

Additional contribution form

Please complete this form in BLOCK CAPITALS throughout.

Withdrawals

Please note that if you take withdrawals from your policy, RL360° will not automatically increase the level of withdrawal in line with the top up, unless your current withdrawals are a percentage (%) of the premiums paid. Should you wish to increase the withdrawal level, please confirm this in a separate instruction.

Section 1 Policy details

Policy number

Are you notifying us of any changes to your personal/company/trustee details as part of this application? Yes No

If yes, please provide details in Section 7 – Your additional notes.

	Policyholder 1	Policyholder 2 (if applicable)
Name	<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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country and place of birth	<input type="text"/>	<input type="text"/>

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.

If the policyholder is a corporate trustee, please complete Section 4.

If the policyholder is a trust or company, please complete Section 5.

Section 2 Contribution details

For information regarding additional premium amounts, please refer to the relevant policy literature.

Additional premium (in policy currency)

Section 4 Supplementary section for corporate trustees

Corporate trustee name

Global Intermediary Identification Number (FATCA GIIN)

Section 5 Supplementary section for trusts and companies

Trusts

Trust name

	Settlor 1	Settlor 2 (if applicable)
Name	<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"/>
Country and place of birth	<input type="text"/>	<input type="text"/>

	Trustee 1	Trustee 2
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 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country and place of birth	<input type="text"/>	<input type="text"/>

	Trustee 3 (if applicable)	Trustee 4 (if applicable)
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 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country and place of birth	<input type="text"/>	<input type="text"/>

Companies

Company name

	Executive Director/Partner 1	Director/Partner 2
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 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country and place of birth	<input type="text"/>	<input type="text"/>

Section 5 Supplementary section for trusts and companies continued

Shareholders and beneficial interest

Please complete this section for persons who have a shareholding or beneficial interest of 25% or more.

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

Section 6 Your source of funds and wealth

In order for us to comply with our obligations under the Isle of Man Insurance and Pensions Authority Insurance (Anti-Money Laundering) Regulations 2008, you must answer the following questions fully.

Source of funds

Please provide us with the details of your bank account that you will use to fund your additional premium.

Bank name	<input type="text"/>	
Bank address and postcode	<input type="text"/>	
Account holder's name	<input type="text"/>	
Branch Swift Code (for all non-GBP and International payments) Swift Code must be either 8 or 11 digits	<input type="text"/>	OR Bank Sort Code <input type="text"/> - <input type="text"/> - <input type="text"/> (for UK GBP payments only)
IBAN (all non-GBP accounts)	<input type="text"/>	OR Account number <input type="text"/> (GBP UK Bank only)
Account held for	Years <input type="text"/>	Months <input type="text"/>

If you are funding your additional premium from more than one bank account, please provide your additional bank details in Section 7 - Your additional notes. Please also provide your reasons for doing this.

Section 6 Your source of funds and wealth continued

Source of wealth

The Insurance (Anti-Money Laundering) Regulations 2008 requires all Isle of Man life companies to “make enquiries as to how an applicant has acquired the monies to be used as premium for, or contribution to, a policy.” This reflects the Isle of Man’s commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

RL360° has adopted a risk-based approach to meet these regulations, categorising all countries that we will accept business from into 1 of 3 tiers. Each tier has different source of wealth requirements. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of wealth procedures can be obtained from your financial adviser or can be downloaded from www.rl360.com/sourceofwealth.pdf.

You must complete the annual salary question in full, in all cases, and for both policyholders as applicable. Trustees please provide source of wealth details for the underlying settlor(s). You must also disclose to us any other sources of wealth within this section. Please use Section 7 if you require more space for details.

	First policyholder (Single settlor)	Second policyholder (if applicable) (Joint settlor)
Annual salary plus bonuses		
Income this year (include currency)	<input type="text"/>	<input type="text"/>
Income last year (include currency)	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer’s company name	<input type="text"/>	<input type="text"/>
Nature of business	<input type="text"/>	<input type="text"/>
Other unearned income		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Received from	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
If you are retired please tell us your previous occupation, salary, employer and date of retirement.		
Previous occupation	<input type="text"/>	<input type="text"/>
Salary (include currency)	<input type="text"/>	<input type="text"/>
Employer’s company name	<input type="text"/>	<input type="text"/>
Date retired (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Where your source of wealth for this application is from any of the following, please provide details.

	First policyholder (Single settlor)	Second policyholder (if applicable) (Joint settlor)
Savings		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Bank where savings were held	<input type="text"/>	<input type="text"/>
How were savings accumulated?	<input type="text"/>	<input type="text"/>
Pension transfer		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Received from	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Section 6 Your source of funds and wealth continued

Property or asset sale

Amount received (include currency)	<input type="text"/>	<input type="text"/>
Address of property sold or asset type	<input type="text"/>	<input type="text"/>
How long held	<input type="text"/>	<input type="text"/>
Date of sale (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Company profits

Profits this year (include currency)	<input type="text"/>	<input type="text"/>
Profits last year (include currency)	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>

Company sale

Amount received (include currency)	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>	<input type="text"/>
Company industry	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Other (such as a lottery or betting win, gift or inheritance. For inheritance please state from who.)

Amount received (include currency)	<input type="text"/>	<input type="text"/>
Source	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

RL360° reserves the right to request further information should it be considered necessary.

Section 7 Your additional notes

If you have no additional notes, please continue to Section 8 - Your declaration.

Section 8 Your declaration

My application

I understand that my additional contribution will be treated in line with the terms and conditions of my policy.

Availability

I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my investment into Oracle unlawful.

Investment

I request that RL360° allocates my premium to the funds detailed in Section 3 of this application. Furthermore, I agree to RL360° acting on investment instructions received from me or my appointed adviser, despite the fact I may not have read all of the documentation issued by the investment manager for each fund.

Cancellation rights and refund of investment

I understand that I have the right to cancel my additional contribution and obtain a refund of any amount paid to RL360°, by giving written notice. Such notice needs to be signed by me and received directly by RL360° at its head office within 30 days of the policy issue date.

Legal

I agree to the policy being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that maybe brought in relation to the policy.

I accept that RL360° can bring the contract to an end if I have failed to detail any facts that may influence the decision to accept this application.

I confirm that this application was signed in (give country)

	Policyholder/Trustee/Authorised Signatory 1	Policyholder/Trustee/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"/>
	Trustee/Authorised Signatory 3	Trustee/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"/>

Section 9 Your adviser's declaration

This section is to be completed by your financial adviser.

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

Company name

Adviser number

Name of regulatory or
authorising body

Regulatory number
(if applicable)

Financial Adviser's stamp
(if this does not state an
address, please complete
company address details too)

Full name

Online services username
(if registered)

Work telephone number

Mobile telephone number

Email address

I confirm that I have seen documentary proof of the policyholder(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)

Section 10 Your choice of payment methods

Your premium can be paid using any of the following methods.

Cheque

Please send your cheque, made payable to RL360 Insurance Company Limited to RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Your cheque must come from the bank account you have detailed in Section 6.

Please note that GBP cheques can take up to five working days to clear. Other currency cheques may take considerably longer to clear.

Telegraphic transfer

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

Your payment must come from the bank account you have detailed in Section 6.

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

Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
AUD	CITIGB2L	GB45 CITI 1850 0813 1419 34	18-50-08	13141934	Citibank, London	RL360
CHF	CITIGB2L	GB26 CITI 1850 0813 1418 88	18-50-08	13141888	Citibank, London	RL360
EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
HKD	CITIGB2L	GB10 CITI 1850 0813 1416 91	18-50-08	13141691	Citibank, London	RL360
JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

Bank address

The bank address for all the above accounts is: Citibank, Citigroup Centre, Canada Square, Canary Wharf, London, E14 5LB, UK.