"/>	<input type="text"/>
Income last year (include currency)	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's company name	<input type="text"/>	<input type="text"/>
Nature of business	<input type="text"/>	<input type="text"/>

Other unearned income		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Received from	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>

If you are retired please tell us your previous occupation, salary, employer and date of retirement.

Previous occupation	<input type="text"/>	<input type="text"/>
Salary (include currency)	<input type="text"/>	<input type="text"/>
Employer's company name	<input type="text"/>	<input type="text"/>
Date retired (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>

Where your source of wealth for this application is from any of the following, please provide details.

Savings		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Bank where savings were held	<input type="text"/>	<input type="text"/>
How were savings accumulated?	<input type="text"/>	<input type="text"/>

Applicant/Settlor 1

Applicant/Settlor 2

Pension transfer

Amount received (include currency)

Received from

Date received (dd/mm/yyyy)

Property or fund sale

Amount received (include currency)

Address of property sold or fund type

How long held

Date of sale (dd/mm/yyyy)

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/yyyy)

Other (such as a lottery or betting win, gift or inheritance. For inheritance please state from who.)

Amount received (include currency)

Source

Date received (dd/mm/yyyy)

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

If you have no additional notes, please continue to Section 10 - Declaration.

10 DECLARATION

Plan literature

I confirm that I have read a copy of the plan literature including the Product Guide, Key Information Document and Terms and Conditions.

My application

I confirm that all of the information provided in this application, along with any supporting forms, questionnaires, statements, reports or other information is true and complete.

Availability

I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make investment into this plan unlawful.

Financial adviser

I have appointed (company name) to act as my financial adviser.

I agree to RL360 Insurance Company Limited (RL360), disclosing all information relating to the plan to my appointed financial adviser. I will let RL360 know in writing if I decide to change my appointed financial adviser.

Illustration

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. I accept that RL360 is not responsible for monitoring whether my plan's performance matches the assumptions made in my Illustration.

Key Information Document (KID)

I confirm that I have included a signed KID with this application.

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.

I am also aware that the details that I have provided in Section 05 – Plan Requirements must match my signed KID. If they are different RL360 will ask me to sign a new KID matching Section 05 – Plan Requirements before it can allow my plan to start.

Investment

I am aware that RL360 does not provide investment advice. RL360 is not responsible for managing funds and does not determine whether or not funds are suitable for me. I understand that should the plan offer access to a range of funds, these will be managed by external companies. I accept that ultimate responsibility for fund selection lies with me and/or my appointed adviser; if funds underperform and as a consequence my plan drops in value, I accept this is not the fault of RL360.

I request that RL360 allocates the payment to the funds selected as part of this application. In order for RL360 to do this, I confirm the following:

- a) I agree to RL360 acting on instructions received from me or the appointed investment adviser, and I will read the documentation issued by the fund manager for each fund prior to selecting it for the plan.
- b) I am aware that some funds may have terms and conditions that could:
 - i) restrict RL360 from realising a cash value when requested and prevent RL360 paying out benefits from the plan in a timely fashion.
 - ii) result in RL360 receiving the cash value from a sale in multiple instalments. If this should happen RL360 has the right not to re-invest or pay in full the benefits from the plan until the amount has been received in full.
 - iii) result in RL360 receiving a payment from a sale by a means other than cash. If this should happen RL360 may require us to cancel some or all of the plan.
 - iv) result in RL360 having to pay back some or all of the sale proceeds if an adjustment has to be made after the payment. If RL360 is required to make such a repayment and the plan value is too low to cover it, or I have cancelled the plan, I agree to compensate RL360 for any loss that it has suffered as a result.
- c) I accept that RL360 has the right to sell funds linked to the plan without requiring my permission. RL360 may do this if it decides that a fund may have harmful legal or tax consequences under law.
- d) I am aware that there may be fees to pay when RL360 sells one or more of the funds linked to the plan. Any fees due when selling a fund should be detailed by the fund manager in the fund documentation.
- e) I confirm that I am aware of the fees that must be paid in relation to the chosen funds. I realise that these fees are required to cover the costs of promoting and distributing the funds, including any commission paid to my appointed adviser(s).

Applicants

I confirm that I have the necessary powers to take out this plan and enter into a contract with RL360.

I also confirm that my company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

I agree that I will notify RL360 in writing immediately when any of the directors, list of authorised signatories or trustees change.

I agree that I 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.

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 contract. 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. 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. 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 or can be obtained by requesting a copy from our Data Protection Officer.

Politically Exposed Persons

A Politically Exposed Person (PEP) is a person entrusted with prominent public functions, their immediate family members or persons known to be close associates of such persons. Examples of PEPs include political figures, members of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Please add the names of any PEPs associated with this application in the box below.

Where this box is left blank, you are confirming that no PEPs are associated with this plan.

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 maybe brought in relation to my plan.

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.

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 the 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)

Trustee 1/Authorised Signatory

Signed

Full name

Date (dd/mm/yyyy)

Trustee 2/Authorised Signatory

Trustee 3/Authorised Signatory

Signed

Full name

Date (dd/mm/yyyy)

Trustee 4/Authorised Signatory

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"/>
Name of regulatory or authorising body	<input type="text"/>
Regulatory number (if applicable)	<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"/>
Work telephone number	<input type="text"/>
Mobile telephone number	<input type="text"/>
Email address	<input type="text"/>

(Your email address will only be used for administration queries)

I confirm that I have seen documentary proof of the applicant(s) identity, and certification of their residential address, and have, where applicable, attached suitably certified copies of both as set out in the completion notes, along with this application.

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"/>

12 APPLICATION CHECKLIST

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

Verification of identity – must be provided for all directors/partners named in Section 02 - Company details.

Please send a **suitably certified copy*** of their passport or National Identity Card showing their photograph(s) and signature(s) – If you are unable to provide either of these 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:

Verification of current residential address – must be provided for all applicants

Please send a **suitably certified copy*** of at least one of the following documents for each director /partner or trustee named in Sections 02 or 03. If you are unable to provide any of the documents listed below, please provide a reason why in Section 09 – Additional Information and contact us to discuss other acceptable documents before sending in your application.

Please tick which documents you have sent us	Acceptable document
<input type="checkbox"/>	Latest bank account or credit card statement
<input type="checkbox"/>	Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable
<input type="checkbox"/>	Current driving licence
<input type="checkbox"/>	Proof of ownership or rental at current residential address
<input type="checkbox"/>	Mortgage statement
<input type="checkbox"/>	Tax assessment document
<input type="checkbox"/>	State pension, benefit book or other government produced document showing benefit entitlement
<input type="checkbox"/>	Extract from official register of electors
<input type="checkbox"/>	Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the applicant
<input type="checkbox"/>	Entry in local telephone directory.

Confirmation of plan details

Please make sure you have completed Section 05 – Plan Requirements and have included a signed Illustration and Key Information Document.

I have provided my plan requirements and can confirm that they match my Key Information Document (please tick to confirm).

I have included a signed Illustration and Key Information Document (please tick to confirm).

12 APPLICATION CHECKLIST CONTINUED

***Suitably Certified Copy Documentation**

Your financial adviser can certify your copy documents, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify your documents, we will accept certification by one of the following 'Suitable Certifiers':

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents.

If you cannot have your documents certified by one of the above, please contact us.

The certifier must:

- Add the statement 'Certified as a true copy taken from the original'
- Sign and date the copy document on all pages
- Print their name clearly in BLOCK CAPITALS underneath their signature
- Record the capacity or position in which they are certifying the document
- Add their company name or official stamp or seal.

The documents which we receive **must** contain the original certification and stamp.

13 PAYMENT METHODS

The payment can be made using any of the following methods.

Cheque

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

Your cheque must come from the bank account(s) you have detailed in Section 05 - Plan Requirements.

Please note that GBP cheques can take up to five working days to clear. Other currency cheques may take considerably longer to clear. If you have chosen funds with a dealing deadline, you may wish to consider a Telegraphic Transfer. These will usually provide cleared funds on the same day.

Telegraphic transfer

If you are paying into the plan by telegraphic transfer please instruct your bank to quote the trust's name as a reference.

Your payment must come from the bank account(s) you have detailed in Section 05 - Plan Requirements.

13 PAYMENT METHODS CONTINUED

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

Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
AUD	CITIGB2L	GB45 CITI 1850 0813 1419 34	18-50-08	13141934	Citibank, London	RL360
CHF	CITIGB2L	GB26 CITI 1850 0813 1418 88	18-50-08	13141888	Citibank, London	RL360
EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
HKD	CITIGB2L	GB10 CITI 1850 0813 1416 91	18-50-08	13141691	Citibank, London	RL360
JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

Bank address

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

AUTHORISATION TO PAY A FINANCIAL ADVISER FEE

Please complete in BLOCK capitals throughout.

Who is this form for?

This form is for applicants who wish to authorise RL360 to pay a financial adviser fee to:

(adviser company and address)

RL360 adviser number:

We can only accept instructions that have been signed by all applicants.

Important notes

1. As this instruction will result in a deduction from your plan to meet the fee you are agreeing to pay, you should note that this deduction may form part of any deferred tax allowance for your country of residence. You should consult your tax adviser to determine whether this could affect you.
2. RL360 cannot be held responsible for any future tax liability that may accrue to the adviser as a result of a failure to levy tax where it later transpires that it should have been charged. The adviser is responsible for deciding whether or not the service they are providing is subject to any additional taxes.
3. This fee is calculated and paid each quarter from the plan anniversary.
4. The value of any additional payments made to the original plan will be treated as part of its value when the fees are calculated.
5. This agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
6. I confirm that I will inform RL360 in writing should I wish to terminate payment of this fee.

Applicant(s) to complete

I authorise RL360 to pay the following fee to my financial adviser:

Financial adviser fee

% per year, paid quarterly in arrears as percentage of my plan value (the fee should not be more than 1.0% per year).

Note: where this fee is used in conjunction with an investment adviser fee, the two fees combined cannot be more than 1.5% per year.

Plan application dated (dd/mm/yyyy)

The fee will commence from the date we receive your completed form. It will be calculated and paid each quarter from the plan anniversary.

Trustee 1/Authorised Signatory

Signed

Full name

Date (dd/mm/yyyy)

Trustee 2/Authorised Signatory

Trustee 3/Authorised Signatory

Signed

Full name

Date (dd/mm/yyyy)

Trustee 4/Authorised Signatory

INVESTMENT ADVISER APPOINTMENT

Who is this form for?

This form is for applicants who wish to appoint an investment adviser to their plan. Investment advisers may act on a non-discretionary or discretionary basis. This is your choice and an agreement that you must make with your investment adviser.

Completing this form

By completing this form you are informing RL360 about the appointment of a company to act as an investment adviser to your plan. They will have the power to place dealing instructions on your behalf.

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

Please complete in BLOCK capitals throughout.

SECTION 1 INVESTMENT ADVISER APPOINTMENT

Applicant(s) to complete

I wish to appoint

Investment adviser company name

to act in the capacity of an investment adviser to the plan

Application dated (dd/mm/yyyy)

I understand that my investment adviser will be able to act on my behalf, subject to the terms and conditions set out in Section 2 below, to advise on and change the funds to which the value of this plan is linked. I authorise RL360 Insurance Company Limited (RL360) to release all relevant information relating to the plan to the investment adviser when requested.

I understand that RL360 is not responsible for any loss or liability incurred to the plan as a result of advice given, or negligence by, my appointed investment adviser. I also understand that RL360 is not responsible for the performance of any funds linked to my plan.

I confirm that all communications in relation to dealing instructions should be directed to my investment adviser.

Please confirm on what basis you wish your investment adviser to be appointed, non-discretionary or discretionary, by ticking the appropriate box below.

I confirm that my investment adviser will be acting on a non-discretionary basis. Dealing instructions may only be forwarded to RL360 after my investment adviser has consulted me. My investment adviser has confirmed to me that they have the necessary regulatory authorisations in order to perform this role. I understand that RL360 is not required to obtain proof that my investment adviser has consulted with me, prior to acting on any instructions received.

I confirm that my investment adviser will be acting on a discretionary basis. Dealing instructions may be forwarded to RL360 without my consent. My investment adviser has confirmed to me that they have the necessary regulatory authorisations in order to perform this role.

I authorise RL360 to take a fee from the plan in line with the following:

A percentage

% per year, taken quarterly as percentage of the plan value (the fee should not be more than 1.0% per year).

Note: where this fee is used in conjunction with a financial adviser fee, the two fees combined cannot be more than 1.5% per year.

SECTION 1 INVESTMENT ADVISER APPOINTMENT CONTINUED

I am aware that for as long as I have an appointed investment adviser I will be unable to access online dealing facilities.

I confirm that should I change my investment adviser, or bring this agreement to an end in the future, I agree to inform RL360 in writing (originals only), immediately.

I acknowledge that RL360 has the right to reject the appointment of my investment adviser at its discretion.

I agree that I am solely responsible for the appointment of an investment adviser to my plan and that I am also responsible for ensuring that they have the appropriate experience, and/or qualifications and permissions to provide me with investment advice.

I acknowledge that RL360 is not liable for the performance or conduct of my investment adviser, or for ensuring that they hold and continue to maintain any regulatory or legal permissions required to provide investment advice.

	Trustee 1/Authorised Signatory	Trustee 2/Authorised Signatory
Signed	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Trust or Company name (if applicable)	<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"/>

	Trustee 3/Authorised Signatory	Trustee 4/Authorised Signatory
Signed	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Trust or Company name (if applicable)	<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"/>

SECTION 2 INVESTMENT ADVISER DETAILS AND CONDITIONS

Investment adviser to complete

Full name	<input type="text"/>
Online services username (if registered)	<input type="text"/>
Company name	<input type="text"/>
RL360 adviser number	<input type="text"/>
Investment adviser company address	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>

SECTION 2 INVESTMENT ADVISER DETAILS AND CONDITIONS CONTINUED

If you do not have Terms of Business with RL360, please contact your Regional Sales Manager before submitting this form.

In accepting the appointment of investment adviser to the above stated plan, we agree to the following terms and conditions:

1. All instructions relating to the purchase, sale or switching of funds will be in respect of any fund agreed by RL360 as being eligible for the plan.
2. All instructions should be provided to RL360 in a format as agreed by RL360.
3. RL360 will purchase, sell or switch funds at the relevant market price as available at the time of placing an instruction.
4. RL360 has the right to accept or reject any instruction from the investment adviser at its own discretion.
5. The investment adviser must maintain such authorisation as is necessary to act as an investment adviser under the legislation and regulation in the country in which advice is given.
6. RL360 and the plan owner cannot be held responsible for any future tax liability, that may accrue to the investment adviser, as a result of a failure to levy tax where it later transpires that tax should have been charged. The investment adviser is responsible for deciding whether or not the service they are providing is subject to the levy of additional taxes.
7. RL360 has the right to remove the investment adviser from the plan, without specifying a reason, and on giving one month's written notice to the plan owner and the investment adviser.
8. The investment adviser may resign their appointment by giving written notice to the plan owner and RL360. RL360 will remove the investment adviser from the plan as soon as the notification is received.
9. This appointment will cease immediately upon written notification of bankruptcy, dissolution or insolvency of the investment adviser, or any composition with creditors, or if the investment adviser is in breach of any regulatory requirement, or it becomes illegal for the investment adviser to act in this capacity.
10. This appointment and agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
11. RL360 will not be liable in the event that the appointed investment adviser or the plan owner fails to notify RL360 of any material factor affecting the above.

Please submit a current certified copy of your company's Authorised Signatory list with this form. If you have an additional list for persons authorised to sign dealing instructions, please also submit a certified copy with this form.

If your company is not regulated in the UK, Isle of Man, Channel Islands, Hong Kong or Gibraltar, please provide identification and address verification for each person on the Authorised Signatory list.

Signed **Investment adviser**

Date (dd/mm/yyyy)

RL360 Insurance Company Limited

T +44 (0)1624 681681

E csc@rl360.com

Registered Office: International House,
Cooil Road, Douglas, Isle of Man, IM2 2SP,
British Isles. Registered in the Isle of
Man number 053002C. RL360 Insurance
Company Limited is authorised by the
Isle of Man Financial Services Authority.

ORL05a 07/19

**HELPING YOU TO
PROTECT AND
GROW YOUR
WEALTH**
