



LIFEPLAN  
LEBANON

**APPLICATION  
FORM**

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إن هيئة الأسواق المالية في لبنان غير مسؤولة عن محتوى أي من المستندات المتعلقة بالاستثمار ولا عن دقة أو شمولية المعلومات الواردة فيها. إن هيئة الأسواق المالية لم تقيم ملاءمة الأدوات المالية المعروضة أو الواردة في المستندات بالنسبة إلى أي من طالبي الإكتتاب أو المستثمرين المحتملين.

The Capital Markets Authority (CMA) is not responsible for the content of any of the documents related to the investment or for the accuracy or completeness of the information included therein. The CMA did not assess the suitability of the financial instruments offered or included in such documents to any applicant or prospective investor.

**إذا كنت لا تقرأ ولا تكتب الانكليزية فإن ترجمة باللغة العربية لاستمارة الطلب هذه متوفرة وعليك الرجوع اليها فقط**

(The above states in Arabic: "If you do not read or write in the English language an Arabic version of the literature and Application Form is available and you should refer to this only.")

This Application Form should be read in conjunction with the current LifePlan Lebanon Product Guide and Key Information Document.

**This Application Form must be completed in English.**

A copy of the completed application and the policy Terms and Conditions are available on request. If there is any doubt as to the relevance of any fact it should be included, as it is important that all information is fully disclosed. If more space is required please continue on a separate sheet of paper and ensure it is signed and dated by each applicant and/or each life assured.

**PLEASE NOTE THAT INSUFFICIENT DETAILS MAY DELAY PROCESSING AND ACCEPTANCE**

**Before you return this Application Form, please check the following**

Please tick:

- Section 1 completed in all cases
- Section 2 completed if single/joint applicant(s)
- Section 3 completed in all cases
- Section 4 completed in all cases
- Section 5 completed in all cases
- Section 6 completed in all cases
- Section 7 completed in all cases
- Section 8 completed in all cases
- Section 9 completed in all cases where any questions are answered 'yes' or further details are required
- Section 11 completed in all cases
- Section 12 completed in all cases
- Section 13 completed in all cases

**This form is to be submitted with:**

- a signed, personalised illustration
- the first premium payment, made payable to RL360 Insurance Company Limited
- a certified copy of an identity document that includes a photograph for each applicant and life assured and evidence of their age
- certified documentary evidence of each applicant's and life assured's current residential address
- any supplementary forms

RL360 Insurance Company Limited (RL360) accepts no responsibility for any payment until it has been received at RL360's registered office. Provided that no further information is required and subject to acceptance of your application, your policy documents will be issued as soon as possible. In the unlikely event that you have not received your policy documents within 45 days after signing this form, please contact your financial adviser.

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).

Please complete in BLOCK CAPITALS and in black or blue ink throughout.

## 01 APPLICATION DETAILS

Which life assured basis do you require?

Single life

Joint life both death

Joint life first death

Joint life second death

## 02 APPLICANT(S) DETAILS

### First applicant

Sex (please tick)  Male  Female

Title (please tick)  Mr  Mrs  Miss  
 Other (in full)

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country and place of birth

Nationality

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Are you a US Specified Person?  Yes  No

Current residential address and postcode (in full)

Country

Home telephone number

Mobile telephone number

Relationship to first applicant

### Second applicant (if applicable)

Male  Female

Mr  Mrs  Miss  
 Other (in full)

Yes  No

### Online services

If you wish to access details of your policy online, you must supply us with the following information.

Email address

Password (you will only use this once)

Password hint

## 02 APPLICANT(S) DETAILS CONTINUED

### Exact occupation and duties

What is your exact occupation?

What is your company name?

What is the nature of your business?

Please state the applicants' combined earned/unearned income from all sources including any bonuses.

Currency

	This year	Last year	Previous year
Earned			
Unearned			

If you have stated annual unearned income please provide details.

## 03 LIFE OR LIVES ASSURED DETAILS

There can be up to 2 lives assured on the policy. If either applicant is to be a life assured, please confirm by ticking the boxes below. Please note that if you require waiver of premium benefit, this will apply only to the first life assured.

**First applicant**  
The applicant is also  Yes  No  
a life assured?

**Second applicant (if applicable)**  
 Yes  No

If either applicant ticks yes then go to "Details of occupation and duties" below.

If the lives assured are different to the applicants then complete all details as requested below.

	<b>First life assured</b>	<b>Second life assured (if applicable)</b>
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"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Nationality	<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"/>
Relationship to first applicant	<input type="text"/>	<input type="text"/>

# 03 LIFE OR LIVES ASSURED DETAILS CONTINUED

## Exact occupation and duties

What is your exact occupation?	<input type="text"/>	<input type="text"/>
What is your company name?	<input type="text"/>	<input type="text"/>
What is the nature of your business?	<input type="text"/>	<input type="text"/>

## Details of occupation and duties

Which of the following do you perform in the course of your work? (Please indicate the % spent in each, and ensure the total adds up to 100%.)

	First life assured	Second life assured
Managerial, administration, clerical and meetings?	<input type="text"/> %	<input type="text"/> %
Skilled, technical, light manual and supervisory on a shop or factory floor?	<input type="text"/> %	<input type="text"/> %
Sales (shop/office based), mobile sales, sales management or sales assistance?	<input type="text"/> %	<input type="text"/> %
Manual skilled, light unskilled or factory work, including lifting?	<input type="text"/> %	<input type="text"/> %
Unskilled work, heavy manual or heavy lifting?	<input type="text"/> %	<input type="text"/> %
	= 100%	= 100%
How much work is carried out at home?	<input type="text"/> %	<input type="text"/> %
Do you work more than 16 hours per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive payment from any other occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state other occupation.	<input type="text"/>	<input type="text"/>

All applicant(s) and each life assured must sign the Declaration in Section 11 and the following should be submitted to support the application.

- Full true certified copy of a current passport or national identity card carrying a photograph for each applicant and/or life assured.
- Documentary evidence of each applicant's and/or life assured's current residential address (i.e. original or true certified copy of utility, rates, council tax bill, entry from local telephone directory, extract from electoral roll, state benefit book, tax assessment or a mortgage statement). Documents must be less than 3 months old in the case of utility bills etc.

## Correspondence address

If, for any reason, you want correspondence to be sent to a different address you can provide a correspondence address below. In the interest of the security of your policy, RL360 recommends that you carefully select the most reliable addressee and correspondence address and advise RL360 of any subsequent change of name and address during the course of your policy. However, RL360 accepts no responsibility for the consequences of sending correspondence to this address.

Name of addressee	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Country	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

# 04 POLICY DETAILS

Provide policy benefits in United States dollars (USD) only.

	First life assured	Second life assured
Amount of primary life cover required	<input type="text"/>	<input type="text"/>
Do you require critical illness cover? (maximum age at entry 59 years attained)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please state the amount of benefit required	<input type="text"/>	<input type="text"/>
Do you require term life cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please state the amount of benefit required and for what length of time the benefit is required (minimum 5 years, maximum 61 years)	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years
Do you require term critical illness cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please state amount of benefit required.	<input type="text"/>	<input type="text"/>
Do you require accidental death benefit? (maximum age at entry 59 years attained)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require waiver of premium benefit? (only available to the single/first life to be insured, maximum age at entry 59 years attained)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Children's critical illness cover:** Please provide the names (in full) of any eligible children to be covered (only available if accelerated critical illness cover has been selected). Please note eligible children must be aged between 1 and 17 to apply.

	Child 1	Child 2	Child 3
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Have any of these children suffered from, or received, medical advice or treatment for any disease(s) of the heart, kidneys, brain or nervous system, or any form of cancer, or any other illness apart from minor childhood ailments or do any familial or congenital conditions exist?

Yes  No  If yes, provide full details in Section 09.

# 05 PREMIUMS

The only policy currency we accept for LifePlan Lebanon is United States dollars (USD).

Premium amount	<input type="text" value="USD"/>			
Premium frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly
Premium term	<input type="checkbox"/> Whole life	<input type="checkbox"/> Fixed term	for <input type="text"/> years	

# 06 CHOICE OF INVESTMENT FUNDS

List your choice of funds in the table below.

You must invest a minimum of 50% of your premium in the Lebanese Deposit Fund.

Please ensure that the percentages invested total 100%.

Fund name	ISIN	Percentage of premium
Lebanese Deposit Fund	-	%
		%
		%
		%
		%
		%
		100%

# 07 LIFESTYLE DETAILS

This section must be completed. If you answer yes to any question please provide additional information in Section 09. Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable.

	First life assured	Second life assured (if applicable)
7.1 Do you currently have an existing policy with RL360 Insurance Company Limited?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please insert your policy number in the appropriate box.	<input type="text"/>	<input type="text"/>
7.2 Please state your height	<input type="text"/> feet <input type="text"/> inches <input type="text"/> cm	<input type="text"/> feet <input type="text"/> inches <input type="text"/> cm
7.3 Please state your weight	<input type="text"/> pounds <input type="text"/> kg	<input type="text"/> pounds <input type="text"/> kg
7.4 In the past 12 months have you used tobacco products (cigarettes, cigar, e-cigarettes or chewing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state your daily consumption.	<input type="text"/>	<input type="text"/>
7.5 Is there any feature of your lifestyle, work or leisure activities or any other circumstances or fact which might affect or threaten your health or life expectancy? If yes, please state full details in Section 09.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6 Do you intend to fly, other than as a fare paying passenger on licensed commercial airlines or participate in any hazardous pursuits? For example underwater diving, motor racing? If yes, please complete the supplementary Aviation Questionnaire or other relevant pursuit questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.7 Will you be out of your stated country of residence for 30 days or more in any one year? If yes, please state full details of countries to be visited, nature of visit and length of stay in Section 09.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 09.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.9 Has any insurer ever declined, postponed or accepted an application on your life on special terms, or have you withdrawn an application? If yes, please state the company(ies), reason(s) and date(s) in Section 09.  Yes  No  Yes  No

7.10 Do you have any existing insurance policies (including benefits with RL360 Insurance Company Limited) or are you applying or expecting to apply for insurance benefits with other companies, or do you intend to discontinue any existing cover? Please state the total amount of life and critical illness cover taken out on your life in the last 12 months, including reinstated policies, and the cover currency in Section 09.  Yes  No  Yes  No

**Current medical attendant (this section MUST be completed)**

Please provide details of your usual medical attendant/attending physician below. If you have no usual medical attendant/attending physician, please provide details of the last doctor you consulted and the reason.

	First life assured	Second life assured (if applicable)
Name of doctor	<input type="text"/>	<input type="text"/>
Number of years attended	<input type="text"/>	<input type="text"/>
Address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Date of last visit (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"/>
Reason for last visit	<input type="text"/>	<input type="text"/>
Results of last visit	<input type="text"/>	<input type="text"/>

(If you require more space, please continue on a separate sheet.)



# 08 MEDICAL QUESTIONS

This section must be completed. If you answer yes, please provide additional information in Section 09. Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable.

	First life assured	Second life assured (if applicable)
8.1 Have you ever been advised to give up tobacco and/or alcohol for any specific reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.2 Have either your drinking or tobacco habits differed in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3 Please state the specific amount of your average weekly consumption of alcohol (quantity and type).	<input type="text"/> beer (in litres) <input type="text"/> wine (75cl bottles) <input type="text"/> spirits (measures)	<input type="text"/> beer (in litres) <input type="text"/> wine (75cl bottles) <input type="text"/> spirits (measures)
<b>Do you have or have you ever had any of the following?</b>		
8.4 Heart or circulatory disorders e.g. high blood pressure, stroke, chest pains, heart murmur, palpitations, rheumatic fever, blood vessel disorders, elevated cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5 Respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.6 Disorders of the digestive system, gall bladder or liver e.g. duodenal ulcer, bleeding from the bowel, hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.7 Disease or disorder or infection of the kidneys, bladder or reproductive organs e.g. protein or blood in the urine, stones, prostatitis, venereal disease, bilharzia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.8 Nervous, neurological or mental complaint e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety state, depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.9 Ear, eye, nose, throat or skin disorders e.g. ear discharge, defective vision, recurrent tonsillitis, porphyria, psoriasis, dermatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.10 Disorders or disease of muscles, bones, joints, limbs or spine e.g. rheumatism, arthritis, gout, slipped disc, other back or neck troubles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.11 Diabetes, sugar in urine, blood or spleen disorders, thyroid or other glandular disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.12 Cancer, leukaemia, tumour or growth of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.13 Are any medicines or drugs currently prescribed for you, or are you receiving any medical or psychiatric treatment or advice or awaiting surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.14 Have you received, or do you expect to receive, any advice, counselling, treatment or blood tests in connection with AIDS, HIV or an HIV related disorder or any sexually transmitted disease including hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.15 Have you ever been counselled or treated in connection with alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does/has any member of your immediate family:</b>		
8.16 suffer/ed from cancer, diabetes, stroke, kidney disease, multiple sclerosis, heart disease, high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.17 suffer/ed from any hereditary disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.18 died before the age of 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered yes to any of the above questions, please provide full details including your relationship to the family member and their age of diagnosis/death, in Section 09.



## 10 IMPORTANT NOTES

The answers provided on this form will be used to assess your application and you must, therefore, answer them fully and to the best of your knowledge and belief. You must also give RL360 any other information which might be relevant and which could influence the decision to accept your application. If you are unsure whether a particular fact is relevant, you should disclose it. Withholding any relevant information may result in the forfeiture of your protection benefits even if your application has been formally accepted. In such event, all monies paid may be forfeited. Please give careful consideration to the declaration before signing it.

Before the policy comes into force, any change of facts contained in the answers given must be notified to RL360 in writing. RL360 reserves the right to amend the terms on which your application may have been accepted or to withdraw acceptance in the event of any such change.

Your application is not binding and no policy will exist until RL360 has issued a letter of acceptance, all conditions therein have been complied with and your Policy Schedule has been issued.

Full details can be obtained by reading the LifePlan Lebanon Terms and Conditions.

## 11 DECLARATION

### For lives assured

- 11.1 I declare that I have read and understood the important notes in Section 10 and that all statements made by me, whether in my handwriting or not, are true and complete. I also declare that to the best of my knowledge and belief, I have disclosed all relevant information concerning this application, whether or not covered by the questions in this application or any supplementary questionnaires which might influence RL360's decision to issue my policy.
- 11.2 I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the policy.
- 11.3 By signing below I irrevocably consent to RL360 seeking from any doctor, hospital, medical institution or other person, information which may be related to my occupation, physical or mental health, including the result of any test, and I authorise the giving of such information. This authorisation shall remain in force after my death.

### For applicants

- 11.4 I agree that all statements, together with any forms, statements, reports or other information completed or supplied by me or any party on my behalf, shall form the basis of the policy with RL360.
- 11.5 I have read and understood the Product Guide and the Key Information Document and understand the charges that may be levied.
- 11.6 I agree to accept a policy in the form and containing the standard terms, conditions and rules ordinarily used by RL360 for the type of benefits for which I have applied. In addition, RL360 shall not be bound in any way by any representations or undertakings made or given by any person save as contained in the policy as issued. It is further agreed and understood that, notwithstanding any statement made to the contrary by any person, no policy comes into existence and no liability whatsoever will attach to RL360 as a result of this application unless and until the first premium has been received by RL360 and express written notice of acceptance of risk is issued by RL360.
- 11.7 To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 11.8 I confirm that on my own initiative I requested and received information about the policy from my financial adviser. On the basis of that information, I hereby apply for this policy. I understand that the policy is offered by RL360 which is established in the Isle of Man and as such is subject to the supervisory arrangements of the Isle of Man Government Financial Services Authority.
- 11.9 I understand that unless I provide a different address for correspondence in Section 03, all correspondence from RL360 shall be sent to the first named applicant at the permanent address given for that applicant. I acknowledge that any person who is advising me regarding the policy for which I am applying, is acting for me and not on behalf of RL360.
- 11.10 I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the policy.

# 11 DECLARATION CONTINUED

## Data Protection

Any data you provide 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, government or anyone else required by law. RL360 will use your data and information to allow for the administration of your policy, 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.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360 holds about you. For further information please write to: Data Protection Officer, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

If the applicant(s) and the life/lives assured are the same people, then please only sign once where the applicant(s) sign.  
If the life/lives assured is/are different from the applicant(s) - then all applicant(s) and life/lives assured must sign.

	<b>First applicant/life assured</b>	<b>Second applicant/life assured (if applicable)</b>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>First life assured</b> (where different from the first applicant)	<b>Second life assured (if applicable)</b> where different from the second applicant)
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please enter the country where this form was completed and signed	<input type="text"/>	

## 12 FINANCIAL ADVISER DETAILS

The RL360 adviser number can be obtained from your regional office.

Financial adviser's name/ company	<input type="text"/>
Address or stamp	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Email address	<input type="text"/>
Adviser number	<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"/>

## 13 YOUR CHOICE OF PAYMENT METHODS

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

### Cheque

Please make your cheque payable to RL360 Insurance Company Limited.

### Telegraphic transfer

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

Please make your payment to RL360 Insurance Company Limited through the appropriate bank below.

Currency	Account no.	IBAN	Swift code	Bank name	Account name
USD	1002304240021659	LB81001400021002304240021659	BLOM LBBX	BLOM Bank	RL360 Insurance Company Limited

### Bank address

Blom Bank S.A.L, Blom Building, Rashid Karamah Street, 1107 2807, Lebanon



CREDIT CARD MANDATE

Important

We are only able to accept credit or debit cards where the card displays one of the logos above and is prefixed with either a '3', '4' or a '5'. We regret that we cannot accept American Express.

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

Form fields for premium currency (US dollar), amount in figures and words, frequency (Monthly, Quarterly, Half-yearly, Yearly), commencing on date, card type (Mastercard/Eurocard, Visa), card issuer, country of issue, cardholder's name, and address.

The address details for the cardholder should be the same as the applicant(s) - if not then please provide reasons why in Section 09 of this form.

Form fields for card number and 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 to RL360.

Signature boxes for cardholder(s).

Date (dd/mm/yyyy) input fields.

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 please refer to our source of wealth information document available online at www.rl360.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 premium.

This process will create a pre-authorisation on the credit card for USD\$1.00. 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.



**STANDING ORDER INSTRUCTION**

**Important**

If you wish to change the amount you pay into your policy 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  Bank

Bank address

Reference number

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  US dollar (USD)

Premium amount in figures

Premium amount in words

Premium frequency  Monthly  Quarterly  Half-yearly  Yearly

Payment commencement date (dd/mm/yyyy)         until further notice.

Name of account holder(s)

Branch Swift Code  Swift Code must be either 8 or 11 digits

IBAN/ Account number

Currency	Account no.	IBAN	Swift code	Bank name	Account name
USD	1002304240021659	LB81001400021002304240021659	BLOM LBBX	BLOM Bank	RL360 Insurance Company Limited

**Bank address:** Blom Bank S.A.L, Blom Building, Rashid Karameh Street, 1107 2807, Lebanon.

Signature

Full name

Date (dd/mm/yyyy)







RL360 Insurance Company Limited  
(Lebanon Branch)  
شركة آر إل 360 إنشورنس كومبني ليمتد (فرع لبنان)

RL360, Burj Al Ghazal, 8th Floor,  
Fouad Chehab Highway,  
Ashrafieh, Tabaris, Lebanon.

T +961 (1) 202 183/4  
F +961 (1) 202 159  
E lebanonservice@rl360.com

Registered with the Commercial Register  
in Beirut on 23 March 2012 under Number  
1015174.

Registered with the Insurance Companies'  
Registry in Lebanon on 29 November 2011  
under Number 250 and subject to the law  
governing insurance companies.

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.

LPL002a 02/18

**PROTECTING YOU  
WHEN LIFE DOESN'T  
GO ACCORDING  
TO PLAN**