

Form of Discharge

To: RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Please complete this form in blue ink and in BLOCK CAPITALS.

Policy Number(s)	<input type="text"/>
Life/Lives assured	<input type="text"/>
Policyholders(s)	<input type="text"/> <input type="text"/> <input type="text"/>

RL360 Insurance Company Limited ("the Company") is hereby authorised and requested to make payment of the proceeds of the above numbered policy/policies in accordance with the payment instructions shown at the bottom of this form. I/We hereby confirm that such payment shall discharge the Company from all liabilities and claims arising out of the policy/policies.

I/We confirm that I am/we are entitled to the proceeds of the policy/policies and that no receiving order has been made against me/us and that I am/we are not an undischarged bankrupt and that the policy/policies has/have not been assigned nor transferred nor has any other person any rights to the policy/policies or the proceeds thereof other than:

(Enter details of any assignment, transfer, trust etc. If none leave blank).

Note: If the policies were written under trust and assigned to a third party, further signatures, may be required. Please refer to our Customer Services Team in the Isle of Man for guidance (Telephone: +44 (0)1624 681682).

Payment will not be made until the relevant Policy Document(s) have been returned together with any Deed of Assignment, Transfer, Trust Deed and/or other documents relevant to the title of the policy/policies.

Signature of Policyholder or Successors in Title	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------

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

	Witness	Witness
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>

