REQUEST TO PAY A FINANCIAL ADVISER CHARGE

Please complete in BL	OCK capitals throughout.		
Plan reference:			
Who is this form for? This form is for applicar	nts who wish to request the payment (of a financial adviser	charge from their plan. The payment will be made to:
			(adviser company and address)
RL360 adviser numbe	r:		
We can only accept in	structions that have been signed by	all applicants.	
Important notes			
where it later transp			rue to the adviser as a result of a failure to levy tax esponsible for deciding whether or not the service
2. The charge will com the plan anniversar		ur completed form	It will be calculated and paid each quarter from
3. The value of any add	ditional payments made to the origina	al plan will be treated	d as part of its value when the charges are calculated.
4. This agreement sha	all be subject to, and interpreted in, a	accordance with the	e laws of the Isle of Man.
	the payment is terminated will be de		ate payment of this charge. Any charge accrued an and paid to the financial adviser. No further
6. I understand that ar immediate effect.	ny existing payment to my appointe	d Financial Adviser	ceases and is replaced by this payment with
	requested Financial Adviser. I reque		erms and Conditions of my contract to facilitate changes are made to my Terms and Conditions and
Privacy policy Our full privacy policy Data Protection Office		privacy or can be ob	otained by requesting a copy from our
Applicant(s) to compl I request the payment financial adviser in line	of a financial adviser charge from	my plan. I authorise	e RL360 to pay the financial adviser charge to my
Financial adviser char	rge		
% per year,	paid quarterly in arrears as percenta	ge of my plan value	(the charge should not be more than 1.5% per year).
Note: where this chargethan 2.0% per year.	ge is used in conjunction with an inv	estment adviser cl	narge, the two charges combined cannot be more
	Applicant 1		Applicant 2
Signed			
E !!			
Full name			
Date (dd/mm/vvvv)			

RL360°