

ADDITIONAL PAYMENT FORM FOR COMPANY AND INDIVIDUAL TRUSTEE OWNERS

Please complete this form in BLOCK CAPITALS throughout.

Individual plan owners must complete Additional Payment form - ref. PM02.

Corporate Trustee plan owners must complete Additional Payment form - ref. PM03.

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
Coil Road
Douglas
Isle of Man
IM2 2SP
British Isles

Specified US Person

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

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.

Automatic Exchange of Information - Entity Self Certification

Automatic Exchange of Information (AEOI) is the United States Foreign Account Tax Compliance Act (FATCA) and the Organisation of Economic Cooperation and Development (OECD) Common Reporting Standards (CRS). Under these tax regulations and intergovernmental agreements entered into by the Isle of Man, we are required to collect information which may be exchanged by the Isle of Man Government with other jurisdictions. In order for us to comply with these requirements, you will need to complete the appropriate AEOI Self-Certification Forms in addition to this application form.

Details of who is considered to be a controlling person under AEOI can be found in our AEOI Definitions document which can be found here <https://www.rl360.com/generic/downloads/tech032.pdf>.

The AEOI Entity and Individual Self-Certification Forms can be found here: www.rl360.com/row/downloads/forms.htm.

01 COMPANY DETAILS

You are required to complete an Automatic Exchange of Information - Entity Self Certification form - ref. tech031 as part of this application. You can download a copy from www.rl360.com.

| | | |
|---------------------------------------|--|---|
| Plan reference | | |
| Company name | | |
| | Executive Director/Partner 1 | Director/Partner 2 |
| First name(s) | | |
| Last name(s) | | |
| Country of incorporation/organisation | | |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Country of birth | | |
| Is the entity a US Person | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country or residence for tax purposes | | |
| Tax Identification Number (TIN) | | |

If unavailable, provide a functional equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number).

Shareholders and beneficial interest

Please complete this section for persons who have a shareholding or beneficial interest of 25% or more.

Please see page 1 for a definition of Specified US Person and for the information a Specified US Person must provide.

| | | |
|---------------------------------------|---|---|
| | Shareholder 1 | Shareholder 2 (if applicable) |
| First name(s) | | |
| Last name(s) | | |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Country of birth | | |
| Position held | | |
| Shareholding (%) | | |
| Are you a Specified US Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country of residence for tax purposes | | |
| Tax Identification Number (TIN) | | |

If unavailable, provide a functional equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number).

| | | |
|---------------------------------------|---|---|
| | Shareholder 3 (if applicable) | Shareholder 4 (if applicable) |
| First name(s) | | |
| Last name(s) | | |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Country of birth | | |
| Position held | | |
| Shareholding (%) | | |
| Are you a Specified US Person? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country of residence for tax purposes | | |
| Tax Identification Number (TIN) | | |

If unavailable, provide a functional equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number).

Do you want to update your contact/address details as part of this application? ☐ Yes ☐ No

If yes then please provide new details in Section 06 - Additional Information.

02 INDIVIDUAL TRUSTEE DETAILS

Automatic Exchange of Information - Entity Self Certification

You are required to complete an Automatic Exchange of Information - Entity Self Certification form - ref. tech031 as part of this application. You can download a copy from www.rl360.com.

Where the trust is a bare/absolute trust, you will also need to provide the following information in respect of the beneficiaries: name, date of birth, residential address, country/countries of residence for tax purposes, Tax Identification Number (TIN) or functional equivalent.

Plan reference

Settlor 1

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Are you Specified US Person? ☐ Yes ☐ No

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number).

Settlor 2

☐ Yes ☐ No

Trustee 1

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Are you Specified US Person? ☐ Yes ☐ No

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number).

Trustee 2

☐ Yes ☐ No

Trustee 3

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Are you a Specified US Person? ☐ Yes ☐ No

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number).

Trustee 4

☐ Yes ☐ No

Do you want to update your contact/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, please download our agreement and registration forms from our website - www.rl360.com.

03 PAYMENT DETAILS

| Minimum additional payment | | | |
|----------------------------|--------------------|----------|--------------------|
| Currency | Additional payment | Currency | Additional payment |
| GBP | 5,000 | AUD | 9,000 |
| EUR | 6,000 | HKD | 50,000 |
| CHF | 6,500 | JPY | 775,000 |
| USD | 7,000 | | |

Please confirm the amount of your additional payment below:

| | | |
|-------------------------------|----------------------|---|
| Additional payment | <input type="text"/> | (Currency and cash amount) |
| | + | |
| Asset transfer value (if any) | <input type="text"/> | (Existing assets to be added directly into your plan) |
| | = | |
| Total payment | <input type="text"/> | |

Your initial payment will be applied to your plan in accordance with your Terms & Conditions.

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 | <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"/> | OR Bank sort code | <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 | |
| Who will fund the additional payment? | <input type="checkbox"/> The plan owner(s) | <input type="checkbox"/> Employer | <input type="checkbox"/> Spouse |
| | <input type="checkbox"/> Parent | <input type="checkbox"/> Other | |

04 ASSET REQUIREMENTS

Please choose from the following options below:

Option 1 - Quick selection

Please choose only one of the following options.

- ☐ Please send all of my additional payment to my chosen discretionary manager (if applicable).
- ☐ Please allocate all of my additional payment to my PIMS cash account(s) (I will supply a Dealing Instruction Form at a later date).

OR

Option 2 - Your PIMS assets

Please tell us the percentages of your additional payment that you want to be applied to each asset.

| PIMS cash account ¹ | | | Percentage |
|---|----------------------------|---------------------------------|------------|
| You must maintain at least 2% of your plan value in the PIMS cash account | | | % |
| Bank or building society name | | Cash deposit name | Percentage |
| | | | % |
| ISIN or Sedol code | Asset manager ² | Asset name (including currency) | Percentage |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| Total | | | 100% |

¹ Assuming your plan cash account already has a positive balance, there is no need to enter a percentage.

² Please be aware that asset managers may impose minimum amounts that they will allow to be sold or purchased and you must adhere to these. Any income from distributing assets will automatically be credited to your PIMS cash account.

05 SOURCE OF FUNDS

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

Trustee applicants must complete the following details below in all cases and for both Settlers as applicable.

| | Applicant/Settlor 1 | Settlor 2 |
|--|---------------------|-----------|
| Annual salary plus bonuses | | |
| 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 tell us your previous occupation, salary, employer and date of retirement.

| | | |
|------------------------------|---|---|
| Previous occupation | | |
| Salary (include currency) | | |
| Employer's company name | | |
| Date retired (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> |

Other unearned income

| | | |
|---------------------------------------|---|---|
| Amount received (include currency) | | |
| Received from | | |
| Date received (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> |

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? | | |

| | Applicant/Settlor 1 | Settlor 2 |
|---|---|---|
| Pension transfer | | |
| 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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Property or asset sale | | |
| Amount received (include currency) | <input type="text"/> | <input type="text"/> |
| Address of property sold or asset type | <input type="text"/> | <input type="text"/> |
| How long held | <input type="text"/> | <input type="text"/> |
| Date of sale (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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Company profits | | |
| Profits this year (include currency) | <input type="text"/> | <input type="text"/> |
| Profits last year (include currency) | <input type="text"/> | <input type="text"/> |
| Industry | <input type="text"/> | <input type="text"/> |
| Company sale | | |
| Amount received (include currency) | <input type="text"/> | <input type="text"/> |
| Company name | <input type="text"/> | <input type="text"/> |
| Company industry | <input type="text"/> | <input type="text"/> |
| Date received (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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance, please state from who, for maturing investment please confirm how long held). | | |
| Amount received (include currency) | <input type="text"/> | <input type="text"/> |
| Source | <input type="text"/> | <input type="text"/> |
| Date received (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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

06 **ADDITIONAL INFORMATION**

If you have no additional notes, please continue to Section 07 - Declaration.

07 **DECLARATION**

My application

I am aware that my payment increase and/or lump sum will be treated in line with the terms and conditions of my plan.

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.

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.

Availability

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

Investment

I am aware that RL360 is not responsible for the choice of assets within my plan.

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

Cash deposit declaration

Where the payment is allocated in full or in part to any cash deposit account(s), I am aware that I may not be covered by any depositors compensation scheme should the deposit account provider become insolvent. I am aware that this is because RL360 holds this account on my behalf. I acknowledge the risks associated with linking a cash deposit account to the plan and accept that in the event of the insolvency of my chosen deposit account provider, RL360 will have no responsibility for any loss and I could lose the full amount invested. I am aware and acknowledge that the deposit provider I choose to invest with may not be an institution or subsidiary with which RL360 would normally hold balances or deposits.

I fully acknowledge and accept the risks associated with linking the value of my plan to a cash deposit account, and I am aware that my deposit may not be covered under any depositor compensation scheme should the deposit account provider become insolvent. I understand that this is because RL360 Insurance Company Limited holds this account on my behalf. Therefore the amount (if any) which is recoverable under any scheme could be substantially less than the amount I might have been able to recover had I owned the cash deposit account directly.

I accept that in the event of the insolvency of my chosen deposit account provider, RL360 Insurance Company Limited will have no responsibility for any loss. By signing below I acknowledge the above statements and request that a deposit is made with the provider and account named below.

I am aware and acknowledge that the institution(s) and/or their subsidiaries which I choose to invest in may not be institutions or subsidiaries where RL360 would normally hold balances or deposits.

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.

07

DECLARATION CONTINUED

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)

Authorised signatory/Trustee 1

Full name

Signed

Date (dd/mm/yyyy)

Authorised signatory/Trustee 2

Authorised signatory/Trustee 3

Full name

Signed

Date (dd/mm/yyyy)

Authorised signatory/Trustee 4

08

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

RL360 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)