ADDITIONAL PAYMENT FORM

Please complete this form in BLOCK CAPITALS throughout.

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

from our website - www.rl360.com.

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,	Social Security Number, Resident Registration Number)
either holds a US Pass	neans a US citizen or tax resident individual who has a sport, a US Green Card or who was born in the US and TCA can be found at: www.irs.gov/Businesses/Corpo	•
If you choose Yes to b or US Social Security		us with your US Taxpayer Identification Number (TIN)
in the US, you will nee Citizenship. RL360 ca	you have a US residential/correspondence address, he do to provide us with documentary evidence that you n accept a certified copy of your DS-4083 form (also y of your passport in which you are obtaining new cit	known as CLN - Certificate of Loss of Nationality)
Do you want to updat	e your contact/address details as part of this applica	tion? Yes No
If yes then please prov	ide new details in Section 04 - Additional Information.	
Online services If you haven't yet regis	stered for online access to your plan but would like to r	please download our agreement and registration forms

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You can use this form to i		regular payment	s and/or add a	lump sum	payment	to your plan. U	Jse the tick boxes to indicate
Regular payment inc	rease						
	Mini	mum payment ir	ncrease (per m	onth)			
GBP	50		USD		70		
EUR	60		AUD		90		
Current payment	[
Payment increase	[
Total payment	[
Establishment period (mo	onths)						
Your plan currency, frequ	ency and	d method of payı	ment will remai	n unchang	jed.		
Fund selection							
Your payment increase w							
If you wish to amend you	r current	fund selection y	ou will be requ	ired to co	mplete a f	und switch req	uest form.
Additional lump sum	1						
		Minimum lump	sum payment				
GBP	5,000		USD		7,000		
EUR	6,000		AUD	AUD 9,000			
Lump sum							
Payment options	[Telegraphic t	ransfer	Chec	que		
Please confirm the details	of the h	ank that you wil	l he making nav	vment from	m		
If you want to use a Curre	ency Exc erovide y	hange House to	transfer your pa	ayment to	us, please		has been approved by es, along with a full audit trail
Bank name	[
Bank address and postcode							
Account holder's name	[
Branch SWIFT code	[SWIII	ET code must k	pe either 8 or 11 digits
IBAN/Account number	[i i code must i	be either 0 or 11 digits
Account held for	[[years	mont	hs			
If the lump sum is to be p in tranches, please confir the reason 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%

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.

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	onuses			
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 name				
Nature of business				
Other unearned inco	me			
Amount received (include currency)				
Received from				
Date received (dd/mr	m/yyyy)			

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.

ource of funds	Plan owner 1	Plan owner 2	Information required
Savings			Amount* Bank where savings were held How and over how long were 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
_ottery/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

ADDITIONAL INFORMATION

If 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.

tins additional payrine	пе аррисатот	
I confirm that this ad	ditional payment form was signed in (give country)	
	Plan owner 1	Plan owner 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		
RL360 Adviser number		
Financial adviser's stamp		
Filialicial adviser 5 stallip		
(if this does not state an		
address, please complete		
company address details too)		
company address details too,		
Full manage		
Full name		
Online services username		
(if registered)		
Email address		
Signed		
Data (dd/mm/vyyy)		
Date (dd/mm/yyyy)		

RL360 Insurance Company Limited. Registered Office: International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Registered in the Isle of Man number 053002C. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority.

RL360 Insurance Company Limited, Labuan Branch (Company No. LF13039).

Management Office: Brighton Place, Ground Floor, U0213-U0215 Jalan Bahasa, 87014 Labuan F.T.,

Malaysia. Tel: +60 87 442 899/Fax: +60 87 451 899. Co-Located Office: BO2-C-16, Menara 3, KL Eco
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Insurer under the Labuan Financial Services & Securities Act 2010 (IS2016163).



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