



LIFEPLAN
LEBANON

**CORPORATE
APPLICATION
FORM**

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 in all cases
- 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 where any questions are answered 'yes' or further details are required
- Section 10 completed in all cases
- Section 11 completed in all cases
- Section 12 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 life assured and evidence of their age
- certified documentary evidence of each life assured's current residential address
- any supplementary forms
- corporate evidence as listed on page 5

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.

01 **APPLICANT DETAILS**

If you require online servicing for your company please download our agreement and registration forms from our website - www.rl360.com. If you wish to link this policy to your existing online service please quote your online reference or existing username below.

Online reference or existing username

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

Company details

Company name

Permanent registered office address (in full)

Postcode

Country of incorporation/organisation

Date of incorporation (dd/mm/yyyy)

Contact name

Correspondence address (in full) - if different to above

Postcode

Contact name

Contact position

Telephone number

Email address

At a meeting of the board of directors held on the

date (dd/mm/yyyy)

at (location)

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

01 APPLICANT DETAILS CONTINUED

Directors/authorised signatories

Please enclose certified copy passports for at least two of the listed directors one of whom must be an executive director.

	Director 1	Director 2
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"/>
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"/>
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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/>

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.

	Shareholder 1	Shareholder 2 (if applicable)
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"/>
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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

01 APPLICANT DETAILS CONTINUED

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
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"/>
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 US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification of identity i.e. certified copy passport and address verification for each of the shareholders as documented above must be submitted with this Application Form.

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.

AUTOMATIC EXCHANGE OF INFORMATION – ENTITY SELF-CERTIFICATION

Instructions for completion

Under Tax Regulations and intergovernmental agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively “AEOI”), RL360 is required to collect information about each applicant’s tax status.

Please complete all relevant sections below and provide any additional information or certified documentation as directed.

This section is for applicants who are classified as an Entity under the Tax Regulations (please see our AEOI definitions for further clarification). Each individual controlling person must complete a separate *Individual Self-Certification form*.

Please note that in certain circumstances the information you provide may be disclosed to the Isle of Man Income Tax Division who in turn may exchange this information with tax authorities in other jurisdictions.

If any of the information that you provide changes in the future, you must advise us of these changes by completing a new Entity Self-Certification form and/or an Individual Self Certification as appropriate.

PART A Passive Non-Financial Entity (NFE) & Passive Non-Financial Foreign Entity (NFFE)

If the entity is a Passive Non-Financial Entity/Passive Non-Financial Foreign Entity please tick here and complete Parts D and F. If the Entity is a Specified U.S. person, please complete Parts B, D and F.

01 APPLICANT DETAILS CONTINUED

PART B Specified U.S. Person (If the Entity is not a U.S. person, complete PART C).

Please tick and complete as appropriate.

- (a) The entity is a **Specified U.S. Person** and the entity's U.S. federal taxpayer identifying number (U.S. TIN) is as follows:
- (b) The entity is a U.S. Person that is **not a Specified U.S. Person**. Please indicate exemption
- a. An organisation exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a) (37); The United States or any of its agencies or instrumentalities;
 - b. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, or instrumentalities;
 - c. A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg section 1.1472-1(c)(1)(i);
 - d. A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i);
 - e. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state;
 - f. A real estate investment trust;
 - g. A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940;
 - h. A common trust fund as defined in section 584(a);
 - i. A bank as defined in section 581;
 - j. A broker;
 - k. A trust exempt from tax under section 664 or described in section 4947; or
 - l. A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

PART C U.S. FATCA Classification for all Non United States Entities

Please complete this section if the entity is **not** a U.S. Tax Resident

If the entity is a **Registered Financial Institution**, please tick one of the below categories, and provide the entity's GIIN.

- (a) IGA Partner Jurisdiction Financial Institution
- (b) Registered Deemed Compliant Foreign Financial Institution
- (c) Participating Foreign Financial Institution

Global Intermediary Identification number (GIIN):

If the entity is a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

- (a) The Entity is a **Sponsored Financial Institution** and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.
- Sponsoring Entity's Name:
- Sponsoring Entity's GIIN:
- (b) The Entity is a **Trustee Documented Trust**. Please provide your Trustee's name and GIIN.
- Trustee's Name:
- Trustee's GIIN:
- (c) The Entity is a Certified Deemed Compliant, or otherwise **Non-Reporting, Foreign Financial Institution** (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).
- Indicate exemption:

01 APPLICANT DETAILS CONTINUED

PART C U.S. FATCA Classification for all Non United States Entities continued

(d) The Entity is a **Non-Participating Foreign Financial Institution**.

If the entity is **not a Foreign Financial Institution**, please confirm the Entity's FATCA status below:

(a) The Entity is an **Exempt Beneficial Owner** Indicate status:

(b) The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)

i. If the Entity is a **Direct Reporting NFFE**, please provide the Entity's GIIN:

ii. If the Entity is a **Sponsored Direct Reporting NFFE**, please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name:

Sponsoring Entity's GIIN:

PART D Declaration of Tax Residency (to be completed in all cases)

Country/countries of tax residency	Tax reference number type (e.g. company tax number)	Tax reference number (e.g. TIN)

If it is not possible to provide a tax identification number, you must specify the reason here:

PART E Common Reporting Standard (CRS) Classification

Provide your CRS classification by ticking the appropriate box(es). Note that CRS classification does not necessarily coincide with your classification for US FATCA purposes.

If the entity is a **Financial Institution**, please specify the type of Financial Institution below:

Reporting Financial Institution under CRS.

OR

Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:

Governmental Entity

International Organisation

Central Bank

Broad Participation Retirement Fund

Narrow Participation Retirement Fund

Pension Fund of a Governmental Entity, International Organisation, or Central Bank

Exempt Collective Investment Vehicle

Trust whose trustee reports all required information with respect to all CRS Reportable Accounts

Qualified Credit Card Issuer

Other Entity defined under the domestic law as low risk of being used to evade tax.

Specify the type provided in the domestic law:

01 APPLICANT DETAILS CONTINUED

PART E Common Reporting Standard (CRS) Classification continued

If the Financial Institution is resident in a **Non-Participating Jurisdiction** under CRS, please specify the type of Financial Institution resident in a Non-Participating Jurisdiction below:

- (a) Investment Entity and managed by another Financial Institution.
If you have ticked this box please indicate the name of the Controlling Person(s) in Part F.
- (b) Other Financial Institution, including a Depository Financial Institution, Custodial Institution, or Specified Insurance Company.
- (c) Other Investment Entity

If the entity is an **Active Non-Financial Entity** ("NFE") please specify the type of NFE below:

- a) Corporation that is regularly traded or a related entity of a regularly traded corporation.
Provide the name of the stock exchange where traded:
- b) If you are a related entity of a regularly traded corporation, provide the name of the regularly traded corporation:
- c) Governmental Entity, International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing
- d) Other Active Non-Financial Foreign Entity

PART F If applicable, please state the full name(s) of the controlling person(s)

Controlling Persons who are natural persons must complete our Individual Self Certification form in addition to this form.

Controlling Persons who are not natural persons must complete an additional Entity Self Certification Form in addition to this form.

02 LIFE OR LIVES ASSURED DETAILS

There can be up to 2 lives assured on the policy. Please note that if you require waiver of premium benefit, this will apply only to the first life assured.

Which life assured basis do you require? Single life Joint life both death
 Joint life first death Joint life second death

	First life assured	Second life assured (if applicable)
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"/>
Current residential address and postcode (in full)	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>

02 LIFE OR LIVES ASSURED DETAILS CONTINUED

First life assured

Country of residence

Home telephone number

Mobile telephone number

Email address

Nationality

Date of birth (dd/mm/yyyy)

Relationship to first applicant

Second life assured (if applicable)

Exact occupation and duties

What is your exact occupation?

What is your company name?

What is the nature of your business?

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"/>

Each life assured must sign the Declaration in Section 10 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 life assured.
- Documentary evidence of each 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.

03 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 18 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 08.

04 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	

05 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%

06 LIFESTYLE DETAILS

This section must be completed. If you answer yes to any question please provide additional information in Section 08. 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)
6.1 Do you currently have an existing policy with RL360 Insurance Company Limited? If yes, please insert your policy number in the appropriate box.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
6.2 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
6.3 Please state your weight	<input type="text"/> pounds <input type="text"/> kg	<input type="text"/> pounds <input type="text"/> kg
6.4 In the past 12 months have you used tobacco products (cigarettes, cigar, e-cigarettes or chewing)? If yes, please state your daily consumption.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
6.5 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 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6 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
6.7 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 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

06 LIFESTYLE DETAILS CONTINUED

6.9 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 08. Yes No Yes No

6.10 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 08. 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.)

07 MEDICAL QUESTIONS

This section must be completed. If you answer yes, please provide additional information in Section 08. 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 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
7.2 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
7.3 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)
Do you have or have you ever had any of the following?		
7.4 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
7.5 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
7.6 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
7.7 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
7.8 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
7.9 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
7.10 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
7.11 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
7.12 Cancer, leukaemia, tumour or growth of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.13 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
7.14 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
7.15 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

07 MEDICAL QUESTIONS

9.16 Family history

Please provide details of your family history in the table below, including details of their current state of health or, if deceased, the cause of death. Of particular importance is if your father, mother or any brothers or sisters have died or suffered from heart disease, stroke, kidney disease, cancer, multiple sclerosis or diabetes before the age of 65, or suffered from any familial/hereditary disorders.

Please tell us the age at outset if your relative had cancer and the part of the body first affected.

First life assured

Relatives	State of health (or if deceased please state cause of death)	Age (or age at death)
Father	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>
Brothers (number <input type="text"/> born)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Sisters (number <input type="text"/> born)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Second life assured (if applicable)

Relatives	State of health (or if deceased please state cause of death)	Age (or age at death)
Father	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>
Brothers (number <input type="text"/> born)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Sisters (number <input type="text"/> born)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

If more space is required, please continue in Section 08.

09 **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.

10 **DECLARATION**

For lives assured

- 10.1** I declare that I have read and understood the important notes in Section 09 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.
- 10.2** I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the policy.
- 10.3** 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

- 10.4** 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.
- 10.5** I have read and understood the Product Guide and the Key Information Document and understand the charges that may be levied.
- 10.6** 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.
- 10.7** To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 10.8** 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.
- 10.9** 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.
- 10.10** I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the policy.
- 10.11** I confirm that we have the necessary powers to take out this policy and enter into a contract with RL360.
- 10.12** I also confirm that our company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

10 DECLARATION CONTINUED

- 10.13** I agree that we will notify RL360 in writing immediately when any of our directors or list of authorised signatories change. I agree that we will provide evidence of identity and current residential address when asked by RL360. I also acknowledge that RL360 can ask for an up-to-date authorised signatory list at any time.
- 10.14** I am aware that RL360 is authorised to obtain a bank reference at any time.
- 10.15** I declare that all the information provided in the Entity Self-Certification section of this application is, to the best of my knowledge and belief, correct and complete. I understand that I must complete a new Entity Self-Certification form where the information stated in this application is no longer valid due to a change in the Entity's tax and/or AEOL status. I am aware that RL360 may be required to share this information with the Isle of Man Income Tax Division.

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.

	Authorised signatory 1	Authorised signatory 2
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"/>
	Authorised signatory 3	Authorised signatory 4
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"/>
	First life assured	Second life assured
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"/>
Please enter the country where this form was completed and signed	<input type="text"/>	

11 FINANCIAL 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"/>
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

Date (dd/mm/yyyy)

12 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, Premium amount in figures, Premium amount in words, Premium frequency, Commencing on*, Card type, Card issued by, Country of card issue, Cardholder's name(s), Cardholder's address.

The address details for the cardholder should be the same as the applicant(s) - if not then please provide reasons why in Section 08 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.

Form fields for Authorised signatory 1, 2, 3, and 4, including Signature and 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 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 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

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 Karamah Street, 1107 2807, Lebanon.

	Authorised signatory 1	Authorised signatory 2
Signature	<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"/>
	Authorised signatory 3	Authorised signatory 4
Signature	<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"/>

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.

LPL011a 02/18

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