

Scheme member access form

Who is this form for?

This form should be used exclusively by corporate pension policyholders who would like to provide their clients with online access to information about the offshore bond held within their pension arrangement.

Acceptable pension schemes include, but are not necessarily limited to Qualifying Recognised Overseas Pension Schemes (QROPS) and Self Invested Personal Pensions (SIPPs).

Completing this form

If you need help completing this form please contact our Customer Services Team on +44 (0)1624 681685 or alternatively you can email websupport@rl360.com.

When you have completed this form

Please send the original signed agreement by post direct to: Web Support Team, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Corporate pension details

Online reference number	<input type="text"/>
Company name	<input type="text"/>
Pension scheme name	<input type="text"/>
Policy number	<input type="text"/>

Member details

The member must agree to the Online Services Centre Terms and Conditions on first login.

Title (please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>			
Last name(s)	<input type="text"/>			
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>			
Password (this will only be used once)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Password reminder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current residential address (including postcode and country)	<input type="text"/>			
Member signature (This is optional and dependent on the requirements of the corporate pension provider)	<input type="text"/>			

Corporate pension authorised signatory

	Authorised signatory 1	Authorised signatory 2
Signed	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>

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