

## Supplementary application form

This application should be completed in conjunction with the *Application Form* and read in conjunction with *Brochure*, and *Key Features*.

A copy of the completed *Application Form*, *Supplementary Application Form* and *Terms and Conditions* are available on request. If there is any doubt as to the relevance of any fact it should be included on the form, as it is important that all the information is fully disclosed. If more space is required please continue on a separate piece of paper and ensure it is signed and dated by each applicant.

U.S. Specified Person means a U.S. citizen or tax resident individual, who either holds a U.S. Passport, a U.S. Green Card, has a U.S. residential/correspondence address or who was born in the U.S. and has not yet renounced their U.S. citizenship. More information on U.S. 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).

### Section 1 Individual trustee applicant details

#### Details of the trust

Name of the trust	<input type="text"/>
Date trust was established (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>
Nature and purpose of the trust	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Country	<input type="text"/>

#### Trustee details

	Trustee 1	Trustee 2
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
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"/>
Country and place 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 reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 1 Individual trustee applicant details

	Trustee 1	Trustee 2
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"/>
	Trustee 3	Trustee 4
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
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"/>
Country and place 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 reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>

### Evidence required

As an individual trustee applicant, please tick to confirm that you have supplied the following:

- Suitably certified identity and current residential address documentation for each trustee
- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

	Settlor(s)	Protector(s)	Beneficiaries (where named)
First name	✓	✓	✓
Last name	✓	✓	✓
Date of birth	✓	✓	✓
Current residential address	✓	✓	✓
Occupation	✓	x	x
Date of death	✓*	x	x

\* for settlor(s) no longer alive.

## Section 2 Corporate applicant details

### Type of company

**Public Limited Company**

Please tell us which stock exchange you are listed on

**Private Limited Company**

**Limited Liability Partnership**

**Partnership**

Please tell us the nature of your business

**Charity**

Country of registration

Registration number

### Company or charity details

Company or charity name

Registered address and postcode (in full)

Country

Contact name

Contact position

Telephone number

Email address

### 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 your registered address.

Address for correspondence and postcode

Country

### Meeting of the board

At a meeting of the board held on the (dd/mm/yyyy)

at (insert office address)

it was agreed that we have the capacity to make this investment.

## Section 2 Corporate applicant details continued

### Directors or partners

You will need to provide us with a list of all directors or partners for your business, but we also need you to name two directors, one an executive director, for identity verification purposes. Please state their details here.

	<b>Executive Director/Partner 1 (must be completed)</b>	<b>Director/Partner 2 (must be completed)</b>
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
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"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>

### Authorised signatories

You will need to provide us with a list of all authorised signatories, but please tell us how many signatories will need to sign in order to action changes to the policy (including any special instructions, for example - 1 from category 'A' and 1 from category 'B').

Number of signatories required	<input type="text"/>
Special instructions	<input type="text"/>

### Shareholders and beneficial interest

Please tell us who in your company has a shareholding or beneficial interest of 25% or more. You will have to provide verification of identity for those listed.

	<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"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Section 2 Corporate applicant details continued

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
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"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Evidence required

As a corporate applicant, please tick to confirm that you have supplied the following:

- A full list of all directors
- Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation
- A copy of the latest annual report and accounts
- Suitably certified documentation verifying registered address of the company.
- Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director
- A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more.

## Section 3 Corporate trustee applicant details

### Details of the trust

Name of the trust	<input type="text"/>
Date trust was established (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>
Nature and purpose of the trust	<input type="text"/>

### Corporate trustee details

Corporate trustee name	<input type="text"/>
Global Intermediary Identification Number (FATCA GIIN)	<input type="text"/>
Registered address and postcode (in full)	<input type="text"/>
Country	<input type="text"/>
Contact name	<input type="text"/>
Contact position	<input type="text"/>
Telephone number	<input type="text"/>

### Section 3 Corporate trustee applicant details continued

#### 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 your registered address.

Address for correspondence and postcode

#### Directors or partners

You will need to provide us with a list of all directors or partners for your business, but we also need you to name two directors, one an executive director, for identity verification purposes. Please state their details here

	<b>Executive Director/Partner 1 (must be completed)</b>	<b>Director/Partner 2 (must be completed)</b>
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input style="width: 100%;" type="text"/>	Other (in full) <input style="width: 100%;" type="text"/>
First name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last name(s)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth (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"/>
Current residential address and postcode (in full)	<input style="width: 100%; height: 60px;" type="text"/>	<input style="width: 100%; height: 60px;" type="text"/>
Country	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Position	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

#### Authorised signatories

You will need to provide us with a list of all authorised signatories, but please tell us how many signatories will need to sign in order to action changes to the policy (including any special instructions, for example - 1 from category 'A' and 1 from category 'B').

Number of signatories required

Special instructions

#### Shareholders and beneficial interest

Please tell us who in your company has a shareholding or beneficial interest of 25% or more. You will have to provide verification of identity for those listed.

First Name(s)	Last Name(s)	Position	Shareholding (%)

### Section 3 Corporate trustee applicant details continued

**Evidence required**

As a corporate trustee applicant, please tick to confirm that you have supplied the following:

**For the company**

- A full list of all directors
- Suitably certified certificate of incorporation
- A copy of the latest annual report and accounts
- Suitably certified documentation verifying registered address of the company
- Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director
- A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest on 25% or more.

**For the trust**

- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

	Settlor(s)	Protector(s)	Beneficiaries (where named)
First name	✓	✓	✓
Last name	✓	✓	✓
Date of birth	✓	✓	✓
Current residential address	✓	✓	✓
Occupation	✓	x	x
Date of death	✓*	x	x

\* for settlor(s) no longer alive.

### Section 4 Supplementary declaration

We confirm that we have the necessary powers to take out this policy and enter into a contract with RL360 Insurance Company Limited (RL360°).

We also confirm that our company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

We agree that we will notify RL360° in writing immediately when any of our directors, list of authorised signatories or trustees change. We agree that we will provide evidence of identity and current residential address when asked by RL360°. We also acknowledge that RL360° can ask for an up-to-date authorised signatory list at any time.

We are aware that RL360° is authorised to obtain a bank reference at any time.

All applicants must also sign the main Declaration in Section 12 of the LifePlan *Application Form*.

	<b>Trustee/Authorised Signatory 1</b>	<b>Trustee/Authorised Signatory 2</b>
Signed	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>
	<b>Trustee/Authorised Signatory 3</b>	<b>Trustee/Authorised Signatory 4</b>
Signed	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>	<input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/>

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