

ADDITIONAL PAYMENT FORM FOR CORPORATE TRUSTEE PLAN OWNERS

Please complete this form in BLOCK CAPITALS throughout.

This form is for plan owners who wish to make an additional payment into their ORACLE plan.

Individual plan owners must complete Additional Payment Form - ref. OR01.

Company and Individual Trustee plan owners must complete Additional Payment Form - ref. OR03.

You can download these forms from our website www.rl360.com.

01 PLAN DETAILS

Plan reference

Name

Global Intermediary
Identification Number
(FATCA GIIN)

Do you want to update your contact/address details as part of this application? Yes No

If yes then please provide new details in Section 05 - Additional Information.

Online services

If you haven't yet registered for online access to your plan but would like to, download our agreement and registration forms from our website - www.rl360.com.

03 FUND REQUIREMENTS

Please list your choice of funds below. There are no limits to the number of funds you can hold in your plan subject to the minimum investment level of GBP500 per fund. Please refer to the Product Guide for currency equivalent minimums.

Please ensure that the percentages invested total 100% of the payment.

Note: If you require more room then please use the space provided in Section 05 - Additional information.

ISIN	Fund managers	Fund name	Percentage
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
Total			100%

04 SOURCE OF WEALTH

The Insurance (Anti-Money Laundering) Regulations 2008 requires all Isle of Man life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their plan. This reflects the Isle of Man's commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

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

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

You must complete the following questions below in all cases and for both applicants as applicable.

	Settlor 1	Settlor 2
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"/>

If you are retired please tell us your previous occupation, salary, employer and date of retirement.

Previous occupation	<input type="text"/>	<input type="text"/>
Salary (include currency)	<input type="text"/>	<input type="text"/>
Employer's company name	<input type="text"/>	<input type="text"/>
Date retired (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>

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

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"/>

04 SOURCE OF WEALTH DETAILS CONTINUED

	Settlor 1	Settlor 2
Pension transfer		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Received from	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Property or fund sale		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Address of property sold or fund type	<input type="text"/>	<input type="text"/>
How long held	<input type="text"/>	<input type="text"/>
Date of sale (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Company profits		
Profits this year (include currency)	<input type="text"/>	<input type="text"/>
Profits last year (include currency)	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>
Company sale		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>	<input type="text"/>
Company industry	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Other (such as a lottery or betting win, gift or inheritance. For inheritance please state from who.)		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Source	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

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

05 **ADDITIONAL INFORMATION**

If you have no additional notes, please continue to Section 06 - Declaration.

06 DECLARATION

My application

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

Key Information Document (KID)

I confirm that I have included a signed KID with this Additional Payment Form.

I understand that the KID sets out the details of my additional payment, and by signing it I acknowledge that I am aware of the charges that will be deducted.

I am also aware that the payment details provided in Section 02 - Payment Details must match my signed KID. If they are different, RL360 will ask me to sign a new KID matching Section 02 - Payment Details before my additional payment can be added to my plan.

Illustration

I confirm that I have included a signed Illustration with this Additional Payment Form.

I understand that my 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.

Availability

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

Investment

I understand that RL360 is not responsible for the choice of funds within my plan.

I agree to RL360 acting on dealing instructions received from me or my appointed adviser, and I will read all of the documentation issued by the fund manager for each fund.

Privacy policy

Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

Legal

I agree to my plan being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that may be brought in relation to it.

Cancellation

I am aware that I have the right to cancel my additional payment as detailed in the Key Information Document. I understand that the amount I get back may be less than what I paid where my selected funds have fallen in value. I am aware that to cancel my additional payment I will need to complete the Cancellation Notice and return it to RL360.

I accept that RL360 can bring my plan to an end if I have failed to disclose any facts that may influence the decision to accept this additional payment application.

I confirm that this additional payment form was signed in (give country)

Trustee 1/Authorised Signatory

Signed

Trustee 2/Authorised Signatory

Full name

Date (dd/mm/yyyy)

Trustee 3/Authorised Signatory

Signed

Trustee 4/Authorised Signatory

Full name

Date (dd/mm/yyyy)

07 **ADVISER DETAILS**

This section is to be completed by your financial adviser.

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

Company name	<input type="text"/>
Adviser number	<input type="text"/>
Name of regulatory or authorising body	<input type="text"/>
Regulatory number (if applicable)	<input type="text"/>
Financial adviser's stamp (if this does not state an address, please complete company address details too)	<input type="text"/>
Full name	<input type="text"/>
Online services username (if registered)	<input type="text"/>
Work telephone number	<input type="text"/>
Mobile telephone number	<input type="text"/>
Email address	<input type="text"/>

I confirm that I have seen documentary proof of identity for the plan owner(s), and certification of their residential address, and have, where applicable, attached suitably certified copies of both.

Signed	<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"/>