

RL360°

# TABLE OF CONTENTS

 $\bigcirc$ 1

PAGE 1
YOUR DETAILS

02

PAGE 2

**PLAN REQUIREMENTS** 

03

PAGE 3

**ASSET REQUIREMENTS** 

04

PAGE 4

SOURCE OF FUNDS DETAILS

In this section, tell us how your funds were accumulated. It is important that you complete this section so that we can meet Isle of Man anti-money laundering requirements.

05

PAGE 6
REGULAR WITHDRAWALS

06

PAGE 6

**ADDITIONAL INFORMATION** 

 $\bigcirc$ 7

PAGE 7

**DECLARATION** 

In this section you must agree to the plan terms and conditions and sign where appropriate.

08

PAGE 9

**FINANCIAL ADVISER DETAILS** 

09

PAGE 10

**APPLICATION CHECKLIST** 

10

PAGE 11

**PAYMENT METHODS** 

11

**PAGE 12** 

REQUEST TO PAY A FINANCIAL ADVISER (OPTIONAL)

12

PAGE 13

REQUEST TO APPOINT AN INVESTMENT ADVISER (OPTIONAL)

#### COMPLETION

Please complete this form using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 09 - Application Checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card or who was born in the US and has not yet renounced their US citizenship. More information on US FATCA can be found at: www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA.

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. RL360 can accept a certified copy of your DS-4083 form (also known as CLN - Certificate of Loss of Nationality) and/or a certified copy of your passport in which you are obtaining new citizenship.

A copy of the completed application and the plan Terms and Conditions are available on request. You should be aware that your plan 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.

We will accept emailed or faxed scans of applications. However, we reserve the right to request original documents in some circumstances, so these must be retained in your records. Where the plan owner is resident in Africa, we will still require original signed instructions.

Once you have completed and signed the application, you should send it along with all requested additional information to: newbusiness@rl360.com or alternatively post it to: New Business Team, RL360, International House, Cooil Road Douglas, Isle of Man, IM2 2SP, British Isles.

Please note that the start date of your plan may be delayed if you fail to complete this application in full or provide suitable evidence where required.

Remember, if you need any help, our Regional Support teams are on hand to guide you by telephone or by email.

All references to RL360 within this application form mean RL360 Insurance Company Limited.

All references to PIMS within this application form mean Personal Investment Management Service.



You should provide us with verification of your identity and current residential address (see page 10 for details).

	Applicant 1	ł			Ар	plicant	2			
Sex (please tick)	Male		Female			Male			Female	
Title (please tick)	Mr	Mrs	Miss			Mr	Mrs		Miss	
				Other (in full)						Other (in full)
First name(s)										
Last name(s)										
Date of birth (dd/mm/)	уууу)									
Country of birth										
Nationality										
Country of residence for tax purposes										
Are you a Specified US	Person?	Yes	No			Yes	No			
Tax Identification Numb										
If unavailable, provide a	functional	equivalent	(e.g National	Insurance Number,	Social	Securit	y Number,	Resid	lent Regis	tration Number).
Current residential address and postcode (in full)										
Country										
,										
Home telephone numb										
Mobile telephone numb										
Relationship to Applica	ant 1									
Online services If you wish to access d	etails of yo	ur plan on	line, you mus	st supply us with th	e follo	owing in	nformation			
Email address										
Password (You will only use this once.										
Please note that the pa	ssword is c	ase sensiti	ve)							
Password hint										
Correspondence detail Please note that any co- correspondence addre	orresponde								ovide here	e. If no
Address and postcode for correspondence										
Is this address for	You		Your fina	ancial adviser		A frien	nd		A family	member
If the address for you differs to the residential address please provide us with further details of the property										

# PLAN REQUIREMENTS

Who will fund the plan?	The applicant(s)	Employer		Spouse	Parent	Other
If the payer is anyone other than further details.	the applicant(s), please	refer to Section 09	- Applicat	ion Checklist,	Third party paym	ients for
IMPORTANT: The following inform	mation MUST match the	e details shown on y	our Key Ir	nformation Do	cument.	
Plan currency Please tick only one:	GBP USD	EUR CHF	E AU	D HKD	JPY	
Payment Please remember the minimum pequivalent minimums. Where you					Product Guide fo	or currency
Your initial payment will be appli	ied to your plan in the c	currency(ies) paid to	o us.			
Amount	+	(Cu	rrency and	d cash amount	)	
Asset transfer value (if any)	=	(Ex	isting asse	ets to be adde	d directly into yo	ur plan)
Total payment	_					
Segments Please state your required numb blank we will issue your plan with	-	inimum number of s	segments i	is 1 and the ma	aximum is 999. If	you leave this
Number of segments						
<b>IMPORTANT:</b> Some banking institution bank if any charges will apply printer transfers is enough, so that the r	ior to transferring your	payment to us. If th	ney do, ple	ase make sur		
Payments by telegraphic transfe	er or cheque					
Please confirm the details of the	bank that you will be n	naking payment fro	m.			
If you want to use a Currency Ex RL360 first. Please also provide to evidence the transfer to us.						
Bank name						
Bank address and postcode						
Account holder's name						
Branch SWIFT code (for all non-GBP and internationa SWIFT code must be either 8 or 1			OR	Bank sort cod (for UK GBP	de	-
IBAN/account number (all non-GBP accounts)			OR	Account num (GBP UK Ban		
Account held for	years	months				

#### **Politically Exposed Persons**

A Politically Exposed Person (PEP) is a person	who is, or who has been,	entrusted with prominen	t public functions.	This also includes
their close family members and their close asso	ociates.			

$\bigcirc$ $\mathbb{Z}$	
	ASSET REQUIREMENTS

confirm the relationship

If you wish to use an investment adviser you should complete our Request to appoint Investment Adviser form, returning it along with your application. If you need additional space to complete this section, please use Section 06 - Additional Information.

The payment and any asset transfer value will be used to calculate the amount linked to each of your chosen assets. Asset transfers will be added into the plan directly.

#### **Quick selection**

#### Your PIMS assets

Please tell us the percentages of the payment that you want to be applied to each asset.

PIMS cash account (mandatory <sup>1</sup> )				
You must place at least 2% of your total payment into the PIMS cash account				
Bank or building society	name	Cash deposit name	Percentage	
			%	
ISIN or Sedol code	Asset manager	Asset name (including currency)	Percentage	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
			%	
		Total	100%	

<sup>&</sup>lt;sup>1</sup> Please be aware that asset managers may impose minimum amounts that they will allow to be sold or purchased. Any income from distributing assets will automatically be credited to your PIMS cash account.

# Source of funds details

The Isle of Man Financial Services Authority 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 our products and countries that we will accept business from into Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

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

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

	Applicant 1	Applicant 2
Annual salary plus bo	nuses	
Annual salary this year (include currency)		
Bonuses this year (include currency)		
Annual salary last year (include currency)		
Bonuses last year (include currency)		
Occupation		
Employer's company name		
Nature of business		
If you are retired please	e tell us your previous occupation, salary, employer and d	late of retirement.
Previous occupation		
Salary (include currency)		
Employer's company name		
Date retired (dd/mm/y	уууу)	
Other unearned incom	ne	
Amount received (include currency)		
Received from		
Date received (dd/mm	1/уууу)	
Where your source of	funds for this application is from any of the following, $\ensuremath{p}$	lease provide details.
Savings		
Amount received (include currency)		
Bank where savings were held		
How and for how long were the savings accumulated?		

# SOURCE OF FUNDS DETAILS CONTINUED

Pension transfer	Applicant 1	Appl	icant 2	
Amount received				
(include currency)				
Received from				
Date received (dd/mm	1/yyyy)			
Property or asset sale	9			
Amount received (include currency)				
Address of property sold or asset type				
How long held				
Date of sale (dd/mm/)	уууу)			
Company profits Profits this year (include currency)				
Profits last year (include currency)				
Industry				
Company sale				
Amount received				
(include currency)				
Company name				
Company industry				
Date received (dd/mm	п/уууу)			
Other such as maturing maturing investments		heritance (for	inheritance please state fro	om who, for
Amount received (include currency)				
Source				
Date received (dd/mm	n/yyyy)			

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

# REGULAR WITHDRAWALS

 $If you do not wish to set up \ regular \ with drawals \ on the \ plan \ at this \ stage, \ please \ continue \ to \ Section \ O6 \ - \ Additional \ Information.$ 

Please remember that the minim plan currency unless you tell us o				t. Regular with	ndrawals will be	paid in the
How do you want to take the withdrawals? (choose only one)	As fixed amount	Tell us the a	amount			
	OR					
	As a percentage	Tell us the percentage	of the tot	al initial paym	ent	%
Withdrawal frequency	Monthly	Quarterly	Half-y	/early [	Yearly	Termly
Date of first withdrawal (dd/mm/yyyy)						
Payment method	BACS	TT				
		ire up to three days to cl 20 (or currency equivale				
If you would like withdrawals to below. Otherwise please specify in your name, as the applicant.						
Please use the bank account	details in Section 02 -	Plan Requirements.				
Bank name						
Bank address and postcode						
Account holder's name						
Branch SWIFT code (for all non-GBP and internation SWIFT code must be either 8 or				ank sort code or UK GBP pa	yments only)	-
IBAN/account number (all non-GBP accounts)				ccount numbe GBP UK Bank (		
Account held for	years	months				
ADDITIONAL INFO		ction 07 - Declaration.				
			Dloacou	ico a conarata n	ago if you rocuire	more chase

# T DECLARATION

#### Plan literature

I confirm that I have read a copy of the plan literature including the Product Guide, Key Information Document and Terms and Conditions.

#### My application

I confirm that all of the information provided in this application, along with any supporting forms, questionnaires, statements, reports or other information is true and complete.

#### 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 this plan unlawful.

#### Illustration

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. I accept that RL360 is not responsible for monitoring whether my plan's performance matches the assumptions made in my Illustration.

#### **Key Information Document (KID)**

I confirm that I have included a signed KID with this application.

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

I am also aware that the details that I have provided in Section 02 - Plan Requirements must match my signed KID. If they are different RL360 will ask me to sign a new KID matching Section 02 - Plan Requirements before it can allow my plan to start.

#### Investment

I am aware that RL360 does not provide investment advice. I request that RL360 allocates the payment to the assets detailed in Section 03 - Asset Requirements. In order for RL360 to do this, I confirm the following:

- a) I agree to RL360 acting on dealing instructions received from me or the appointed adviser, and I will read the documentation issued by the asset manager for each asset prior to selecting it for the plan.
- b) Where the payment is allocated in full or in part to any cash deposit account(s), I am aware that I may not be covered by any depositors compensation scheme should the deposit account provider become insolvent. I am aware that this is because RL360 holds this account on my behalf. I acknowledge the risks associated with linking a cash deposit account to the plan and accept that in the event of the insolvency of my chosen deposit account provider, RL360 will have no responsibility for any loss and I could lose the full amount invested. I am aware and acknowledge that the deposit provider I choose to invest with may not be an institution or subsidiary with which RL360 would normally hold balances or deposits.
- c) I am aware that some assets (including cash deposits) 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 plan in a timely fashion.
  - ii) result in RL360 receiving the cash value from a sale in multiple instalments. If this should happen RL360 has the right not to re-invest or pay in full, benefits from the plan until the amount has been received in full.
  - iii) result in RL360 receiving a payment from a sale by a means other than cash. If this should happen RL360 may require us to cancel some or all of the plan.
  - iv) 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 plan value is too low to cover it, or I have cancelled the plan, I agree to compensate RL360 for any loss that it has suffered as a result.
- d) I accept that RL360 has the right to sell assets linked to the plan without requiring my permission. RL360 may do this if it decides that an asset may have harmful legal or tax consequences under law.
- e) I am aware that there may be fees to pay when RL360 sells one or more of the assets linked to the plan. Any fees due when selling an asset should be detailed by the investment manager in the asset documentation.
- f) I confirm that I am aware of the fees that must be paid in relation to the chosen assets. I realise that these fees are required to cover the costs of promoting and distributing the assets, including any commission paid to my appointed adviser(s).



#### **Applicants**

- a) I confirm that I have the necessary powers to take out this plan and enter into a contract with RL360.
- b) I also confirm that my company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.
- c) I agree that I will notify RL360 in writing immediately when any of the directors, list of authorised signatories or trustees change.
- d) I agree that I will provide evidence of identity and current residential address when asked by RL360. I also acknowledge that RL360 can ask for an up-to-date authorised signatory list at any time.
- e) I am aware that RL360 is authorised to obtain a bank reference at any time.

#### **Data protection**

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your plan. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 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 plan, 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.

You can receive a copy of the information RL360 holds about you free of charge by writing to our Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances - if we do we will write to you setting out the reasons why.

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 maybe brought in relation to my plan.

#### Cancellation

I am aware that I have the right to cancel my plan 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 assets have fallen in value. I am aware that to cancel my plan I will need to complete the Cancellation Notice and return it to RL360.

#### Final agreement

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

- This Application Form
- My Key Information Document
- The Terms and Conditions
- The Plan Schedule
- Any Endorsement to the Plan Schedule.



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

Financial adviser I have appointed		(company name) to act as my financial adviser.
	losing all information relating to my plar my appointed financial adviser.	n to my appointed financial adviser. I will let RL360 know in writing
I confirm that this app	lication was signed in (give country)	
Signed	Applicant 1	Applicant 2
Date (dd/mm/yyyy)		
FINANCIA	AL ADVISER DETAILS	
This section is to be o	completed by your financial adviser.	
The RL360 adviser nu	ımber can be obtained from your regior	nal office.
Company name		
RL360 adviser numbe	r	
Financial adviser's sta (if this does not state address, please comp company address deta	an lete	
Full name		
Online services userna (if registered)	ame	
Email address		
Signed		
Date (dd/mm/yyyy)		



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, national identity card or drivers licence showing your photograph(s) and signature - if you are unable to provide either of these pieces please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

Applicant 1	identification (pleas	e tick to confirm)	Applicant 2  I have provided identification (please tick to confirm)				
If you are unable to			If you are unable to provide ID please confirm why below:				
If you are unable to p							
Please send a <b>suitab</b> any of the documen why no documents a	oly certified copy of ts listed below, plea are available. The do	se complete our confirmat	ng documents fo	or each applicant. If you are unable to provide al address form to provide us with reasons cuments can be obtained and can be found at			
Applicant 1 (please tick which documents you have sent us)	Applicant 2 (please tick which documents you have sent us)	Type of document		Conditions			
		A recent account stateme regulated bank, building s card company		The document must be no more than 6 months old			
				If the statement or bill has been issued electronically, it must clearly show the			
		A recent rates, council tax (mobile phone bills are no	-	address of your property			
		Correspondence from a central or local		The document should be no more than 6 months old, or the most recent version where issued annually			
		A photographic driving lie	cence	The document must be in date and valid			
		A photographic national i	dentity card	The same document cannot be used to evidence your identity			
		A full tenancy agreement		The agreement must be in date  The agreement must be signed by all parties			
		Proof of ownership of your property, such as lawyer's confirmation of a property purchase or a legal document recognising title to the property		The document must be signed by all appropriate parties			
				on who can suitably certify your documentation ines-for-individual-applicants.pdf			
Confirmation of plan Please make sure you Information Docume	u have completed S	ection 02 – Plan Requirem	nents and have ir	ncluded a signed Illustration and Key			
I have provided	my plan requiremen	ts and can confirm that the	ey match my Key	Information Document (please tick to confirm).			

I have included a signed Illustration and Key Information Document (please tick to confirm).

## PAYMENT METHODS

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

#### Telegraphic transfer

If you are paying into your plan 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 02 - Plan Requirements.

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

Ссу	SWIFT code	IBAN	Sort code	Account number	Bank name	Account name
AUD		GB45 CITI 1850 0813 1419 34		13141934		
CHF		GB26 CITI 1850 0813 1418 88		13141888		
EUR		GB20 CITI 1850 0813 1418 02		13141802		RL360 Insurance
GBP	(all accounts)	GB34 CITI 1850 0813 1420 35	18-50-08 (all accounts)	13142035	Citibank, London (all accounts)	Company Limited (all accounts)
HKD	(an accounts)	GB10 CITI 1850 0813 1416 91	(diraceounts)	13141691		
JPY		GB26 CITI 1850 0813 1415 00		13141500		
USD		GB54 CITI 1850 0813 1415 78		13141578		

#### Bank address

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

#### Cheque

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

Your cheque must come from the bank account you have detailed in Section 02 - Plan Requirements.

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

### 11

#### **REQUEST TO PAY A FINANCIAL ADVISER**

#### Who is this form for?

We can only accept written instructions that have been signed by all owners, trustees or authorised signatories.
Please complete in BLOCK capitals throughout.
Plan application dated:
I wish RL360 to pay.
Financial advise company name address and RL360 adviser number (if known)
<ul> <li>Important notes</li> <li>1. RL360 cannot be held responsible for any future tax liability that may accrue to the adviser as a result of a failure to levy tax where it later transpires that it should have been charged. The adviser is responsible for deciding whether or not the service the are providing is subject to any additional taxes.</li> </ul>
2. The payment will commence from the date we receive your completed form. It will be calculated and paid each quarter from the plan anniversary.
3. The value of any additional payments made to the plan will be treated as part of its value when the financial adviser payment is calculated.
4. This agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
5. I confirm that we will inform RL360 in writing should we wish to terminate this payment. Any payment accrued to the point where the payment is terminated will be deducted from the plan and paid to the financial adviser. No further financial adviser payment will be taken.
6. I understand that, as a result of my request, RL360 may have to alter the Terms and Conditions of my contract to facilitate a payment to my financial adviser. I request that all required changes are made to my Terms and Conditions and they are effective immediately.
Financial adviser payment  % per year, paid quarterly in arrears as percentage of my plan value (the payment should not be more than 1.5% per year).

#### Important notes

- 1. Where this payment is used in conjunction with an investment adviser payment, the two payments combined cannot be more than 2% per year.
- 2. Where the plan owner and financial adviser is domiciled outside of the United Kingdom, RL360 will deduct a financial adviser "charge" from the plan. This will not affect any 5% annual withdrawal allowance as it will not be classed as a withdrawal from the plan.
- 3. Where either the plan owner and/or financial adviser is domiciled in the United Kingdom, RL360 will deduct a financial adviser "fee" from the plan, which will affect any 5% withdrawal allowance as it is classed as a withdrawal from the plan.

	Applicant 1	Applicant 2	
Signed			
Full name			
Date (dd/mm/yyyy)			

#### REQUEST TO APPOINT AN INVESTMENT ADVISER

#### Who is this form for?

This form is for applicants who wish to request RL360 appoint an investment adviser to their plan. Investment advisers may act on a discretionary or non-discretionary basis. This is your choice and an agreement that you must make with your investment adviser. They will have the power to place dealing instructions on your behalf.

#### Completing this form

We can only accept written instructions that have been signed by all owners, trustees or authorised signatories.

Please complete in BLOCK capitals throughout.

SECTION 1	INVESTMENT ADVISER APPOINTMENT	
Applicant(s) to	complete	
Plan reference:		
I wish to reques	st RL360 appoint	
		Investment adviser company name address and RL360 adviser number (if known)
to act in the ca	pacity of an investment adviser to my plan.	(II KIIOWII)
below, to advise (RL360) to rele	se on and change the assets to which the value of ease all relevant information relating to my plan to nat RL360 is not responsible for any loss or liabilit	y behalf, subject to the terms and conditions set out in Section my plan is linked. I authorise RL360 Insurance Company Limited my investment adviser when requested.  y incurred to my plan as a result of advice given or negligence 60 is not responsible for the performance of any assets linked to
	all communications in relation to dealing instruction	ons should be directed to my investment adviser.
	ny investment adviser. I request that all required o	alter the Terms and Conditions of my contract to facilitate changes are made to my Terms and Conditions and they are
Please confirm the appropriate		to be appointed, non-discretionary or discretionary by ticking
to RL360 a	after my investment adviser has consulted me. My	discretionary basis. Dealing instructions may only be forwarded investment adviser has confirmed to me that they have the role. I understand that RL360 is not required to obtain proof that on any instructions received.
without my		scretionary basis. Dealing instructions may be forward to RL360 me that they have the necessary regulatory authorisations in
I request RL360	O to make a payment to the investment adviser of	f my plan in line with the following:
Investment adv	viser payment	
% per	year, taken quarterly as a percentage of my plan v	value (the payment should not be more than 1.5% per year).

### REQUEST TO APPOINT AN INVESTMENT ADVISER CONTINUED

Applicant 1

#### Important notes

- 1. Where this payment is used in conjunction with a financial adviser payment, the two payments combined cannot be more than 2.0% per year.
- 2. RL360 will deduct an investment adviser "charge" from the plan. This will not affect any 5% annual withdrawal allowance as it will not be classed as a withdrawal from the plan.

#### 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.

#### Disclaimer

Signed

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

The payment will commence from the date we receive your completed form. It will be calculated and paid each quarter from the plan anniversary.

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 immediately.

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

I agree that I am solely responsible for the appointment of an investment adviser to my plan and that I am responsible for ensuring that they have appropriate experience, and/or qualifications and permissions to provide me with investment advice.

I acknowledge that RL360 is not liable for the performance or conduct of my investment adviser, or for ensuring that they hold and continue to maintain any regulatory or legal permissions required to provide investment advice.

Applicant 2

Full name		
Date (dd/mm/yyyy)		
SECTION 2 INVESTMENT	ADVISER DETAILS AND CONDITIONS	
Investment adviser to complete		
Full name		
Online services username (if registered)		
Company name		
RL360 adviser number		
Investment adviser company address		
Email address		
Telephone number		
Fax number		

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

#### REQUEST TO APPOINT AN INVESTMENT ADVISER CONTINUED

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

- 1. All instructions relating to the purchase, sale or switching of assets will be in respect of any asset agreed by RL360 as being eligible to the plan.
- 2. All instructions should be provided in a format agreed by RL360.
- 3. RL360 will purchase, sell or switch assets at the relevant 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. The investment adviser must maintain such authorisation as is necessary to act as an investment adviser under legislation and regulation in the country in which advice is given.
- 6. RL360 and the plan owner 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.
- 7. RL360 has the right to remove the investment adviser from the plan, without specifying a reason, and on giving one month's written notice to the plan owner and the investment adviser.
- 8. The investment adviser may resign their appointment by giving written notice to the plan owner and RL360. RL360 will remove the investment adviser from the plan as soon as the notification is received.
- 9. The appointment will cease immediately upon written notification of bankruptcy, dissolution, or insolvency of the investment adviser, or any composition with creditors, or if the investment adviser is in breach of any regulatory requirements, or it becomes illegal for the investment adviser to act in this capacity.
- 10. This appointment and agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.
- 11. RL360 will not be liable in the event that the appointed investment adviser or the plan owner fails to notify RL360 of any material factor affecting the above.

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.

	Investment adviser		
Signed			
Date (dd/mm/yyyy)			

RL360 Insurance Company Limited

**T** +44 (0)1624 681681

**E** csc@rl360.com

Registered Office: International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Registered in the Isle of Man number 137548C. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority.

PMC03e 11/23

HELPING YOU TO PROTECT AND GROW YOUR WEALTH

