

# **ADDITIONAL PAYMENT FORM**

Please complete this form in BLOCK CAPITALS throughout.

## **01 PLAN DETAILS**

Plan reference	<input type="text"/>	
	<b>Plan owner 1</b>	<b>Plan owner 2</b>
Name	<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?  Yes  No  Yes  No

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](http://www.irs.gov/businesses/corporations/foreign-account-tax-compliance-act-fatca).

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 04 - 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](http://www.rl360.com).

## 02 PAYMENT DETAILS

You can use this form to increase regular payments and/or add a lump sum payment to your plan. Use the tick boxes to indicate which options you require.

**Regular payment increase**

Current payment

Payment increase

Total payment

Your plan currency, frequency and method of payment will remain unchanged.

### Fund selection

Your payment increase will be invested in-line with your current fund selection.

If you wish to amend your current fund selection you will be required to complete a fund switch request form.

**Additional lump sum**

Lump sum

Payment options  Cheque  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

Bank address and postcode

Account holder's name

Branch SWIFT code  SWIFT code must be either 8 or 11 digits

IBAN/account number

Account held for  years  months

### Fund selection (required)

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

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

# 03 SOURCE OF WEALTH

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](http://www.rl360.com/sourceofwealth.pdf).

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

	Plan owner 1	Plan owner 2
<b>Annual salary plus bonuses</b>		
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"/>
<b>Other unearned income</b>		
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%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/>	<input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/>

If you intend to fund your plan from another source, please indicate which one from the list below for each plan owner and provide the relevant information requested in Section 04 - Additional Information.

Source of funds/wealth	Plan owner 1	Plan owner 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.

# 04 **ADDITIONAL INFORMATION**

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

# 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.

### 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](http://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 additional payment form was signed in (give country)

#### Plan owner 1

#### Plan owner 2

Signed

Date (dd/mm/yyyy)

# 06 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	<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 plan owner(s) identity, and certification of their residential address, and have, where applicable, attached suitably certified copies of both.

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"/> <input type="text"/> <input type="text"/>