ADDITIONAL PAYMENT FORM FOR INDIVIDUAL PLAN OWNERS

Please complete this form in BLOCK CAPITALS throughout.

Corporate Trustee plan owners must complete Additional Payment form - ref. RS03.

Company and Individual Trustee plan owners must complete Additional Payment form - ref. RSO4.

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: newbusiness@rl360.com

or alternatively post it to: New Business Team, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

PLAN DETAILS

Plan reference		
	Plan owner 1	Plan owner 2
Name		
Country of residence		
for tax purposes		
Are you a Specified US	Person? Yes No	Yes No
Tax Identification		
Number (TIN)		
If unavailable, provide a	a functional equivalent (e.g. National Insurance Number	r, Social Security Number, Resident Registration Number,
either holds a US Pass information on US FAT	eing a Specified US Person, you will need to provide	·
in the US, you will need Citizenship. RL360 can	you have a US residential/correspondence address, he does not not not to provide us with documentary evidence that you necept a certified copy of your DS-4083 form (also yof your passport in which you are obtaining new ci	known as CLN - Certificate of Loss of Nationality)
Do you want to update	your contact/address details as part of this application	on? Yes No
If yes then please provi	de new details in Section 04 - Additional Information	
Online services		

Offiline 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.

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You can use this form which options you req		ments and/or add a lu	ump sum payment to	o your plan. Use the tick boxes to indicate
Regular payment	increase			
	Minimum paym	nent increase (per moi	nth)	
GBP	50	AUD	90	
EUR	60	HKD	500	
CHF	65	JPY	7,750	
USD	70			
Current payment				
Payment increase				
Total payment				
Establishment period	(months)			
Your plan currency, fre	equency and method o	f payment will remain	unchanged.	
Fund selection Your payment increase	e will be invested in-lin	e with vour current fur	nd selection.	
				nd switch request form.
Additional lump s	sum			
	Minimum	lump sum payment		
GBP	5,000	AUD	9,000	
EUR	6,000	HKD	50,000	
CHF	6,500	JPY	775,000	
USD	7,000			
Lump sum				
Payment options	Telegra	phic transfer C	heque	
Please confirm the det	tails of the bank that yo	ou will be making payr	ment from.	
	o provide your bank a			ensure that it has been approved by nent originates, along with a full audit trail
Bank name				
Bank address and postcode				
Account holder's name	e			
Branch SWIFT code (for all non-GBP and i SWIFT code must be	nternational payments either 8 or 11 digits)	OR B	ank sort code (for UK GBP payments only)
IBAN/Account numbe (all non-GBP accounts				Account number GBP UK Bank only)
Account held for	yea	rs months	5	

If the lump sum is to be paid in tranches, please confirm why?	

Fund selection (required)

We will invest your lump sum only as per the fund selection provided in the table below:

ISIN	Fund name	Currency	Percentage of payment
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			100%

The Isle of Man Financial Services Authority requires all Isle of Man life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. This reflects the Isle of Man's commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

RL360 has adopted a risk-based approach to meet these regulations, categorising our products and countries that we will accept business from into Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

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

You must complete the following details in full, in all cases, and for both plan owners as applicable.

	Plan owner 1	Plan owner 2
Annual salary plus bo	nuses	
Annual salary this year (include currency)		
Bonuses this year (include currency)		
Annual salary last year (include currency)		
Bonuses last year (include currency)		
Occupation		
Employer's company		
Nature of husiness		



Other unearned income					
Amount received (include currency)					
Received from					
Date received (dd/mm/yyyy)					
•	•		ce, please indicate which one from the list below for each plan owner and ction O4 - Additional Information.		
Source of funds	Plan owner 1	Plan owner 2	Information required		
Savings			Amount* Bank where savings were held How and for how long were the savings accumulated		
Property sale			Amount* Address of property How long held Date of sale		
Sale of asset			Amount* Asset type How long held Date of sale		
Company profits			Profits this year* Profits last year* Company name and industry		
Company sale			Amount* Company name and industry Date of sale		
Maturing investment			Amount* From which company Date of sale		
Lottery/betting/casino			Amount* Source of win Date received		
Compensation payment			Amount* Reason for payment Date received		
Gift or Inheritance			Amount* Relationship to benefactor Reason for gift Date received		
Other			Amount* Reason for payment Date received		
* Please include currency					

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

f you have no additional notes, please continue to Section 05 - 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.

Illustration

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

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

Key Information Document (KID)

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

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

Availability

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

Investment

I am aware that RL360 is not responsible for the choice of funds 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 investment manager for each fund.

Privacy policy

Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

Legal

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

Cancellation

I am aware that I have the right to cancel my additional payment as detailed in the Key Information Document. I understand that the amount I get back may be less than what I paid where my selected funds have fallen in value. I am aware that to cancel my additional payment I will need to complete the Cancellation Notice and return it to RL360.

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

I confirm that this add	ditional payment form was signed in (give country)	
	Plan owner 1	Plan owner 2
Signed		
Date (dd/mm/yyyy)		
Date (dd/mm/yyyy)		



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)	