

Quantum Malaysia

Application for individual applicants



You can count on us

RL
360

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| | In this section, tell us how your 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 Quantum Malaysia <i>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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Investment adviser appointment

This form is for applicants who wish to appoint an investment adviser to their policy. This form can be submitted at a later date if required.

The Beneficiary Trust

This form is for applicants who want the benefits of their policy to go to one or more beneficiaries in the event of their death. This form can be submitted at a later date if required.

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 10 - Your 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 RL360°, Lot 17-05, Level 17, Menara HLA, No 3 Jalan Kia Peng, 50450, Kuala Lumpur, Malaysia.

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 policy.

Section 1 Your details

You should provide us with verification of your identity and current residential address (see page 11 for details).

| | First applicant | Second applicant (if applicable) |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| 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 type="text"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> 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 US Specified Person? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Current residential address and postcode (in full) | <input type="text"/> | <input type="text"/> |
| Country | <input type="text"/> | <input type="text"/> |
| Home telephone number | <input type="text"/> | <input type="text"/> |
| Mobile telephone number | <input type="text"/> | <input type="text"/> |
| Relationship to first applicant | | <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"/> |

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 the current residential address of the first applicant.

| | |
|-----------------------------------------|----------------------|
| Address and postcode for correspondence | <input type="text"/> |
|-----------------------------------------|----------------------|

Section 2 Life or lives assured details

There may be up to 2 lives assured, including the applicant(s). If either applicant is a life assured this should be indicated by ticking the appropriate box below.

The first applicant is a life assured The second applicant is a life assured

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 3 Your policy requirements

Who will pay the premiums?

The applicant(s) Employer Other

If employer or other, please provide full details in Section 6 (we may ask for further documentary evidence).

Premium currency

Your policy will also be denominated in this currency

GBP USD EUR AUD

Premium amount

Minimum premium amounts apply. Please refer to the *Key Features*.

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%

Sub-policies

Please tick only one: As a single policy OR 100 sub-policies

If you leave this section blank we will automatically issue your policy as 100 sub-policies.

Section 5 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.

You must complete the annual salary question in full, in all cases and for both applicants as applicable. You must also complete all other relevant questions within this section. Please use Section 6 if you require more space for details.

| | First applicant | Second applicant (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"/> |
| 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"/> |
| 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"/> |

Section 5 Source of wealth details continued

| | First applicant | Second applicant (if applicable) |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Company profits | | |
| Profits this year (include currency) | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Profits last year (include currency) | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Industry | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Company sale | | |
| Amount received (include currency) | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Company name | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Company industry | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date received (dd/mm/yyyy) | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| Maturing investments or policy claim | | |
| Amount received (include currency) | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| From which company | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date received (dd/mm/yyyy) | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| Amount received (include currency) | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| From which company | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Date received (dd/mm/yyyy) | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |
| Other (such as a lottery or betting win, compensation payment, gift or inheritance. For inheritance please state from who.) | | |
| Amount received (include currency) | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Source | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| Date received (dd/mm/yyyy) | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> | <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> <input style="width: 25%;" type="text"/> |

RL360° reserves the right to request further documentary evidence of source of wealth should it be considered necessary.

Section 6 Your additional information

If you have no additional notes, please continue to Section 7 Payment of proceeds.

Section 7 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 | <input type="text"/> Swift Code must be either 8 or 11 digits |
| IBAN/Account number | <input type="text"/> |

Section 8 Your declaration

Quantum Malaysia literature

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

My application

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

I am aware that I am contractually required to pay RL360° a premium on the frequency I have indicated, and if I stop paying before the end of the premium term, surrender charges will apply to my policy. I understand that if I stop my premiums during the initial allocation period I will receive no money back, the only exception to this being where I have used my right to cancel within 30 days of the start 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 Quantum Malaysia unlawful.

Financial adviser

I have appointed (company name) to act as my financial adviser.

I agree to RL360 Insurance Company Limited (RL360°), disclosing all information relating to my policy to my appointed financial adviser. I will let RL360° know in writing if I decide to change my appointed financial adviser.

Personal Illustration

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

Investment

I am 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 me. I understand that Quantum Malaysia offers access to a range of funds and that these are managed by external companies. I accept that ultimate responsibility for fund selection lies with me and/or my appointed adviser; if funds underperform and as a consequence my policy drops in value, I accept this is not the fault of RL360°.

I request that RL360° allocates my premium to the funds selected as part of this application. In order for RL360° to do this I confirm the following:

- a) I agree to RL360° acting on instructions received from me or my appointed adviser, and I will read the documentation issued by the fund manager for each fund prior to selecting it for my policy.
- b) I am 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 I have surrendered the policy, I agree to compensate RL360° for any loss that it has suffered as a result.
- c) I accept that RL360° has the right to sell funds linked to the policy without requiring my permission. RL360° may do this if it decides that a fund may have harmful legal or tax consequences under law.
- d) I am 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) I confirm that I am aware of the fees that I must pay in relation to my chosen funds.

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.

Section 8 Your declaration continued

Politically Exposed Persons

A Politically Exposed Person (“PEP”) is a person entrusted with prominent public functions, their immediate family members or persons known to be close associates of such persons.

Examples of PEPs include political figures, members of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Please add the names of any PEPs associated with this application in the box below.

Where this box is left blank, you are confirming that no PEPs are associated with this policy.

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.

Cancellation right

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

Final agreement

I 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*

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)

| | First applicant | Second applicant (if applicable) |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Signed | | |
| Date (dd/mm/yyyy) | <div style="border: 1px solid black; width: 25px; height: 20px;"></div> <div style="border: 1px solid black; width: 25px; height: 20px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> | |

Section 9 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 | <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"/> |

(Your email address will only be used for administration 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 | <input type="text"/> |
|--------|----------------------|

| | | | |
|-------------------|----------------------|----------------------|----------------------|
| Date (dd/mm/yyyy) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-------------------|----------------------|----------------------|----------------------|

Section 10 Your 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 applicants

Please send a **suitably certified copy*** of your passport or National Identity Card showing your 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.

First applicant

I have provided identification (please tick to confirm)

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

Second applicant

I 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 applicants

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

| First applicant (please tick which documents you have sent us) | Second applicant (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 3 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).

*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.

Section 10 Your application checklist continued

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 11 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 send your cheque, made payable to RL360 Insurance Company Limited to RL360°, Lot 17-05, Level 17 Menara HLA, No 3 Jalan Kia Peng, 50450, Kuala Lumpur, Malaysia.

Your cheque must come from the bank account you have detailed in Section 3.

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 3.

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

| Currency | Swift code | Intermediary swift code | Account number | Bank name | Account name* |
|----------|------------|-------------------------|----------------|-----------------|---------------------------------|
| AUD | CITIMYKL | CITIAU2X | 0117553094 | Citibank Berhad | RL360 Insurance Company Limited |
| EUR | CITIMYKL | CITIGB2L | 0117553078 | Citibank Berhad | RL360 Insurance Company Limited |
| GBP | CITIMYKL | CITIGB2L | 0117553043 | Citibank Berhad | RL360 Insurance Company Limited |
| USD | CITIMYKL | CITIUS33 | 0117553027 | Citibank Berhad | RL360 Insurance Company Limited |

* The account name that must be stipulated is RL360 Insurance Company Limited (**no abbreviations such as RL360 will be accepted**)

Bank address

The bank address for all the above accounts is: Citibank Berhad, Menara Citibank, 165 Jalan Ampang, 50450 Kuala Lumpur.



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 '4' or a '5'.

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

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

| | | |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Premium currency (please tick appropriate box) | Sterling (GBP) <input type="checkbox"/> | Euro (EUR) <input type="checkbox"/> |
| | US dollar (USD) <input type="checkbox"/> | Australian dollar (AUD) <input type="checkbox"/> |
| Premium amount in figures | <input type="text"/> | |
| Premium amount in words | <input type="text"/> | |
| Premium frequency | Monthly <input type="checkbox"/> | Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly <input type="checkbox"/> |
| Commencing on* | <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yyyy) | |
| | *this applies to initial premium only, future premiums are deducted 2 working days prior to premium due date. | |
| Card type | Mastercard/Eurocard <input type="checkbox"/> | Visa <input type="checkbox"/> JCB <input type="checkbox"/> |
| Card issued by | <input type="text"/> (name of bank) | |
| Country of card issue | <input type="text"/> | |
| Cardholder's name(s) (must be an applicant) | <input type="text"/> | |
| Cardholder's address (as held by the card issuer) | <input type="text"/> | |

The cardholder's address should be the same as that of the applicant(s). If it is not, please provide reasons why in Section 6.

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.

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"/> | Australian dollar (AUD) | <input type="checkbox"/> | | | | |
| Payment amount in figures | <input type="text"/> | | | | | | | |
| Payment amount in words | <input type="text"/> | | | | | | | |
| Payment frequency | Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> | Half-yearly | <input type="checkbox"/> | Yearly | <input type="checkbox"/> |
| Payment commencement date (dd/mm/yyyy) | <input type="text"/> | <input type="text"/> | <input type="text"/> | until further notice. | | | | |
| Name(s) of account holder(s) | <input type="text"/> | | | | | | | |
| Branch Swift Code | <input type="text"/> | Swift Code must be either 8 or 11 digits | | | | | | |
| IBAN/Account number | <input type="text"/> | | | | | | | |

Please tick the box in the table below that matches your premium currency.

| Tick one | Currency | Swift code | Intermediary swift code | Account number | Bank name | Account name* |
|--------------------------|----------|------------|-------------------------|----------------|-----------------|---------------------------------|
| <input type="checkbox"/> | AUD | CITIMYKL | CITIAU2X | 0117553094 | Citibank Berhad | RL360 Insurance Company Limited |
| <input type="checkbox"/> | EUR | CITIMYKL | CITIGB2L | 0117553078 | Citibank Berhad | RL360 Insurance Company Limited |
| <input type="checkbox"/> | GBP | CITIMYKL | CITIGB2L | 0117553043 | Citibank Berhad | RL360 Insurance Company Limited |
| <input type="checkbox"/> | USD | CITIMYKL | CITIUS33 | 0117553027 | Citibank Berhad | RL360 Insurance Company Limited |

* The account name that must be stipulated is RL360 Insurance Company Limited **(no abbreviations such as RL360 will be accepted)**

Bank address

The bank address for all the above accounts is: Citibank Berhad, Menara Citibank, 165 Jalan Ampang, 50450 Kuala Lumpur.

| | | |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Account holder | Account holder |
| Signed | <input style="width: 100%; height: 40px;" type="text"/> | <input style="width: 100%; height: 40px;" type="text"/> |
| Full name | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Date (dd/mm/yyyy) | <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> | <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> <input style="width: 25%; height: 20px;" type="text"/> |

Investment adviser appointment

Who is this form for?

This form is for applicants 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.

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

I wish to appoint

Investment adviser company name

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

Application dated (dd/mm/yyyy)

I understand that my investment adviser will be able to act on my 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 my policy is linked. I authorise RL360 Insurance Company Limited (RL360°) to release all relevant information relating to my policy to my investment adviser when requested.

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

I confirm that all communications in relation to investment instructions should be directed to my investment adviser.

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

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

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

I authorise RL360° to take a withdrawal from my 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

I am aware that for as long as I have an appointed investment adviser I will be unable to access online dealing facilities.

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

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

| | First applicant | Second applicant |
|-------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| 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"/> |

Section 2 Investment adviser details and conditions

Investment adviser to complete

| | |
|-----------------------------------------------------------|----------------------|
| Full name | <input type="text"/> |
| Company name | <input type="text"/> |
| RL360° 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"/> |

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.

Section 2 Investment adviser details and conditions continued

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 it 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)

The Beneficiary Trust

Completion of this trust deed is optional.

This form should be completed if you are the owner(s) of a RL360° policy and want the benefits to go to one or more adults and/or children as beneficiaries in the event of your death.

This form invalidates all previous beneficiary designations therefore it is important that it includes all details of all the persons whom you wish to benefit.

You cannot use this form if you wish to create a gift for UK Inheritance Tax purposes.

If you cannot enter the details asked for in the space available, please make a note on the form and attach a page containing those details.

This trust comes into effect upon the death of the Relevant Person. The policy benefits are then payable to the trustees for the benefit of the beneficiaries in accordance with the provisions in Part C of this form. **At such time as this trust comes into effect it may be necessary for RL360° to obtain the appropriate identification documentation in respect of the trustees and any beneficiary to whom benefits are to be paid.**

The policyholder(s) and the trustees must sign this form at Part D.

Inheritance laws and beneficiary designation

Some countries have laws governing the distribution of a person's estate on their death. Although the beneficiary trust technically removes the benefits of the policy from your estate, this could be challenged. The legal basis for such a challenge would be that the rights of heirs may be placed above individual rights to pass on assets on trust to other parties. Authorities responsible for judgements in such cases may use discretion and uphold your wishes (as expressed by using this form). However, to avoid any doubt, you should seek advice in choosing an appropriate course of action.

Changes to beneficiaries

Completing a subsequent form can change those named as beneficiaries in this form.

The Relevant Person

The policyholder, or where there are joint policyholders, the last surviving policyholder. Where there are joint policyholders, the terms of this document will have no effect unless both owners are deceased.

Relevant Event

The death of the Relevant Person(s).

Trustees

Trustees must be appointed to act after your death and give instructions concerning the policy or any benefits arising from it. RL360 Insurance Company Limited ("the Company") cannot be responsible for any actions or omissions by those trustees.

Trust Fund

The policy benefits of the policy detailed in Part A of this trust deed.

Interpretation

The Company will carry out the instructions given by you as policyholder(s). It cannot be held responsible for any misunderstanding made when the form was completed or any changes in circumstances affecting who should benefit from the policy. If any challenges are made to the validity of payments made under your instructions in this form, they must be addressed to the recipients of any benefits.

Assignments

If you assign the policy specified in this form as security or collateral to a financial body (such as a bank), that assignment will take priority over beneficiaries' claim to any benefits designated here.

Benefits where no beneficiary survives

If no beneficiaries are alive at such time as any benefits become payable, all benefits will pass to the estate of the policyholder or where there are joint policyholders, to the estate of the last surviving policyholder.

Part A

(i) Policy Details

Application dated (dd/mm/yyyy)

Policyholder (Relevant Person)

Full name

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Joint Policyholder (Relevant Person)

Full name

Date of birth (dd/mm/yyyy)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

(ii) Declaration of Trust and appointment of trustees

As owner(s) of the policy detailed in Part A, I/We appoint:

Trustee 1

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Trustee 2

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Trustee 3

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Trustee 4

Title (please tick) Mr Mrs Miss

Other (in full)

Full name

Date of birth (dd/mm/yyyy)

Current residential address and postcode (in full)

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

to act as trustee(s) under the policy terms and conditions to hold all policy benefits on my death on trust absolutely as follows:

Part A continued

(iii) For the beneficiaries named in Part B (i) of this document in the shares specified and if no shares specified then in equal shares*

| | Policyholder (Relevant Person) | Joint Policyholder (Relevant Person) |
|-----------|--------------------------------|--------------------------------------|
| Signature | <input type="text"/> | <input type="text"/> |

Or;

(iv) For the beneficiaries named in Part B (i) of this document together with such persons or classes of persons named in the Schedule at such time and in such shares as the trustees shall see fit

| | Policyholder (Relevant Person) | Joint Policyholder (Relevant Person) |
|-----------|--------------------------------|--------------------------------------|
| Signature | <input type="text"/> | <input type="text"/> |

The Policyholder(s) must agree with either option (iii) or (iv) above and sign in the appropriate box.

* the death of a Named Beneficiary under Part B (i) will increase the shares of the remaining beneficiaries

Part B

i) The Named Beneficiaries and the Appropriate Shares

The Named Beneficiaries and the Appropriate Shares means:

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Full name

Residential address

Date of birth (dd/mm/yyyy)

Appropriate Share %

Part B continued

ii) Schedule

Any child, grandchild or remoter issue of the Relevant Person

Any brother, sister or parent of the Relevant Person

Any surviving spouse/civil partner of the Relevant Person

Any person or class of persons identified here (please insert full name(s) and address(es))

| |
|--|
| |
|--|

Children, grandchildren and issue of any person

References to children, grandchildren and the issue of any person shall include children, grandchildren and remoter issue whether legitimate, illegitimate or adopted

Civil partner, former civil partner and surviving civil partner of any person

References to a person's civil partner are to that person's civil partner within the meaning of the Civil Partnership Act 2004; references to a person's former civil partner are to a person who was that person's civil partner until their civil partnership was dissolved or annulled; and references to a person's surviving civil partner are to a person who was that person's civil partner immediately before that person's death.

Part C

Trust Provisions

1. The trustees for the time being of these trusts shall have the following powers:
 - (i) to make any kind of investment that they could make if they were absolutely entitled to the Trust Fund
 - (ii) to apply the whole or such part as the trustees in their absolute discretion shall think fit of the income and capital held on trust for any beneficiary whose interest shall not have vested for or towards the maintenance, education advancement or benefit of such beneficiary and the trustees may exercise such powers whether or not there is any other fund or income available for any such purposes or whether or not there is any person bound by law to provide such maintenance or education
 - (iii) to accept as a good and sufficient discharge the receipt given by any such beneficiary who shall have attained the age of 18 years or any parent or guardian of any minor beneficiary in respect of the payment of capital or income paid or applied for the benefit of such beneficiary on the trustees first obtaining an undertaking from such parent or guardian so to apply such capital or income
 - (iv) during the minority of any beneficiary under these trusts to accumulate any surplus income held on trust for such beneficiary and invest the same in accordance with paragraph (i) above and any such accumulation shall be added to the fund or share from which it was derived and shall devolve with such fund or share but the trustees may at any time apply any or all of such accumulations for any of the purposes permitted by these trusts as if it were income arising in the then current year
2. Any trustee of these trusts who is engaged in any profession or business shall be entitled to charge and be paid all professional or business charges for business done by him or his firm in connection with these trusts including business which a trustee not being engaged in such profession or business could have done personally.
3. Any corporate trustee may be appointed as trustee of these trusts and the general terms and conditions upon which it acts as a trustee last published before the date of this designation form shall apply to these trusts and it shall be entitled to retain remuneration in accordance with the scale and other fees usually charged at that date for its services in acting as a trustee of these trusts with power to retain and be paid remuneration in accordance with the scale and other fees published by it from time to time for such services.
4. No trustee of these trusts shall be liable for any loss arising by reason of any investment made in good faith or for the default, negligence or fraud of any agent employed by him or by any other trustee whether or not the employment of such agent was strictly necessary or expedient or by reason of any mistake or omission made in good faith by any trustee or by reason of any other matter or thing except wilful fraud or intentional wrongdoing on the part of the trustee who is sought to be made liable.
5. The perpetuity period applicable to these trusts shall be the period from the date of the designation form until the expiration of 21 years from the date of the Relevant Event.
6. This Trust Deed shall be governed by and construed according to the laws of the Isle of Man.

Part D

Signed by the policyholder(s) and the appointed trustee(s) to show their acceptance of their duties under this trust:

| | Policyholder | Joint Policyholder |
|-----------|----------------------|----------------------|
| Full name | <input type="text"/> | <input type="text"/> |
| Signature | <input type="text"/> | <input type="text"/> |

Witnessed by:
Any witness must be over 18 years old and not party to the trust.

| | Witness 1 | Witness 2 |
|---------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Full name | <input type="text"/> | <input type="text"/> |
| Witness's current residential address | <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"/> |
| Witness's signature | <input type="text"/> | <input type="text"/> |

| | First Trustee | Second Trustee |
|-------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Full name | <input type="text"/> | <input type="text"/> |
| 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"/> |

| | Third Trustee | Fourth Trustee |
|-------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| Full name | <input type="text"/> | <input type="text"/> |
| 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"/> |

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.

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

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You can count on us

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