

ADDITIONAL PAYMENT FORM FOR COMPANY AND INDIVIDUAL TRUSTEE OWNERS

Please complete this form in BLOCK CAPITALS throughout.

Individual plan owners must complete Additional Payment form - ref. RS02.

Corporate Trustee plan owners must complete Additional Payment form - ref. RS03.

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

01 COMPANY DETAILS

Plan reference	<input type="text"/>			
Company name	<input type="text"/>			
	Executive Director/Partner 1		Director/Partner 2	
First name(s)	<input type="text"/>		<input type="text"/>	
Last name(s)	<input type="text"/>		<input type="text"/>	
Country of incorporation/ organisation	<input type="text"/>			
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>		<input type="text"/>	
Country or residence for tax purposes	<input type="text"/>		<input type="text"/>	
Tax Identification Number (TIN)	<input type="text"/>		<input type="text"/>	

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a US Specified Person? Yes No Yes No

US Specified Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address 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.

Shareholders and beneficial interest

Please complete this section for persons who have a shareholding or beneficial interest of 25% or more.

	Shareholder 1	Shareholder 2 (if applicable)
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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)		
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>	<input type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)		
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

AUTOMATIC EXCHANGE OF INFORMATION - ENTITY SELF-CERTIFICATION

Instructions for completion

Under Tax Regulations and intergovernmental agreements entered into by the Isle of Man in relation to the automatic exchange of information for tax matters (collectively "AEOI"), RL360 is required to collect information about each applicant's tax status.

This section is for applicants who are classified as an Entity under the Tax Regulations. For a definition of AEOI Entity Types, download our AEOI Definitions at: <http://www.rl360.com/row/downloads/forms.htm>

Please note that in certain circumstances the information you provide may be disclosed to the Isle of Man Income Tax Division who in turn may exchange this information with tax authorities in other jurisdictions.

If any of the information that you provide changes in the future, you must advise us of these changes by completing a new Entity Self-Certification form and/or an Individual Self Certification as appropriate.

Please note that your Common Reporting Standards (CRS) classification does not necessarily coincide with your classification for US FATCA purposes.

PART A - Passive Non-Financial Entity (NFE) and Passive Non-Financial Foreign Entity (NFFE)

If the entity is a NFE or NFFE please tick here and complete Parts A (i) and Part C

If the entity is not an NFE or NFFE, please complete Part B and Part C.

If the entity is a Specified US Person, please complete our AEOI Entity Self-Certification Form which you can download from <http://www.rl360.com/row/downloads/forms.htm>

PART A (i) - Entity Declaration of Tax Residency

Country/countries of tax residency	Taxpayer Identification Number (TIN) or functional equivalent	Reference number type (TIN, Business Registration Number, other (please specify)).

PART B - Please complete if you are NOT an NFE or NFFE

Please provide your Common Reporting Standards (CRS) classification by ticking the appropriate box(es).

If the entity is a **Financial Institution**, please specify the type of Financial Institution below:

Reporting Financial Institution under CRS.

OR

Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:

- Governmental Entity
- International Organisation
- Central Bank
- Broad Participation Retirement Fund
- Narrow Participation Retirement Fund
- Pension Fund of a Governmental Entity, International Organisation, or Central Bank
- Exempt Collective Investment Vehicle
- Trust whose trustee reports all required information with respect to all CRS Reportable Accounts
- Qualified Credit Card Issuer
- Other Entity defined under the domestic law as low risk of being used to evade tax.

Specify the type provided in the domestic law:

If the Financial Institution is resident in a **Non-Participating Jurisdiction** under CRS, please specify the type of Financial Institution resident in a Non-Participating Jurisdiction below:

- a) Investment Entity and managed by another Financial Institution.
If you have ticked this box please indicate the name of the Controlling Person(s) in Part F.
- b) Other Financial Institution, including a Depository Financial Institution, Custodial Institution, or Specified Insurance Company.
- c) Other Investment Entity

If the entity is an **Active Non-Financial Entity** ("NFE") please specify the type of NFE below:

- a) Corporation that is regularly traded or a related entity of a regularly traded corporation.
Provide the name of the stock exchange where traded:
- b) If you are a related entity of a regularly traded corporation, provide the name of the regularly traded corporation:

01 COMPANY DETAILS CONTINUED

- c) Governmental Entity, International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing
- d) Other Active Non-Financial Foreign Entity

PART C - US FATCA Classification for all non-US Entities

If you are a US Entity, please complete our AEOI Entity Self-Certification Form which you can download from <http://www.r1360.com/row/downloads/forms.htm>

Please complete this section if the entity is **not** a US Tax Resident

If the entity is a **Registered Financial Institution**, please tick one of the below categories, and provide the entity's GIIN.

- a) IGA Partner Jurisdiction Financial Institution
- b) Registered Deemed Compliant Foreign Financial Institution
- c) Participating Foreign Financial Institution

Global Intermediary Identification number (GIIN):

If the entity is a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

- a) The Entity is a **Sponsored Financial Institution** and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name:

Sponsoring Entity's GIIN:

- b) The Entity is a **Trustee Documented Trust**. Please provide your Trustee's name and GIIN.

Trustee's Name:

Trustee's GIIN:

- c) The Entity is a Certified Deemed Compliant, or otherwise **Non-Reporting, Foreign Financial Institution** (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).

Indicate exemption:

- d) The Entity is a **Non-Participating Foreign Financial Institution**.

If the entity is **not a Foreign Financial Institution**, please confirm the Entity's FATCA status below:

- a) The Entity is an **Exempt Beneficial Owner** Indicate status:

- b) The Entity is an **Active Non-Financial Foreign Entity** (including an Excepted NFFE)

i. If the Entity is a **Direct Reporting NFFE**, please provide the Entity's GIIN:

ii. If the Entity is a **Sponsored Direct Reporting NFFE**, please provide the Sponsoring Entity's name and GIIN.

Sponsoring Entity's Name:

Sponsoring Entity's GIIN:

02 **INDIVIDUAL TRUSTEE DETAILS**

Plan reference

Settlor 1

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a US Specified Person? Yes No

Settlor 2

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Yes No

Trustee 1

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a US Specified Person? Yes No

Trustee 2

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Yes No

Trustee 3

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Country of residence for tax purposes

Tax Identification Number (TIN)

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Are you a US Specified Person? Yes No

Trustee 4

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

Yes No

US Specified Person means a US citizen or tax resident individual, who either holds a US Passport, a US Green Card, has a US residential/correspondence address 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.

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, please download our agreement and registration forms from our website - www.rl360.com

03 PAYMENT DETAILS

You can use this form to increase regular payments and/or add a lump sum payment to your plan. Use the tick boxes to indicate which options you require.

Regular payment increase

Current payment

Payment increase

Total payment

Your plan currency, frequency and method of payment will remain unchanged.

Fund selection

Your payment increase will be invested in-line with your current fund selection.

If you wish to amend your current fund selection you will be required to complete a fund switch request form.

Additional lump sum

Lump sum

Payment options Cheque Telegraphic transfer

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

If you want to use a Currency Exchange House to transfer your payment to us, please ensure that it has been approved by RL360 first. Please also provide your bank account details below from where the payment originates, along with a full audit trail to evidence the transfer to us.

Bank name

Bank address and postcode

Account holder's name

Branch SWIFT code OR Bank sort code - -
(for all non-GBP and international payments) (for UK GBP payments only)
 SWIFT code must be either 8 or 11 digits

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

Account held for years months

Fund selection (required)

We will invest your lump sum as per the fund selection provided in the table below:

ISIN	Fund name	Currency	Percentage of payment
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			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.

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

	Applicant/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"/> <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"/>

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"/> <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"/>

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

	Applicant/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 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"/>
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 am aware that my payment increase and/or lump sum will be treated in line with the terms and conditions of my plan.

Availability

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

Investment

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

I agree to RL360 acting on investment instructions received from me or my appointed adviser, and I will read all of the documentation issued by the investment 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)

Authorised signatory/Trustee 1

Full name

Signed

Date (dd/mm/yyyy)

Authorised signatory/Trustee 2

Authorised signatory/Trustee 3

Full name

Signed

Date (dd/mm/yyyy)

Authorised signatory/Trustee 4

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"/>
RL360 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 the plan owner's identity, 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"/> <input type="text"/>