

# ADDITIONAL CONTRIBUTION FORM

Please complete this form in BLOCK CAPITALS throughout.

## **SECTION 1      POLICY DETAILS**

This form should only be used for Quantum policies issued after 6 April 2010. For Quantum policies issued before 6 April 2010 please contact our customer services team for further information.

Policy number

Are you notifying us of any changes to your personal/company/trustee details as part of this application?    Yes     No

If yes, please provide details in Section 6 – Your additional notes.

	<b>Policyholder 1</b>	<b>Policyholder 2 (if applicable)</b>
Name	<input type="text"/>	<input type="text"/>
Country and place 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
Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>

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

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](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 for the country in which you have obtained new citizenship.

**If the policyholder is a corporate trustee, please complete Section 5.**

**If the policyholder is a trust or company, please complete Section 4.**

**SECTION 2 CONTRIBUTION DETAILS**

Do you want to increase your regular premiums or top-up with a single premium injection?

Regular premium increase   
Single premium injection

**Regular premium details**

Minimum payment increase (per month)			
GBP	50	AUD	90
EUR	60	HKD	625
CHF	75	JPY	8,500
USD	80		

The premium currency, method of payment and payment frequency for increased regular premiums will be the same as your current premiums.

Current regular premium   
Additional regular premium\*   
Total regular premium

\* For details on the minimum additional premiums applicable to your policy, please refer to the relevant policy literature.

Unless otherwise instructed, additional regular premiums will be invested as per your current instructions.

**Single premium injection**

Minimum lump sum payment			
GBP	5,000	AUD	9,000
EUR	6,000	HKD	62,500
CHF	7,500	JPY	850,000
USD	8,000		

Additional single premium injection (currency and amount)

**Payment details**

Cheque   
Telegraphic transfer

**Payments by telegraphic transfer or cheque**

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

Bank name   
Bank address and postcode   
Account holder's name   
Branch SWIFT code  OR Bank sort code  -  -   
(for all non-GBP and international payments) (for UK GBP payments only)  
SWIFT code must be either 8 or 11 digits  
IBAN/account number  OR Account number   
(all non-GBP accounts) (GBP UK Bank only)



**SECTION 4**

**SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES**

**Trusts**

Trust name

**Settlor 1**

**Settlor 2 (if applicable)**

Name

Country and place of birth

Country of residence for tax purposes

Are you a Specified US Person?  Yes  No

Yes  No

Tax Identification Number (TIN)

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

**Trustee 1**

**Trustee 2**

Name

Country and place of birth

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Are you a Specified US Person?  Yes  No

Yes  No

Tax Identification Number (TIN)

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

**Trustee 3**

**Trustee 4**

Name

Country and place of birth

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Are you a Specified US Person?  Yes  No

Yes  No

Tax Identification Number (TIN)

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

**Companies**

Company name

**Executive Director/Partner 1**

**Director/Partner 2**

Name

Country and place of birth

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Are you a Specified US Person?  Yes  No

Yes  No

Tax Identification Number (TIN)

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

**SECTION 4 SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES CONTINUED**

**Shareholders and beneficial interest**

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

	<b>Shareholder 1</b>	<b>Shareholder 2 (if applicable)</b>
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<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"/>
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"/>
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 (e.g. National Insurance Number, Social Security Number, Resident Registration Number).

	<b>Shareholder 3 (if applicable)</b>	<b>Shareholder 4 (if applicable)</b>
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<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"/>
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"/>
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 (e.g. National Insurance Number, Social Security Number, Resident Registration Number).

**SECTION 5 YOUR 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](http://www.rl360.com/sourceoffunds.pdf).

**You must complete the annual salary question in full, in all cases, and for both policyholders as applicable. Trustees please provide source of funds details for the underlying settlor(s). You must also disclose to us any other sources of funds within this section. Please use Section 6 if you require more space for details.**

	<b>First policyholder (Single settlor)</b>	<b>Second policyholder (if applicable) (Joint settlor)</b>
<b>Annual salary plus bonuses</b>		
Annual salary this year (include currency)	<input type="text"/>	<input type="text"/>
Bonuses this year (include currency)	<input type="text"/>	<input type="text"/>
Annual salary last year (include currency)	<input type="text"/>	<input type="text"/>
Bonuses 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"/>
<b>Other unearned income</b>		
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"/>
<b>Savings</b>		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Bank where savings were held	<input type="text"/>	<input type="text"/>
How and for how long were the savings accumulated?	<input type="text"/>	<input type="text"/>

**SECTION 5 YOUR SOURCE OF FUNDS CONTINUED**

	First policyholder (Single settlor)	Second policyholder (if applicable) (Joint settlor)
<b>Property or asset sale</b>		
Amount received (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Address of property sold or asset type	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
How long held	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of sale (dd/mm/yyyy)	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>
<b>Company profits</b>		
Profits this year (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Profits last year (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Industry	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>Company sale</b>		
Amount received (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Company industry	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date received (dd/mm/yyyy)	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>
<b>Maturing investments or policy claim</b>		
Amount received (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
From which company	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date received (dd/mm/yyyy)	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>
Amount received (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
From which company	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date received (dd/mm/yyyy)	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>
<b>Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance please state from who, for maturing investments please confirm how long held).</b>		
Amount received (include currency)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Source	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date received (dd/mm/yyyy)	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>	<input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/> <input style="width: 33%; text-align: center;" type="text"/>

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

**SECTION 6 YOUR ADDITIONAL NOTES**

If you have no additional notes, please continue to Section 7 – Your declaration.

**SECTION 7 YOUR DECLARATION**

**My application**

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

**Availability**

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

**Investment**

I understand that RL360 is not responsible for the choice of investments within my Quantum policy.

I agree to RL360 acting on investment instructions received from me or my appointed adviser, despite the fact I may not have read all of the documentation issued by the investment manager for each fund.

**Privacy policy**

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.

**Legal**

I agree to the policy 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 the policy.

I accept that RL360 can bring the contract 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)

**Policyholder/Trustee/Authorised Signatory 1**

Full name

Signed

Date (dd/mm/yyyy)

**Policyholder/Trustee/Authorised Signatory 2**

Full name

Signed

Date (dd/mm/yyyy)

**Policyholder/Trustee/Authorised Signatory 3**

Full name

Signed

Date (dd/mm/yyyy)

**Policyholder/Trustee/Authorised Signatory 4**

Full name

Signed

Date (dd/mm/yyyy)

**SECTION 8 YOUR ADVISER'S DECLARATION**

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"/>
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"/>