

LifePlan

Application form for Children's Plan



You can count on us

**RL**  
**360**

This *Application Form* should be read in conjunction with the current *LifePlan Brochure* and *Key Features*.

A copy of the completed *Application Form* and *Terms and Conditions* are available on request. If there is any doubt as to the relevance of any fact it should be included on the application form, as it is important that all information is fully disclosed. If more space is required please continue on a separate sheet of paper and ensure it is signed and dated by each applicant and/or each life assured.

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](http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA).

**PLEASE NOTE THAT INSUFFICIENT DETAILS MAY DELAY PROCESSING AND ACCEPTANCE**

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° 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 alternatively be downloaded from [www.rl360.com/sourceofwealth.pdf](http://www.rl360.com/sourceofwealth.pdf)

**Before you return this *Application Form*, please check the following**

Please tick:

- Section 1 completed in all cases
- Section 2 completed in all cases
- Section 3 completed if applicable
- Section 4 completed in all cases
- Section 5 completed in all cases
- Section 6 completed in all cases
- Section 7 completed in all cases
- Section 8 completed in all cases
- Section 9 completed in all cases where any questions are answered ‘yes’ and further details are required
- Section 10 does not require completion, but should be read carefully
- Section 11 completed in all cases
- Section 12 completed in all cases
- Section 13 read in all cases
- Source of Wealth (where applicable):

**Income from employment** - Certified copy of your last three months’ payslips, confirmation of your income from your employer, copy of your recent accounts if you are self employed, or equivalent documentation.

**Other income or capital** - Relevant certified documentation to verify the source of wealth.

**Any other source not listed** - Relevant certified documentation to verify the source of wealth.

**This form is to be submitted with:**

- a signed Personalised Illustration
- a completed *Payment Method Form*, or cheque made payable to RL360 Insurance Company Limited
- a certified copy of an identity document that includes a photograph for each applicant and life assured and evidence of their age
- certified documentary evidence of each applicant’s and life assured’s current residential address
- any supplementary forms

RL360 Insurance Company Limited (“the Company”) accepts no responsibility for any payment until it has been received at a registered RL360° office. Provided that no further information is required and subject to acceptance of your application, your policy documents will be issued as soon as possible. In the unlikely event that you have not received your policy documents within 45 days after signing this form, please contact your financial adviser.

**Please complete in BLOCK CAPITALS and in black or blue ink throughout. Please delete as appropriate where you see \***

**Section 1 Applicant details**

	<b>First applicant</b>	<b>Second applicant (if applicable)</b>
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"/>
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country of residence	<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"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Nationality	<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"/>	<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 and place of birth	<input type="text"/>	<input type="text"/>
Reason for insurance and relationship to life assured	<input type="text"/>	<input type="text"/>

**Exact occupation and duties**

	<b>First applicant</b>	<b>Second applicant (if applicable)</b>
What is your exact occupation?	<input type="text"/>	<input type="text"/>
What is your company name?	<input type="text"/>	<input type="text"/>
What is the nature of your business?	<input type="text"/>	<input type="text"/>

Please state the applicants' combined earned/unearned income from all sources including any bonuses.

Currency

	<b>This year</b>	<b>Last year</b>	<b>Previous year</b>
<b>Earned</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Unearned</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have stated annual unearned income please provide details.

**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"/>

## Section 2 Life assured (child) details

To be completed by the applicant(s) on behalf of the life assured (child). Life assured - the child to whom the policy will be assigned upon reaching the age of 18.

Sex (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
First name(s)	<input type="text"/>	
Last name(s)	<input type="text"/>	
Nationality	<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"/>
Current residential address and postcode (in full)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Section 3 Correspondence address

If, for any reason, you want correspondence to be sent to a different address you can provide a correspondence address. In the interests of the security of your policy, the Company recommends that you carefully select the most reliable addressee and correspondence address and advise the Company of any subsequent change of name and address during the course of your policy. However, the Company accepts no responsibility for the consequences of sending correspondence to this address.

Address and postcode for correspondence	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of residence	<input type="text"/>
Telephone number	<input type="text"/>

## Section 4 Benefits

Policy currency (only one currency is allowed in each policy)	UK Sterling <input type="checkbox"/>	US Dollars <input type="checkbox"/>	Euros <input type="checkbox"/>	Japanese Yen <input type="checkbox"/>
Amount of primary life cover required	<input type="text"/>			
Do you require critical illness cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'yes' please state the amount of benefit required	<input type="text"/>			

### Benefit increase option

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If this option is selected, the automatic premium increase option (Section 5 - Premiums) must be chosen such that regular premiums increase by at least the same rate.	
Benefit increase can be on a 5% or 10% simple basis:		5% annually <input type="checkbox"/>	10% annually <input type="checkbox"/>

## Section 5 Premiums

Premium frequency      Monthly       Quarterly       Half-yearly       Yearly

Premium amount     

Premium term      Whole life   
                          Fixed term  for  years

Premium increase option      Yes       No  (This option must be selected if the benefit increase option is selected.)  
                          If yes, increasing at:      5% annually       10% annually

## Section 6 Choice of investment funds

### Fund choice

Please list your choice of funds below, up to a maximum of five funds. Please ensure that the percentages invested total 100% and that the amount invested in each fund is not below the GBP25/USD50/EUR50/JPY5,000 minimum.

Fund group	Fund name	ISIN	% of premium

Total: 100%

## Section 7 Lifestyle details

Please note all questions must be answered in full, any questions answered with "N/A", "-" or "/" are not acceptable. If you answer yes to any question please provide additional information in **Section 9**.

### Life assured (child) details

- 7.1 Please state the life assured's height.      feet  inches       or      cm
- 7.2 Please state the life assured's weight.      pounds       or      kg
- 7.3 Will the life assured be out of their stated country of residence for 30 days or more in any one year?      Yes       No   
 If yes, please state full details of countries to be visited, nature of visit and length of stay in Section 9.
- 7.4 Does the life assured have any existing insurance benefits (including benefits with the RL360° group of companies) or are they applying or expecting to apply for insurance benefits with other companies, or do they intend to discontinue any existing cover?      Yes       No

### Current medical attendant (this section MUST be completed)

Please provide details of the life assured's medical attendant/attending physician below. If they have no usual medical attendant/attending physician, please provide details of the last doctor they consulted and the reason.

Name of doctor     

Number of years attended     

Address (in full)     

Postcode     

Country     

Date of last visit (dd/mm/yyyy)     

Reason for last visit     

Results of last visit     

(If you require more space, please continue in Section 9.)

## Section 8 Medical questions

8.1 Has the life assured (child) suffered from, or received, medical advice or treatment for any disease(s) of the heart, kidneys, brain or nervous system, or any form of cancer, or any other illness apart from minor childhood ailments or do any familial or congenital conditions exist?

Yes  No

If yes, provide full details in Section 9.

### 8.2 Family history

Please provide details of the life assured's family history in the table below, including details of their current state of health or, if deceased, the cause of death. Of particular importance is if the life assured's father, mother or any brothers or sisters have died or suffered from heart disease, stroke, kidney disease, cancer, multiple sclerosis or diabetes before the age of 65, or suffered from any familial/hereditary disorders.

Please tell us the age at onset if the relative had cancer and the part of the body first affected.

#### Life assured (child's) relatives

Relatives	State of health (or if deceased please state cause of death)	Age (or age at death)
Father	<input type="text"/>	<input type="text"/>
	<input type="text"/>	
	<input type="text"/>	
Mother	<input type="text"/>	<input type="text"/>
	<input type="text"/>	
	<input type="text"/>	
Brothers (numbers born) <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"/>	
Sisters (numbers born) <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"/>	

If more space is required, please continue in Section 9.



## Section 10 Important notes

Your answers to the questions on this form will be used to assess the application and you must, therefore, answer them fully and to the best of your knowledge and belief. You must give us any other information which might be relevant and which could influence our decision. If you are unsure whether a particular fact is relevant, you should disclose it. Protection benefits may be forfeited if relevant information is found to have been withheld. Any policy of insurance issued pursuant to this application may be declared void even if the application has been formally accepted by the Company, where facts which are material to this application have been withheld. In such event, all monies paid may be forfeited. Please give careful consideration to the declaration before signing it.

Before the policy comes into force, any change of facts contained in the answers given in this application must be notified to the Company in writing. The Company reserves the right to amend the terms on which your application may have been accepted or to withdraw acceptance in the event of any such change.

Your application is not binding and no policy will exist until the Company has issued a letter of acceptance, all conditions therein have been complied with and your policy schedule has been issued.

Full details of the policy can be obtained by reading LifePlan's *Terms and Conditions* which are available from the Company on request.

## Section 11 Declaration for applicant

I being the parent(s)/legal guardian(s) of  (name of Life Assured) wish to apply for LifePlan on his/her behalf as bare trustee(s).

I confirm that as bare trustees for him/her all statements made in the application are complete and true to the best of my/our knowledge and belief.

I consent to the Company seeking information from any Medical Practitioner who has been, or may hereafter be, consulted by the Life Assured in relation to his/her physical and mental health, and such Medical Practitioner is authorised and directed to divulge to the Company any information he/she may have acquired with regard to the Life Assured.

I understand that until  (name of Life Assured) attains the age of 18 I will act for him/her as Policy Owner of the LifePlan policy.

On  (date of Life Assured's 18th birthday) the Life Assured will assume all the rights and obligations of the Policy Owner as set out in the LifePlan *Terms and Conditions*.

I also agree that this declaration and any relevant statement annexed thereto will be the basis of the policy between me and the Company.

I understand that until such time as I assign LifePlan to the Life Assured that the Company will continue to treat me as the legal owner of the policy and that upon the Life Assured's 18th birthday, the Company will not transfer the legal ownership of the policy to the Life Assured without first being instructed to do so and furthermore provided with a suitable deed of assignment.

- 11.1 I declare that I have read and understood the important notes within this application and that all the statements made by me, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and I have disclosed all relevant information concerning this application whether or not covered by the questions in this application form or any supplementary questionnaires which might influence the Company's decision concerning this application including whether to assume risk and the amount of premium(s).
- 11.2 I will disclose to the Company any changes to the information given in this application which occur following the completion of this application but prior to the commencement of the policy.
- 11.3 I agree that all statements, together with any forms, statements, reports or other information completed or supplied by me or any party on my behalf, shall form the basis of the policy with the Company.
- 11.4 I have read and understood the *Brochure* and *Key Features* document and fully understand the charges that may be levied.
- 11.5 I agree to accept a policy in the form and containing the standard terms, conditions and rules ordinarily used by the Company for the type of benefits for which I have applied, and the Company shall not be bound in any way by any representations or undertakings made or given by any person save as contained in the policy as issued. It is further agreed and understood that, notwithstanding any statement made to the contrary by any person, no policy comes into existence and no liability whatsoever will attach to the Company as a result of this application unless and until the first premium has been paid and received by the Company and express written notice of acceptance of risk is issued by the Company.
- 11.6 To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 11.7 I confirm that on my own initiative I requested and received information about the policy from my financial adviser. On the basis of that information, I hereby apply for this policy. I understand that the policy is offered by the Company which is established in the Isle of Man and as such the Company is subject to the supervisory arrangements of the Isle of Man Financial Services Authority.



## Section 11 Declaration for applicant continued

- 11.8 I understand that unless I provide a different address for correspondence in Section 3, all correspondence from the Company concerning this application and the policy, if accepted (including acknowledgement of safe receipt by the Company of my premiums, notification of renewal premiums due and of premiums not received by the Company when due) shall be sent to the first named trustee at the permanent address given for that trustee. I accept that any person who is advising me regarding the policy(s) for which I am applying, is acting for me and not on behalf of the Company.
- 11.9 I will disclose to the Company any changes to the information given in this application which occur following the completion of this application but prior to the commencement of the policy.

### Data Protection

Any data you provide to the Company 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 the Company may be required to provide it to its regulator, its government or anyone else required by law.

The Company will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. The Company 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 the Company 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.

	First applicant	Second applicant
Signed	<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"/>

## Section 12 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

Adviser number

Name of regulatory or  
authorising body

Regulatory number  
(if applicable)

Financial Adviser's stamp  
(if this does not state an  
address, please complete  
company address details too)

Full name

Online services username  
(if registered)

Work telephone number

Mobile telephone number

Email address

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

Date (dd/mm/yyyy)

## Section 13 Your choice of payment methods

If you wish to pay by credit/debit card, standing order of direct debit, 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°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP.

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.

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

Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

### Bank address

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



## 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 either a '3', '4' or a '5'.

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

We cannot accept payments from Rand or Zimbabwe dollar denominated cards.

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

Premium currency (please tick appropriate box) Sterling (GBP)  US dollar (USD)  Euro (EUR)  Japanese yen (JPY)

Premium amount in figures

Premium amount in words

Premium frequency Monthly  Quarterly  Half-yearly  Yearly

Commencing on\*       (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  Visa  JCB  American Express\*

\* The amount we collect from your card will be 1% higher than your premium to cover additional charges applied by American Express.

Card issued by  (name of bank)

Country of card issue

Cardholder's name(s) (must be an applicant)

Cardholder's address (as held by the card issuer)

**The address details for the cardholder should be the same as the applicant(s) - if not then please provide reasons why in Section 9 of this form.**

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 please refer to our source of wealth information document available online at [www.rl360.com/sourceofwealth.pdf](http://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"/>	
	<input type="text"/>	
	<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"/>	US dollar (USD) <input type="checkbox"/>	Euro (EUR) <input type="checkbox"/>	Japanese yen (JPY) <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 (for all non-GBP and International payments) Swift Code must be either 8 or 11 digits	<input type="text"/>	<b>OR</b>	Bank Sort Code <input type="text"/> - <input type="text"/> - <input type="text"/>	(for UK GBP payments only)
IBAN/Account number (all non-GBP accounts)	<input type="text"/>	<b>OR</b>	Account number <input type="text"/>	(GBP UK Bank only)

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

Tick one	Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
<input type="checkbox"/>	EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
<input type="checkbox"/>	GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
<input type="checkbox"/>	JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
<input type="checkbox"/>	USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

**Bank address**

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

The Japanese Yen bank account address is:  
HSBC, Building 2F, 11-1, Nihonbashi 3-chome, Chuo-ku, Tokyo 103-0027 Japan.

	<b>Account holder/Authorised Signatory 1</b>	<b>Account holder/Authorised Signatory 2</b>
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"/>

# Instruction to your bank or building society to pay by Direct Debit

**Important**

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

Service User Number

Name and full postal address of your bank or building society branch

To the manager  Bank/Building Society

Bank address

Name(s) of account holder(s)

Bank sort code (UK only)    -    -    Account number

This Direct Debit Instruction relates to my policy number, reference:

**Instruction to your bank or building society**

Please pay RL360 Insurance Company Limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with RL360 Insurance Company Limited and, if so, details will be passed electronically to my bank/building society.

	<b>Account holder/Authorised Signatory 1</b>	<b>Account holder/Authorised Signatory 2</b>
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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Banks and building societies may not accept Direct Debit instructions from some types of account**

**This guarantee should be detached and retained by the payer.**

**The Direct Debit Guarantee**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, RL360 Insurance Company Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request RL360 Insurance Company Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by RL360 Insurance Company Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when RL360 Insurance Company Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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

**T +44 (0)1624 681682**  
**E [csc@rl360.com](mailto:csc@rl360.com)**

**Website**

[www.rl360.com](http://www.rl360.com)

**Head Office - Isle of Man**

RL360 House, Cooil Road,  
Douglas, Isle of Man,  
IM2 2SP, British Isles

**T +44 (0)1624 681 681**  
**E [csc@rl360.com](mailto:csc@rl360.com)**

**Representative Office - Dubai**

Office 1402, 14th Floor,  
Single Business Tower,  
Sheikh Zayed Road, Dubai, UAE.

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