



REGULAR
SAVINGS
PLAN

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 10 - 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.

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

01 YOUR DETAILS

You should provide us with verification of your identity and current residential address (see page 9 for details).

| | Applicant 1 | Applicant 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="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"/> |
| 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 | <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"/> |
| Home telephone number | <input type="text"/> | <input type="text"/> |
| Mobile telephone number | <input type="text"/> | <input type="text"/> |
| Relationship to Applicant 1 | | <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"/> |

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use the current residential address of the first applicant.

| | |
|---|----------------------|
| Address and postcode for correspondence | <input type="text"/> |
|---|----------------------|

Is this address for You Your financial adviser A friend A family member

02 LIVES ASSURED

There may be up to 2 lives assured added to the plan. If either applicant is a life assured, tick the appropriate box below and proceed to Section 03 - Plan Requirements.

Applicant 1 is a life assured Applicant 2 is a life assured

| | 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"/> |

03 PLAN REQUIREMENTS

Who will fund the plan? The applicant(s) Employer Spouse Parent Other

If the payer is anyone other than the applicant(s), please refer to Section 10 - Application Checklist, Third party payments for further details.

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

Plan currency GBP USD EUR CHF AUD HKD JPY

Amount

Payment frequency Monthly Quarterly Half-yearly Yearly

Payment term (years)

Establishment period (months)

Segmentation

How would you like your plan to be segmented? 100 segments One segment

If you leave this section blank we will issue your plan with 100 segments.

Payment method

You can make payments monthly or quarterly by credit/debit card, standing order or direct debit. If you prefer, you can make payments on a half-yearly or yearly basis by credit/debit card, standing order, direct debit, telegraphic transfer or cheque.

- Credit/debit card (please complete the credit card mandate on page 12)
- Direct debit (GBP payments from UK and Channel Island banks only) (please complete the direct debit instruction on page 14)
- Standing order (please complete the standing order instruction on page 16)
- Cheque (half-yearly or yearly payment only) (please complete the banking details on the next page)
- Telegraphic transfer (half-yearly or yearly payment only) (please complete the banking details on the next page)

03 PLAN REQUIREMENTS CONTINUED

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

04 CHOICE OF FUNDS

Fund choice

Please list your choice of funds below, up to a maximum of 10 funds. The minimum investment per fund is GBP25/USD50/EUR50/CHF50/AUD50/HKD500/JPY5,000.

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

05 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 applicants as applicable.

| | Applicant 1 | Applicant 2 |
|--|---|---|
| Annual salary plus bonuses | | |
| Income this year (include currency) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Income last year (include currency) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Occupation | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Employer's company name | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Nature of business | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Other unearned income | | |
| Amount received (include currency) | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Received from | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Date received (dd/mm/yyyy) | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |

If you intend to fund your plan from another source, please indicate which one from the list below for each applicant and provide the relevant information requested in Section 06 - Additional Information.

| Source of funds/wealth | Applicant 1 | Applicant 2 | Information required |
|------------------------|--------------------------|--------------------------|--|
| Savings | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Bank where savings were held How were savings accumulated? |
| Property sale | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Address of property How long held Date of sale |
| Sale of asset | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Asset type How long held Date of sale |
| Company profits | <input type="checkbox"/> | <input type="checkbox"/> | Profits this year* Profits last year* Company name and industry |
| Company sale | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Company name and industry Date of sale |
| Maturing investment | <input type="checkbox"/> | <input type="checkbox"/> | Amount* From which company Date of sale |
| Lottery/betting/casino | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Source of win Date received |
| Compensation payment | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Reason for payment Date received |
| Gift or Inheritance | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Relationship to benefactor Reason for gift Date received |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | Amount* Reason for payment Date received |

* Please include currency

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

06 **ADDITIONAL INFORMATION**

If you have no additional notes, please continue to Section 07 - Payment of Proceeds.

07 PAYMENT OF PROCEEDS

You do not have to complete this section now, however, if you do:

- it may help us to speed up the payment of withdrawals or plan proceeds in the future; and
- it will help strengthen our anti-fraud procedures.

Payment can only be made to a bank account in your name, as the applicant(s).

| | | | |
|---|--|----|---|
| 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"/> <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"/> | OR | Bank sort code <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"/> (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) |

08 DECLARATION

Plan literature

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

My application

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

I am aware that I am contractually required to make payments to RL360 on the frequency I have indicated, and if I stop paying before the end of the payment term and cancel my plan, early exit charges will apply. I understand that if I stop payments during my plans establishment period I will receive no money back, the only exception to this being where I have used my right to cancel.

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 this plan unlawful.

Financial adviser

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

I agree to RL360 disclosing all information relating to my 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 03 – Plan Requirements must match my signed KID. If they are different RL360 will ask me to sign a new KID matching Section 03 – Plan Requirements before it can allow my plan to start.

Investment

I am aware that RL360 does not provide investment advice, is not responsible for managing funds and does not determine whether or not funds are suitable for me. I understand that my plan offers access to a range of funds and that these are 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 my payments 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 my appointed adviser, and I will read the documentation issued by the fund manager for each fund prior to selecting it for my 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 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 my 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 my 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 I must pay in relation to my chosen funds.

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 plan. 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
- My Key Information Document
- The Terms and Conditions
- The Plan Schedule
- Any Endorsement to the Plan Schedule.

I accept that RL360 can bring my 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)

Applicant 1

Applicant 2

Signed

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 | <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"/> |

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"/> |

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

Verification of identify - must be provided for all applicants

Please send a **suitably certified copy*** of your passport or National Identity Card showing your photograph(s) and signature - 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.

Applicant 1

I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Applicant 2

I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

10 APPLICATION CHECKLIST CONTINUED

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 applicant. If you are unable to provide any of the documents listed below, please provide a reason why in Section 06 – Additional Information and contact us to discuss other acceptable documents before sending in your application.

| Applicant 1 (please tick which documents you have sent us) | Applicant 2 (please tick which documents you have sent us) | Acceptable document |
|---|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Latest bank account or credit card statement |
| <input type="checkbox"/> | <input type="checkbox"/> | Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable |
| <input type="checkbox"/> | <input type="checkbox"/> | Current driving licence |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of ownership or rental at current residential address |
| <input type="checkbox"/> | <input type="checkbox"/> | Mortgage statement |
| <input type="checkbox"/> | <input type="checkbox"/> | Tax assessment document |
| <input type="checkbox"/> | <input type="checkbox"/> | State pension, benefit book or other government produced document showing benefit entitlement |
| <input type="checkbox"/> | <input type="checkbox"/> | Extract from official register of electors |
| <input type="checkbox"/> | <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"/> | <input type="checkbox"/> | Entry in local telephone directory. |

Confirmation of plan details

Please make sure you have completed Section 03 – 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).

*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.

10 APPLICATION CHECKLIST CONTINUED

Third party payments

If the payer is anyone other than the applicant(s), we will require the following documentation:

Employer funding the plan for a key employee:

- Certificate of incorporation or equivalent document showing date and place of incorporation
- Evidence of the registered office
- A list of all directors and verification of identity and address of at least two directors
- A set of the latest annual report and accounts
- A list of all shareholders
- Verification of the identity of all shareholders holding 25% or more of the issued share capital

Spouse/parent funding a plan for a partner/child:

- Certified copy of the payer's ID
- Certified copy of the payer's proof of residential address
- Where the payer has a different surname to the applicant, evidence of the relationship

Other

- Please contact RL360 to determine if the payer is acceptable and if so, what documentation will be required

11 PAYMENT METHODS

If you wish to pay by card, standing order or direct debit, please complete the appropriate payment method form or alternatively, please follow the relevant instructions below.

Cheque

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

Your cheque must come from the bank account you have detailed in Section 03 – 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.

Telegraphic transfer

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

Your payment must come from the bank account you have detailed in Section 03 – Plan Requirements.

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.



CREDIT AND DEBIT CARD MANDATE

Important

We are only able to accept cards with one of the logos above and prefixed with a '3', a '4' or a '5'.

The maximum amount that can be collected by credit card is GBP99,999.99 (or currency equivalent) per payment.

I authorise you, until further notice in writing, to collect payments as detailed below:

Currency GBP USD EUR CHF AUD HKD JPY

Payment amount in figures

Payment amount in words

Payment frequency Monthly Quarterly Half-yearly Yearly

Starting on (dd/mm/yyyy)* * this applies to initial payment only, future payments are deducted 2 working days prior to the payment due date.

Card type Mastercard/Eurocard Visa JCB American Express*

* The amount we collect from your card will be 1% higher than your payment amount to cover additional charges applied by American Express.

Card issued by (name of bank)

Country of card issuer

Cardholder's name(s) (must be an applicant)

Cardholder's address (as held by the card issuer)

The cardholder's address should be the same as that of the applicant(s). If it is not, please provide reasons why in Section 06 - Additional Information.

Card number - - -

Expiry date (mm-yy) -

I understand that RL360 Insurance Company Limited (RL360) will advise me of the amount to be paid and the dates on which payment is due and that RL360 may only change these after giving me prior notice.

I understand that this authority in favour of RL360 will remain in force until such time as I cancel it in writing.

Signature of cardholder(s)

Date (dd/mm/yyyy)

Additional information

In order to comply with the Isle of Man Insurance (Anti-Money Laundering Regulations) 2008, we may require additional source of wealth evidence subject to where the bank that issued your credit or debit card is registered. For further information about country tiers please refer to our source of wealth information document available online at www.r1360.com/sourceofwealth.pdf.

CREDIT CARD PRE-AUTHORISATION

Pre-authorisation is the process of pre-approving payments with the card provider. We carry out this process to make sure that the card's details are correct and working properly prior to collecting the payment.

This process will create a pre-authorisation on the credit card for one unit of the currency payments are made in i.e. GBP1.00/ USD1.00/EUR1.00 etc. This amount may not appear on the credit card statement, but will affect the card balance or spending limit until the card provider removes it.

If the cardholder has opted to receive text messages, they may get a confirmation text for this transaction.

DIRECT DEBIT INSTRUCTION

Important

GBP payments from UK and Channel Island banks only.

Any changes to your payment will be applied without the need for a further instruction.

Service User Number

Name and full postal address of your bank or building society branch

To the manager Bank/Building Society

Bank address

Name(s) of account holder(s)

Bank sort code - - Account number

Instruction to your bank or building society

Please pay RL360 Insurance Company Limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with RL360 Insurance Company Limited and, if so, details will be passed electronically to my bank/building society.

| | Account holder 1 | Account holder 2 |
|-------------------|---|---|
| Signed | <input type="text"/> | <input type="text"/> |
| Full name | <input type="text"/> | <input type="text"/> |
| Date (dd/mm/yyyy) | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |

Banks and building societies may not accept Direct Debit instructions from some types of account

This guarantee should be detached and retained by the payer.

THE DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, RL360 Insurance Company Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request RL360 Insurance Company Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by RL360 Insurance Company Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when RL360 Insurance Company Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

STANDING ORDER INSTRUCTION

Important

If you wish to change the amount you pay into your plan at a later date, you will need to complete a new standing order instruction. If you wish to cancel your standing order you will need to do this directly through your bank.

| | | |
|----------------|----------------------|-----------------------|
| To the manager | <input type="text"/> | Bank/Building Society |
| Bank address | <input type="text"/> | |
| Plan reference | <input type="text"/> | |

This reference number will be supplied by RL360 after receipt of the application and must be quoted by your bank on all correspondence. Failure to do so may result in payment being rejected by our bankers.

Please debit the payment amount, together with any transfer charges, from my account detailed below:

| | | | | | | | |
|---|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|------------------------------|------------------------------|------------------------------|
| Currency | <input type="checkbox"/> GBP | <input type="checkbox"/> USD | <input type="checkbox"/> EUR | <input type="checkbox"/> CHF | <input type="checkbox"/> AUD | <input type="checkbox"/> HKD | <input type="checkbox"/> JPY |
| Payment amount in figures | <input type="text"/> | | | | | | |
| Payment amount in words | <input type="text"/> | | | | | | |
| Payment frequency | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Half-yearly | <input type="checkbox"/> Yearly | | | |
| Payment start 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"/> |
| Name(s) of account holder(s) | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <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) | | | | | |

Please tick the box in the table below that matches your plan currency.

| Tick one | Currency | SWIFT code | IBAN | Sort code | Account number | Bank name | Account name |
|--------------------------|----------|------------|-----------------------------|-----------|----------------|------------------|--------------|
| <input type="checkbox"/> | AUD | CITIGB2L | GB45 CITI 1850 0813 1419 34 | 18-50-08 | 13141934 | Citibank, London | RL360 |
| <input type="checkbox"/> | CHF | CITIGB2L | GB26 CITI 1850 0813 1418 88 | 18-50-08 | 13141888 | Citibank, London | RL360 |
| <input type="checkbox"/> | EUR | CITIGB2L | GB20 CITI 1850 0813 1418 02 | 18-50-08 | 13141802 | Citibank, London | RL360 |
| <input type="checkbox"/> | GBP | CITIGB2L | GB34 CITI 1850 0813 1420 35 | 18-50-08 | 13142035 | Citibank, London | RL360 |
| <input type="checkbox"/> | HKD | CITIGB2L | GB10 CITI 1850 0813 1416 91 | 18-50-08 | 13141691 | Citibank, London | RL360 |
| <input type="checkbox"/> | JPY | CITIGB2L | GB26 CITI 1850 0813 1415 00 | 18-50-08 | 13141500 | Citibank, London | RL360 |
| <input type="checkbox"/> | 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.

Account holder 1

Account holder 2

Signed

Full name

Date (dd/mm/yyyy)

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 increase or lump sum 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% 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.

Fee deduction

Will start after the completion of the plan's original establishment period.

| | Applicant 1 | Applicant 2 |
|-------------------|--|--|
| Signed | <input type="text"/> | <input type="text"/> |
| Full name | <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"/> |

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 applicants.

Please complete in BLOCK capitals throughout.

Important notes

Please note that payments to your investment adviser may only commence once the plan's original establishment period is complete.

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 my 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 my plan is linked. I authorise RL360 Insurance Company Limited (RL360) to release all relevant information relating to my plan to my investment adviser when requested.

I understand that RL360 is not responsible for any loss or liability incurred to my 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 investment 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. 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 my plan in line with the following:

A percentage

% per year, taken quarterly as percentage of my plan value (the fee should not be more than 1% 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.

| | Applicant 1 | Applicant 2 |
|-------------------|---|---|
| Signed | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| Full name | <input style="width: 100%; height: 30px;" type="text"/> | <input style="width: 100%; height: 30px;" type="text"/> |
| Date (dd/mm/yyyy) | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

SECTION 2 INVESTMENT ADVISER DETAILS AND CONDITIONS

Investment adviser to complete

| | |
|---|---|
| Full name | <input style="width: 100%; height: 25px;" type="text"/> |
| Online services username (if registered) | <input style="width: 100%; height: 25px;" type="text"/> |
| Company name | <input style="width: 100%; height: 25px;" type="text"/> |
| RL360 adviser number | <input style="width: 100%; height: 25px;" type="text"/> |
| Investment adviser company address | <input style="width: 100%; height: 60px;" type="text"/> |
| Email address | <input style="width: 100%; height: 25px;" type="text"/> |
| Telephone number | <input style="width: 100%; height: 25px;" type="text"/> |
| Fax number | <input style="width: 100%; height: 25px;" type="text"/> |

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, I agree to the following terms and conditions:

1. All instructions relating to the purchase, sale or switching of funds will be in respect of the range agreed by RL360 as being eligible for the plan.
2. All instructions should be provided 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 it 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 any 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.

SECTION 2 INVESTMENT ADVISER DETAILS AND CONDITIONS CONTINUED

- 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. The 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.

Investment adviser

Signed

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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

THE BENEFICIARY TRUST

Completion of this trust deed is optional.

This form should be completed if you are the owner(s) of a RL360 plan and want the benefits to go to one or more adults and/or children as beneficiaries in the event of your death.

This form invalidates all previous beneficiary designations therefore it is important that it includes all details of all the persons whom you wish to benefit.

You cannot use this form if you wish to create a gift for UK Inheritance Tax purposes.

If you cannot enter the details asked for in the space available, please make a note on the form and attach a page containing those details.

This trust comes into effect upon the death of the Relevant Person. The plan benefits are then payable to the trustees for the benefit of the beneficiaries in accordance with the provisions in Part C of this form. **At such time as this trust comes into effect it may be necessary for RL360 to obtain the appropriate identification documentation in respect of the trustees and any beneficiary to whom benefits are to be paid.**

The plan owner(s) and the trustees must sign this form at Part D.

INHERITANCE LAWS AND BENEFICIARY DESIGNATION

Some countries have laws governing the distribution of a person's estate on their death. Although the beneficiary trust technically removes the benefits of the plan from your estate, this could be challenged. The legal basis for such a challenge would be that the rights of heirs may be placed above individual rights to pass on assets on trust to other parties. Authorities responsible for judgements in such cases may use discretion and uphold your wishes (as

expressed by using this form). However, to avoid any doubt, you should seek advice in choosing an appropriate course of action.

CHANGES TO BENEFICIARIES

Completing a subsequent form can change those named as beneficiaries in this form.

THE RELEVANT PERSON

The plan owner, or where there are joint plan owners, the last surviving plan owner. Where there are joint plan owners, the terms of this document will have no effect unless both owners are deceased.

RELEVANT EVENT

The death of the Relevant Person(s).

TRUSTEES

Trustees must be appointed to act after your death and give instructions concerning the plan or any benefits arising from it. RL360 Insurance Company Limited (RL360) cannot be responsible for any actions or omissions by those trustees.

TRUST FUND

The plan benefits of the plan detailed in Part A of this trust deed.

INTERPRETATION

RL360 will carry out the instructions given by you as plan owner(s). It cannot be held responsible for any misunderstanding made when the form was completed or any changes in circumstances affecting who should benefit from the plan. If any challenges are made to the validity of payments made under your instructions in this form, they must be addressed to the recipients of any benefits.

ASSIGNMENTS

If you assign the plan specified in this form as security or collateral to a financial body (such as a bank), that assignment will take priority over beneficiaries' claim to any benefits designated here.

BENEFITS WHERE NO BENEFICIARY SURVIVES

If no beneficiaries are alive at such time as any benefits become payable, all benefits will pass to the estate of the plan owner or where there are joint plan owners, to the estate of the last surviving plan owner.

PART A

(i) Plan Details

Application dated (dd/mm/yyyy)

Plan owner 1 (Relevant Person)

Full name

Date of birth (dd/mm/yyyy)

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)

Plan owner 2 (Relevant Person)

Full name

Date of birth (dd/mm/yyyy)

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)

(ii) Declaration of Trust and appointment of trustees

As owner(s) of the plan detailed in Part A, I/We appoint:

Trustee 1

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

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)

Trustee 2

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

Country of residence
for tax purposes

Tax Identification Number (TIN)

Trustee 3

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

Country of residence
for tax purposes

Tax Identification Number (TIN)

Trustee 4

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

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)

to act as trustee(s) under the plan terms and conditions to hold all plan benefits on my death on trust absolutely as follows:

PART A CONTINUED

(iii) For the beneficiaries named in Part B (i) of this document in the shares specified and if no shares specified then in equal shares*

| | | |
|-----------|---------------------------------------|---------------------------------------|
| | Plan owner 1 (Relevant Person) | Plan owner 2 (Relevant Person) |
| Signature | <input type="text"/> | <input type="text"/> |

Or;

(iv) For the beneficiaries named in Part B (i) of this document together with such persons or classes of persons named in the Schedule at such time and in such shares as the trustees shall see fit

| | | |
|-----------|---------------------------------------|---------------------------------------|
| | Plan owner 1 (Relevant Person) | Plan owner 2 (Relevant Person) |
| Signature | <input type="text"/> | <input type="text"/> |

The plan owner(s) must agree with either option (iii) or (iv) above and sign in the appropriate box.

* the death of a Named Beneficiary under Part B (i) will increase the shares of the remaining beneficiaries

PART B

i) The Named Beneficiaries and the Appropriate Shares

The Named Beneficiaries and the Appropriate Shares means:

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

PART B CONTINUED

ii) Schedule

Any child, grandchild or remoter issue of the Relevant Person

Any brother, sister or parent of the Relevant Person

Any surviving spouse/civil partner of the Relevant Person

Any person or class of persons identified here (please insert full name(s) and address(es))

Children, grandchildren and issue of any person

References to children, grandchildren and the issue of any person shall include children, grandchildren and remoter issue whether legitimate, illegitimate or adopted.

Civil partner, former civil partner and surviving civil partner of any person

References to a person's civil partner are to that person's civil partner within the meaning of the Civil Partnership Act 2004; references to a person's former civil partner are to a person who was that person's civil partner until their civil partnership was dissolved or annulled; and references to a person's surviving civil partner are to a person who was that person's civil partner immediately before that person's death.

PART C

Trust Provisions

1. The trustees for the time being of these trusts shall have the following powers:
 - (i) to make any kind of investment that they could make if they were absolutely entitled to the Trust Fund
 - (ii) to apply the whole or such part as the trustees in their absolute discretion shall think fit of the income and capital held on trust for any beneficiary whose interest shall not have vested for or towards the maintenance, education advancement or benefit of such beneficiary and the trustees may exercise such powers whether or not there is any other fund or income available for any such purposes or whether or not there is any person bound by law to provide such maintenance or education
 - (iii) to accept as a good and sufficient discharge the receipt given by any such beneficiary who shall have attained the age of 18 years or any parent or guardian of any minor beneficiary in respect of the payment of capital or income paid or applied for the benefit of such beneficiary on the trustees first obtaining an undertaking from such parent or guardian so to apply such capital or income
 - (iv) during the minority of any beneficiary under these trusts to accumulate any surplus income held on trust for such beneficiary and invest the same in accordance with paragraph (i) above and any such accumulation shall be added to the fund or share from which it was derived and shall devolve with such fund or share but the trustees may at any time apply any or all of such accumulations for any of the purposes permitted by these trusts as if it were income arising in the then current year
2. Any trustee of these trusts who is engaged in any profession or business shall be entitled to charge and be paid all professional or business charges for business done by him or his firm in connection with these trusts including business which a trustee not being engaged in such profession or business could have done personally.
3. Any corporate trustee may be appointed as trustee of these trusts and the general terms and conditions upon which it acts as a trustee last published before the date of this designation form shall apply to these trusts and it shall be entitled to retain remuneration in accordance with the scale and other fees usually charged at that date for its services in acting as a trustee of these trusts with power to retain and be paid remuneration in accordance with the scale and other fees published by it from time to time for such services.
4. No trustee of these trusts shall be liable for any loss arising by reason of any investment made in good faith or for the default, negligence or fraud of any agent employed by him or by any other trustee whether or not the employment of such agent was strictly necessary or expedient or by reason of any mistake or omission made in good faith by any trustee or by reason of any other matter or thing except wilful fraud or intentional wrongdoing on the part of the trustee who is sought to be made liable.
5. The perpetuity period applicable to these trusts shall be the period from the date of the designation form until the expiration of 21 years from the date of the Relevant Event.
6. This Trust Deed shall be governed by and construed according to the laws of the Isle of Man.

PART D

Signed by the plan owner(s) and the appointed trustee(s) to show their acceptance of their duties under this trust:

| | Plan owner 1 | Plan owner 2 (if applicable) |
|-----------|----------------------|------------------------------|
| Signed | <input type="text"/> | <input type="text"/> |
| Full name | <input type="text"/> | <input type="text"/> |

Witnessed by:
Any witness must be over 18 years old and not party to the trust.

| | Witness 1 | Witness 2 |
|---------------------------------------|---|---|
| Full name | <input type="text"/> | <input type="text"/> |
| Witness's current residential address | <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Witness's signature | <input type="text"/> | <input type="text"/> |

| | Trustee 1 | Trustee 2 |
|-------------------|---|---|
| Full name | <input type="text"/> | <input type="text"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

| | Trustee 3 | Trustee 4 |
|-------------------|---|---|
| Full name | <input type="text"/> | <input type="text"/> |
| 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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.

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