

Paragon

Corporate and trustee application



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You need only complete one of these sections depending on the type of applicant that you are

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	In this section, tell us how your company's or the settlors' wealth was accumulated. It is important that you complete this section so that we can meet Isle of Man anti-money laundering requirements.	
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	In this section you must agree to the terms and conditions of the policy and sign where appropriate. This application along with the <i>Paragon Terms and Conditions</i> then forms the basis of our contract with you. It is important that you fully understand the policy being offered before signing.	
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Completion

Please complete this form in blue or black ink using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 12 - Application checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

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.

You can request a copy of your completed *Application Form* at any time along with our *Terms and Conditions*. You should be aware that your contract with us could be brought to an end if you fail to tell us any facts which might influence our assessment of your application. If you have any doubt as to whether a fact is relevant, then you should disclose it to us.

Once you have completed and signed the application you should send it along with all requested additional information to your nearest regional office (address on back of form) or to our New Business Team, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Please note that if you do not fully complete this *Application Form*, or provide suitable evidence where required, this will result in a delay to us accepting your application and issuing your Paragon policy. Remember, if you need any help, our Regional Support teams are on hand to guide you by telephone or by email.

Section 1 Individual trustee applicant details

Details of the trust

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

Trustee details

	Trustee 1	Trustee 2
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>

Online services

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

Email address	<input type="text"/>	<input type="text"/>
Password (you will only use this once)	<input type="text"/>	<input type="text"/>
Password hint	<input type="text"/>	<input type="text"/>

Section 1 Individual trustee applicant details continued

	Trustee 3	Trustee 4
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>

Online services

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

Email address	<input type="text"/>	<input type="text"/>
Password (you will only use this once)	<input type="text"/>	<input type="text"/>
Password hint	<input type="text"/>	<input type="text"/>

Evidence required

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

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

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

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

for settlor(s) no longer alive.

Section 2 Corporate applicant details

If you require online servicing for your company please download our agreement and registration forms from our website – www.r1360.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

Charity

Country of registration

Registration number

Company or charity details

Company or charity name

Registered address and postcode (in full)

Country

Contact name

Contact position

Telephone number

Email address

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use your registered address.

Address for correspondence and postcode

Country

Is this address for Your company Your IFA Your solicitor

Other (please specify)

Meeting of the board

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

at (insert office address)

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

Section 2 Corporate applicant details continued

Directors or partners

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

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

Authorised signatories

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

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

Shareholders and beneficial interest

Please tell us who in your company has a shareholding or beneficial interest of 25% 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	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 2 Corporate applicant details continued

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Evidence required

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

Section 3 Corporate trustee applicant details

If you require online servicing for your company please download our agreement and registration forms from 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

Details of the trust

Name of the trust

Date trust was established (dd/mm/yyyy)

Nature and purpose of the trust

Corporate trustee details

Corporate trustee name

Global Intermediary Identification Number (FATCA GIIN)

Registered address and postcode (in full)

Country

Contact name

Contact position

Telephone number

Email address

Section 3 Corporate trustee applicant details continued

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use your registered address.

Address for correspondence and postcode

Is this address for Your company Your IFA Your solicitor
 Other (please specify)

Directors or partners

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

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

Authorised signatories

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

Number of signatories required

Special instructions

Shareholders and beneficial interest

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

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

Section 3 Corporate trustee applicant details continued

Evidence required

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

For the company

- A full list of all directors.
- Suitably certified certificate of incorporation.
- A copy of the latest annual report and accounts.
- Suitably certified documentation verifying registered address of the company.
- Suitably certified identity and address documentation for at least two 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.

For the trust

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

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

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

for settlor(s) no longer alive.

Section 4 Life or lives assured details

Where there are 2 lives assured, the death benefit will be paid on the death of the last surviving life assured.

	First life assured	Second life assured
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

Section 5 Policy requirements

Premium currency

Your policy will also be denominated in this currency

GBP USD EUR

Premium amount

Please remember the minimum regular premium is GBP100 per month or currency equivalent. Please refer to the *Key Features* for more information.

Note: For premium terms of less than 10 years, the minimum premium doubles.

Premium frequency

Monthly Quarterly Half-yearly Yearly

Premium term

The minimum premium term is 5 years.

Premium indexation option

Yes No

If **yes**, increasing at a simple (fixed yearly) increase of: 5% 10%

Number of sub-policies

Paragon will automatically be split equally into a number of sub-policies (up to 100) such that there is a minimum of GBP25/EUR38/USD50 in each. If a smaller number of sub-policies is required please indicate the required number.

Payment method

You can pay premiums monthly or quarterly by credit/debit card, standing order or direct debit. If you prefer you can contribute on a half yearly or yearly basis by credit/debit card, standing order, direct debit, telegraphic transfer or cheque.

Credit/debit card (please complete the credit card mandate on page 18)

Standing order (please complete the standing order instruction on page 20)

Direct debit (GBP payments from UK and Channel Island banks only)
(please complete the direct debit instruction on page 19)

Cheque (half-yearly or yearly payment only) (please complete the banking details below)

Telegraphic transfer (half-yearly or yearly payment only) (please complete the banking details below)

Payments by cheque or telegraphic transfer

Please confirm the details of the bank that you will be making payment from.

Bank name

Bank address and postcode

Account holder's name

Branch Swift Code **OR** Bank Sort Code --
(for all non-GBP and International payments) (for UK GBP payments only)
Swift Code must be either 8 or 11 digits

IBAN/Account number **OR** Account number
(all non-GBP accounts) (GBP UK Bank only)

Account held for Years Months

Section 6 Choice of investment funds

Fund choice

Please list your choice of funds below, up to a maximum of 10 funds. The minimum investment per fund is GBP25/EUR38/USD50.

Please ensure that the percentages invested total 100%.

ISIN	Fund name	Currency	Percentage of premium
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
Total			100%

Section 7 Source of wealth details

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 Insurance Company Limited ("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

For trustee applicants please provide source of wealth details for the underlying settlor(s).

You must complete the annual salary question in full, in all cases and for both settlors as applicable. You must also complete all other relevant questions within this section. Please use Section 8 if you require more space for details.

	Single settlor	Joint settlor (if applicable)
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"/>
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"/>

Section 7 Source of wealth details continued

	Company/single settlor	Joint settlor (if applicable)
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"/>
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"/>
Maturing investments or policy claim		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
From which company	<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"/>
Amount received (include currency)	<input type="text"/>	<input type="text"/>
From which company	<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"/>
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"/>
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 documentary evidence of source of wealth should it be considered necessary.

Section 8 Additional information

If you have no additional notes, please continue to Section 9 - Payment of proceeds.

Section 9 Payment of proceeds

You do not have to complete this section now, however, if you do:

- it may help us to speed up the payment of withdrawals or policy proceeds in the future; and
- it will help strengthen our anti-fraud procedures.

Payment can only be made to a bank account in your name, as the applicant(s).

Bank/building society	<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/Account number (all non-GBP accounts)	<input type="text"/>
OR	Account number <input type="text"/> (GBP UK Bank only)

Section 10 Declaration

Paragon literature

We confirm that we have read a copy of the Paragon literature including the *Brochure, Key Features, Terms and Conditions* and *Investment Guide*.

Our application

By signing this application we agree to our policy being governed by the Paragon *Terms & Conditions*. We confirm that all of the information we have provided in this application, along with any supporting forms, questionnaires, statements, reports or other information are true and complete.

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

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

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

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

Availability

We confirm that to the best of our knowledge and belief, we are not subject to any legislation that would make our investment into Paragon unlawful.

Financial adviser

We have appointed (company name) to act as our financial adviser.

We agree to RL360 disclosing all information relating to our Paragon policy to our appointed financial adviser. We will let RL360 know in writing if we decide to change our appointed financial adviser.

Personal Illustration

We understand that our Personal Illustration is not guaranteed by RL360 or our adviser, and only offers an indication of what we might get back under a limited number of scenarios. We are aware that it is important we monitor our policy on a regular basis as fund performance will likely differ from the assumptions made in our Personal Illustration. We accept that RL360 is not responsible for monitoring whether our policy performance matches the assumptions made in my Personal Illustration.

Investment

We are aware that RL360 does not provide investment advice, is not responsible for managing funds and does not determine whether or not funds are suitable for us. We understand that Paragon offers access to a range of funds and that these are managed by external companies. We accept that ultimate responsibility for fund selection lies with me and my appointed adviser; if funds perform poorly and as a consequence our policy drops in value, we accept this is not the fault of RL360.

We request that RL360 allocate our premium to the funds detailed in Section 6 of this application. In order for RL360 to do this we confirm the following:

- a) We agree to RL360 acting on instructions received from us or our appointed adviser, and we will read the documentation issued by the fund manager for each fund prior to selecting it for our policy.
- b) We are aware that some funds may have terms and conditions that could
 - i) restrict RL360 from realising a cash value when requested and prevent RL360 paying out benefits from the policy in a timely fashion.
 - ii) result in RL360 having to pay back some or all of the sale proceeds if an adjustment has to be made after the payment. If RL360 is required to make such a repayment and the policy value is too low to cover it, or we have surrendered the policy, we agree to compensate RL360 for any loss that it has suffered as a result.
- c) We accept that RL360 has the right to sell funds linked to the policy without requiring our permission. RL360 may do this if it decides that a fund may have harmful legal or tax consequences under law.
- d) We are aware that there may be fees to pay when RL360 sells one or more of the funds linked to the policy. Any fees due when selling a fund should be detailed by the fund manager in the fund documentation.
- e) We confirm that we are aware of the fees that we must pay in relation to our chosen funds.

Section 10 Declaration continued

Data Protection

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group 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, its 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°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Legal

We 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.

Cancellation right

We are aware that we have the right to cancel our policy within the first 30 days from its start date. We understand that the amount we get back may be less than our premium paid where our selected funds have fallen in value. We are aware that to cancel our policy we will need to complete the Cancellation Notice and return it to RL360°'s Head Office address within the 30 day period.

Political exposure

If anyone associated with this application (for example a company director, partner, trustee or settlor) is senior executive of a publicly owned company, please detail below.

Where this is left blank, you are confirming that no person associated with this application is politically exposed.

Final agreement

We agree to the following documents forming the basis of the contract between me and RL360°:

- this *Application Form*
- the *Terms and Conditions*
- the *Policy Schedule*
- any *Endorsements* to the *Policy Schedule*

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

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

	Trustee/Authorised Signatory 1	Trustee/Authorised Signatory 2
Signed		

	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
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	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signed		

	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
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Section 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

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

(Your email address will only be used for admin queries)

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)

Section 12 Application checklist

This checklist will help make sure you have provided everything we need to process your application.

Verification of identify – must be provided for all individual trustees or the directors/partners named in Sections 1, 2 or 3

Please send a **suitably certified copy*** of their passport or National Identity Card showing their photograph(s) – If you are unable to provide either of these please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

Individual trustees

We have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Directors/partners

We have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Verification of current residential address

– must be provided for all individual trustees or the directors/partners named in Sections 1, 2 or 3

Please send a **suitably certified copy*** of at least one of the following documents for each.

Individual trustees (please tick which documents you have sent us)	Directors/partners (please tick which documents you have sent us)	Acceptable document
<input type="checkbox"/>	<input type="checkbox"/>	Latest bank account or credit card statement
<input type="checkbox"/>	<input type="checkbox"/>	Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable
<input type="checkbox"/>	<input type="checkbox"/>	Current driving licence
<input type="checkbox"/>	<input type="checkbox"/>	Proof of ownership or rental at current residential address
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage statement
<input type="checkbox"/>	<input type="checkbox"/>	Tax assessment document
<input type="checkbox"/>	<input type="checkbox"/>	State pension, benefit book or other government produced document showing benefit entitlement
<input type="checkbox"/>	<input type="checkbox"/>	Extract from official register of electors
<input type="checkbox"/>	<input type="checkbox"/>	Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the applicant
<input type="checkbox"/>	<input type="checkbox"/>	Entry in local telephone directory.

Confirmation of policy details

Please make sure you have completed Section 5 and have included an **original** signed illustration.

I have provided Policy details (please tick to confirm)

I have included an original signed illustration (please tick to confirm)

Section 12 Application checklist continued

*Suitably Certified Copy Documentation

Your financial adviser can certify your copy documents, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify your documents, we will accept certification by one of the following 'Suitable Certifiers'

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360°
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents

If you cannot have your documents certified by one of the above, please contact us.

The certifier must

- Add the statement 'Certified as a true copy taken from the original'
- Sign and date the copy document on all pages
- Print their name clearly in BLOCK CAPITALS underneath their signature
- Record the capacity or position in which they are certifying the document
- Add their company name or official stamp or seal

The documents which we receive **must** contain the original certification and stamp.

Section 13 Choice of payment methods

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

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 5

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 5.

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
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
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.



Credit and debit 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 a '3', a '4' or a '5'.

The maximum amount that can be collected by credit card is GBP99,999.99 (or currency equivalent) per premium.

We cannot accept payments from Rand or Zimbabwe dollar denominated cards.

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

Premium currency (please tick appropriate box) Sterling (GBP) Euro (EUR) US dollar (USD)

Premium amount in figures

Premium amount in words

Premium frequency Monthly Quarterly Half-yearly Yearly

Commencing on*

* this applies to initial premium only, future premiums are deducted up to 2 working days prior to premium due date.

Card type Mastercard/Eurocard Visa JCB American Express*

* The amount we collect from your card will be 1% higher than your premium to cover additional charges applied by American Express.

Card issued by (name of bank)

Country of card issue

Cardholder's name(s) (must be an applicant)

Cardholder's address (as held by the card issuer)

The cardholder's address should be the same as that of the applicant(s). If it is not, please provide reasons why in Section 8.

Card number - - -

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 of cardholder(s)

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 about country tiers please refer to our source of wealth information document available online at www.rl360.com/sourceofwealth.pdf.

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

Instruction to your bank or building society to pay by Direct Debit

Important

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

Service User Number

Name and full postal address of your bank or building society branch

To the manager Bank/Building Society

Bank address

Name(s) of account holder(s)

Bank sort code (UK only) - - Account number

This Direct Debit Instruction relates to my policy number, reference:

Instruction to your bank or building society

Please pay RL360 Insurance Company Limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with RL360 Insurance Company Limited and, if so, details will be passed electronically to my bank/building society.

	Account holder/Authorised Signatory 1	Account holder/Authorised Signatory 2
Signed	<input type="text"/>	<input type="text"/>
Full name	<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"/>

Banks and building societies may not accept Direct Debit instructions from some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, RL360 Insurance Company Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request RL360 Insurance Company Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by RL360 Insurance Company Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society - if you receive a refund you are not entitled to, you must pay it back when RL360 Insurance Company Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Standing order instruction

Important

If you wish to change the amount you pay into your policy at a later date, including as a result of automatic premium escalation, 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	<input type="text"/>	Bank/Building Society
Bank address	<input type="text"/>	
Reference number	<input type="text"/>	

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 (please tick appropriate box)	Sterling (GBP)	<input type="checkbox"/>
	Euro (EUR)	<input type="checkbox"/>
	US dollar (USD)	<input type="checkbox"/>

Payment amount in figures

Payment amount in words

Payment frequency Monthly Quarterly Half-yearly Yearly

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

Name(s) of account holder(s)

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)
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IBAN/Account number (all non-GBP accounts)	<input type="text"/>	OR	Account number <input type="text"/> (GBP UK Bank only)
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Please tick the box in the table below that matches your premium currency.

Tick one	Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
<input type="checkbox"/>	EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
<input type="checkbox"/>	GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
<input type="checkbox"/>	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.

	Account holder/Authorised Signatory 1	Account holder/Authorised Signatory 2
Signed	<input type="text"/>	<input type="text"/>
Full name	<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"/>

Investment adviser appointment

Who is this form for?

This form is for applicants of Paragon, who wish to appoint an investment adviser to their policy. Investment advisers may act on a non-discretionary or discretionary basis. This is your choice and an agreement that you must make with your investment adviser.

Completing this form

By completing this form you will be requesting the appointment of a company to act as an investment adviser to your policy. They will have the power to place dealing instructions on your behalf.

We can only accept original written instructions that have been signed by all applicants, trustees or authorised signatories. Please complete in BLOCK capitals throughout.

Important notes

Please note that payments to your investment adviser may only commence once your policy fund value has reached GBP15,000 or currency equivalent.

Section 1 Investment adviser appointment

Applicant or policyholder to complete

We wish to appoint

Investment adviser company name

to act in the capacity of an investment adviser to our policy

Application dated (dd/mm/yyyy)

We understand that our investment adviser will be able to act on our behalf, subject to the terms and conditions set out in Section 2 below, to advise on and change the funds to which the value of our policy is linked. We authorise RL360 Insurance Company Limited (RL360°) to release all relevant information relating to our policy to our investment adviser when requested.

We understand that RL360° is not responsible for any loss or liability incurred to our policy as a result of advice given, or negligence by, our appointed investment adviser. We also understand that RL360° is not responsible for the performance of any investments linked to our policy.

We confirm that all communications in relation to investment instructions should be directed to our investment adviser.

Please confirm on what basis you wish the investment adviser to be appointed, non-discretionary or discretionary, by ticking the appropriate box below.

We confirm that our investment adviser will be acting on a non-discretionary basis. Dealing instructions may only be forwarded to RL360° after our investment adviser has consulted us. Our investment adviser has confirmed to us that they have the necessary regulatory authorisations in order to perform this role. We understand that RL360° is not required to obtain proof that our investment adviser has consulted with us, prior to acting on any instructions received.

We confirm that our investment adviser will be acting on a discretionary basis. Dealing instructions may be forwarded to RL360° without our prior consultation. Our investment adviser has confirmed to us that they have the necessary regulatory authorisations in order to perform this role.

We authorise RL360° to take an advice fee from the policy in line with the following:

A percentage

% per year, taken quarterly as percentage of my policy value
(the withdrawal should not be more than 1% per year).

Section 1 Investment adviser appointment continued

We are aware that for as long as we have an appointed investment adviser we will be unable to access online dealing facilities.

We confirm that should we change our investment adviser, or bring this agreement to an end in the future, we agree to inform RL360° in writing (originals only), immediately.

We acknowledge that RL360° has the right to reject the appointment of our investment adviser at its discretion.

	Trustee/Authorised Signatory 1	Trustee/Authorised Signatory 2
Signed	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Trust or Company name (if applicable)	<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"/>
Full name	<input type="text"/>	<input type="text"/>
Trust or Company name (if applicable)	<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 2 Investment adviser details and conditions

Investment adviser to complete

Full name	<input type="text"/>
Online services username (if registered)	<input type="text"/>
Company name	<input type="text"/>
Adviser number	<input type="text"/>
Investment adviser company address	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Name of regulatory or authorising body (if applicable)	<input type="text"/>
Regulatory number (if applicable)	<input type="text"/>
Category of authorisation and relevant permitted activity	<input type="text"/>

Section 2 Investment adviser details and conditions continued

If you do not have Terms of Business with RL360°, please contact your Regional Sales Manager before submitting this form.

In accepting the appointment of investment adviser to the above stated policy, I agree to the following terms and conditions:

1. All instructions relating to the purchase, sale or switching of investments will be in respect of the range agreed by RL360° as being eligible for the policy.
2. All instructions should be provided to RL360° in a format as agreed by RL360°.
3. RL360° will purchase, sell or switch investments at the open market price as available at the time of placing an instruction.
4. RL360° has the right to accept or reject any instruction from the investment adviser at its own discretion.
5. RL360° has the right to request evidence of the investment adviser's discussions with the Policyholder where the investment adviser is acting on a non-discretionary basis. It is the duty of the investment adviser to maintain these records.
6. The investment adviser must maintain such authorisation as is necessary to act as an investment adviser under the legislation and regulation in the country in which advice is given.
7. RL360° and the Policyholder cannot be held responsible for any future tax liability, that may accrue to the investment adviser, as a result of a failure to levy tax where it later transpires that tax should have been charged. The investment adviser is responsible for deciding whether or not the service they are providing is subject to the levy of any additional taxes.
8. The investment adviser must notify RL360° in writing, immediately, should their authorisation change, cease or the regulator takes or threatens disciplinary action.
9. RL360° has the right to remove the investment adviser from the policy, without specifying a reason, and on giving one month's written notice to the Policyholder and the investment adviser.
10. The investment adviser may resign their appointment by giving one month's written notice to the Policyholder and RL360°.
11. This investment adviser appointment shall cease immediately upon the death, bankruptcy, dissolution or insolvency of the investment adviser, or any composition with creditors, or if the investment adviser is in breach of any regulatory requirement, or it becomes illegal for the investment adviser to act in this capacity.
12. This appointment and agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.

Please submit a current certified copy of your company's Authorised Signatory list with this form. If you have an additional list for persons authorised to sign dealing instructions, please also submit a certified copy with this form.

If your company is not regulated in the UK, Isle of Man, Channel Islands, Hong Kong or Gibraltar, please provide identification and address verification for each person on the Authorised Signatory list.

Investment adviser

Signed

Date (dd/mm/yyyy)

To get in touch, call or email our Contact Centre.

T +44 (0)1624 681682
E csc@rl360.com

Website

www.rl360.com

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RL360 House, Cooil Road,
Douglas, Isle of Man,
IM2 2SP, British Isles

T +44 (0)1624 681 681
E csc@rl360.com

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Office 1402, 14th Floor,
Single Business Tower,
Sheikh Zayed Road, Dubai, UAE.

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E dubai@rl360.com

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99 Queen's Road Central,
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E hongkong@rl360.com