



LIFEPLAN
LEBANON

**APPLICATION
FORM**

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COMPLETION

إن هيئة الأسواق المالية في لبنان غير مسؤولة عن محتوى أي من المستندات المتعلقة بالاستثمار ولا عن دقة أو شمولية المعلومات الواردة فيها. إن هيئة الأسواق المالية لم تقيم ملاءمة الأدوات المالية المعروضة أو الواردة في المستندات بالنسبة إلى أي من طالبي الإكتتاب أو المستثمرين المحتملين.

The Capital Markets Authority (CMA) is not responsible for the content of any of the documents related to the investment or for the accuracy or completeness of the information included therein. The CMA did not assess the suitability of the financial instruments offered or included in such documents to any applicant or prospective investor.

إذا كنت لا تقرأ ولا تكتب الانكليزية فإن ترجمة باللغة العربية لاستمارة الطلب هذه متوفرة وعليك الرجوع اليها فقط

(The above states in Arabic: "If you do not read or write in the English language an Arabic version of the literature and Application Form is available and you should refer to this only.")

Please complete this form using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 12 - Application Checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

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.

This Application Form must be completed in English.

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.

Once you have completed and signed the application you should send it along with all requested additional information to our 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 additional information where required.

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.

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.

01 YOUR DETAILS

Please indicate which life assured basis you require Single life Joint life first death Joint life both death

Applicant 1

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss

Other (in full)

First name(s)

Last name(s)

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Country of residence for tax purposes

Tax Identification Number (TIN)

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

Are you a US Specified Person? Yes No

Current residential address and postcode (in full)

Country

Home telephone number

Mobile telephone number

Relationship to Applicant 1

Applicant 2

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss

Other (in full)

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Country of residence for tax purposes

Tax Identification Number (TIN)

Are you a US Specified Person? Yes No

Country

Home telephone number

Mobile telephone number

Relationship to Applicant 1

Online services

If you wish to access details of your plan online, you must supply us with the following information.

Email address

Password (you will only use this once)

Password hint

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use the current residential address of the first applicant.

Address and postcode for correspondence

Is this address for You

Your financial adviser

A friend

A family member

01 YOUR DETAILS CONTINUED

Exact occupation and duties

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

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

If you have stated annual unearned income please provide details.

02 LIVES ASSURED

There can be up to 2 lives assured on the plan.

If either applicant is to be a life assured, tick the appropriate box below and proceed to "Additional occupation details" on the next page.

Applicant 1 is a life assured Applicant 2 is a life assured

If the lives assured are different from the applicants please provide their details below.

	Life assured 1	Life assured 2
Sex (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
	<input type="text"/> Other (in full)	<input type="text"/> Other (in full)
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"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<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"/>
Relationship to the applicant	<input type="text"/>	<input type="text"/>

Exact occupation and duties

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 provide details of each of the life assured's earned/unearned income from all sources including any bonuses.

Currency	<input type="text"/>	<input type="text"/>		
Earned	This year	<input type="text"/>	This year	<input type="text"/>
	Last year	<input type="text"/>	Last year	<input type="text"/>
	Previous year	<input type="text"/>	Previous year	<input type="text"/>
Unearned	<input type="text"/>	<input type="text"/>		
If you have stated annual unearned income please provide details.	<input type="text"/>	<input type="text"/>		

Additional occupation details

Which of the following do you perform in the course of your work? (Please indicate the % spent in each, and ensure the total adds up to 100%.)

	Life assured 1	Life assured 2
a) Managerial, administration, clerical and meetings?	<input type="text"/>	<input type="text"/>
b) Skilled, technical, light manual and supervisory on a shop or factory floor?	<input type="text"/>	<input type="text"/>
c) Sales (shop/office based), mobile sales, sales management or sales assistance?	<input type="text"/>	<input type="text"/>
d) Manual skilled, light unskilled or factory work, including lifting?	<input type="text"/>	<input type="text"/>
e) Unskilled work, heavy manual or heavy lifting?	<input type="text"/>	<input type="text"/>
	= 100%	= 100%
How much work is carried out at home?	<input type="text"/> %	<input type="text"/> %
Do you work more than 16 hours per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive payment from any other occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state other occupation	<input type="text"/>	<input type="text"/>

All applicant(s) and each life assured must sign the Declaration in Section 10 and the following should be submitted to support the application:

- Full true certified copy of a current passport or national identity card carrying a photograph for each applicant and life assured.
- Documentary evidence of each applicant's residential address (see Section 12 - Application Checklist for details).

03 PLAN REQUIREMENTS

Provide benefits in United States dollars (USD) only.

	Life assured 1	Life assured 2
Amount of primary life cover required	<input type="text"/>	<input type="text"/>
Do you require term life cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' please state the amount of benefit required and for what length of time the benefit is required (minimum 5 years, maximum 61 years)	<input type="text"/> <input type="text"/> years	<input type="text"/> <input type="text"/> years
Do you require accidental death benefit? (maximum age at entry 59 years attained)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

04 PAYMENT DETAILS

Who will fund the plan? The applicant(s) Employer Spouse Other

If the payer is anyone other than the applicant(s), please refer to Section 12 - Application Checklist, Third party payments for further details.

Amount

Payment frequency Monthly Quarterly Half-yearly Yearly

Payment term Whole life
 Fixed term for years

05 CHOICE OF FUNDS

Fund choice

List your choice of funds in the table below.

You must invest a minimum of 50% of your premium in the Lebanese Deposit Fund.

Please ensure that the percentages invested total 100%.

ISIN	Fund name	Percentage of payment
	Lebanese Deposit Fund	%
		%
		%
		%
		%
		100%

06 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 08.

	Life assured 1	Life assured 2
6.1 Do you currently have an existing plan with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please insert your plan number in the appropriate box	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
6.2 Please state your height	<input style="width: 80px; height: 20px;" type="text"/> cm	<input style="width: 80px; height: 20px;" type="text"/> cm
	<input type="checkbox"/> feet <input type="checkbox"/> inches	<input type="checkbox"/> feet <input type="checkbox"/> inches
6.3 Please state your current weight	<input style="width: 80px; height: 20px;" type="text"/> pounds	<input style="width: 80px; height: 20px;" type="text"/> pounds
	<input style="width: 80px; height: 20px;" type="text"/> kg	<input style="width: 80px; height: 20px;" type="text"/> kg
6.4 In the past 12 months have you used tobacco products (cigarettes, e-cigarettes, cigars or chewing)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please state your daily consumption.	<input style="width: 150px; height: 20px;" type="text"/>	<input style="width: 150px; height: 20px;" type="text"/>
6.5 Is there any feature of your lifestyle, work or leisure activities or any other circumstances or fact which might affect or threaten your health or life expectancy? If yes, please state full details in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6 Do you intend to fly, other than as a fare paying passenger on licensed commercial airlines or participate in any hazardous pursuits? For example underwater diving, motor racing? If yes, please complete the supplementary Aviation Questionnaire or other relevant pursuit questionnaire.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7 Will you be out of your stated country of residence for 30 days or more in any one year? If yes, please state full details of countries to be visited, nature of visit and length of stay in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8 Do you expect or intend to seek a medical opinion within the next 8 weeks? If yes, please state full details in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9 Has any insurer ever declined, postponed or accepted an application on your life on special terms, or have you withdrawn an application? If yes, please state the company(ies), reason(s) and date(s) in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.10 Do you have any existing insurance policies (including benefits with RL360 Insurance Company Limited) or are you applying or expecting to apply for insurance benefits with other companies, or do you intend to discontinue any existing cover? Please state the total amount of life and critical illness cover taken out on your life in the last 12 months, including reinstated policies, and the cover currency in Section 08.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Current medical attendant (this section MUST be completed)

Please provide details of your usual medical attendant/attending physician below. If you have no usual medical attendant/attending physician, please provide details of the last doctor you consulted and the reason.

	Life assured 1	Life assured 2
Name of doctor	<input type="text"/>	<input type="text"/>
Number of years attended	<input type="text"/>	<input type="text"/>
Address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Date of last visit (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"/>
Reason for last visit	<input type="text"/>	<input type="text"/>
Results of last visit	<input type="text"/>	<input type="text"/>

If you require more space, please continue in Section 08 - Additional information.

07 MEDICAL QUESTIONS

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 08.

	Life assured 1	Life assured 2
7.1 Have you ever been advised to give up tobacco and/or alcohol for any specific reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Have either your drinking or tobacco habits differed in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Please state the specific amount of your average weekly consumption of alcohol (quantity and type).	<input type="text"/> beer (in litres)	<input type="text"/> beer (in litres)
	<input type="text"/> wine (75cl bottles)	<input type="text"/> wine (75cl bottles)
	<input type="text"/> spirits (measures)	<input type="text"/> spirits (measures)
Do you have or have you ever had any of the following?		
7.4 Heart or circulatory disorders e.g. high blood pressure, stroke, chest pains, heart murmur, palpitations, rheumatic fever, blood vessel disorders, elevated cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Respiratory or lung trouble e.g. asthma, bronchitis, persistent cough, tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.6 Disorders of the digestive system, gall bladder or liver e.g. duodenal ulcer, bleeding from the bowel, hepatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Life assured 1	Life assured 2
7.7 Disease or disorder or infection of the kidneys, bladder or reproductive organs e.g. protein or blood in the urine, stones, prostatitis, venereal disease, bilharzia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.8 Nervous, neurological or mental complaint e.g. fits, epilepsy, blackouts, persistent headaches, paralysis, anxiety state, depression?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.9 Ear, eye, nose, throat or skin disorders e.g. ear discharge, defective vision, recurrent tonsillitis, porphyria, psoriasis, dermatitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.10 Disorders or disease of muscles, bones, joints, limbs or spine e.g. rheumatism, arthritis, gout, slipped disc, other back or neck troubles?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.11 Diabetes, sugar in urine, blood or spleen disorders, thyroid or other glandular disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.12 Cancer, leukaemia, tumour or growth of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.13 Are any medicines or drugs currently prescribed for you, or are you receiving any medical or psychiatric treatment or advice or awaiting surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.14 Have you received, or do you expect to receive, any advice, counselling, treatment or blood tests in connection with AIDS, HIV or an HIV related disorder or any sexually transmitted disease including hepatitis B?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.15 Have you ever been counselled or treated in connection with alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.16 Family history

Please provide details of your 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 your 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 outset if your relative had cancer and the part of the body first affected.

Life assured 1

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

Life assured 2

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

09

IMPORTANT NOTES

The answers provided on this form will be used to assess your application and you must, therefore, answer them fully and to the best of your knowledge and belief. You must also give RL360 any other information which might be relevant and which could influence the decision to accept your application. If you are unsure whether a particular fact is relevant, you should disclose it. Withholding any relevant information may result in the forfeiture of your protection benefits even if your application has been formally accepted. In such event, all monies paid may be forfeited. Please give careful consideration to the declaration before signing it.

Before the plan comes into force, any change of facts contained in the answers given must be notified to RL360 in writing. RL360 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 plan will exist until RL360 has issued a letter of acceptance, all conditions therein have been complied with and your Plan Schedule has been issued.

Full details can be obtained by reading the LifePlan Lebanon Terms and Conditions.

10

DECLARATION

For lives assured

- 10.1** I declare that I have read the important notes in Section 09 and that all statements made by me, whether in my handwriting or not, are true and complete. I also declare that to the best of my knowledge and belief, I have disclosed all relevant information concerning this application, whether or not covered by the questions in this application or any supplementary questionnaires which might influence RL360's decision to issue my plan.
- 10.2** I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the plan.
- 10.3** By signing below I irrevocably consent to RL360 seeking from any doctor, hospital, medical institution or other person, information which may be related to my occupation, physical or mental health, including the result of any test, and I authorise the giving of such information. This authorisation shall remain in force after my death.

For applicants

- 10.4** 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 plan with RL360.
- 10.5** I have read the Product Guide and the Key Information Document and I'm aware of the charges that may be levied.
- 10.6** I agree to accept a plan in the form and containing the standard terms, conditions and rules ordinarily used by RL360 for the type of benefits for which I have applied. In addition, RL360 shall not be bound in any way by any representations or undertakings made or given by any person save as contained in the plan as issued. It is further agreed and understood that, notwithstanding any statement made to the contrary by any person, no plan comes into existence and no liability whatsoever will attach to RL360 as a result of this application unless and until the first payment has been received by RL360 and express written notice of acceptance of risk is issued by RL360.
- 10.7** To the best of my knowledge and belief I am not subject to any legislation that would make this application unlawful.
- 10.8** I confirm that on my own initiative I requested and received information about the plan from my financial adviser. On the basis of that information, I hereby apply for this plan. I understand that the plan is offered by RL360 which is established in the Isle of Man and as such is subject to the supervisory arrangements of the Isle of Man Government Financial Services Authority.
- 10.9** I understand that unless I provide a different address for correspondence in Section 01, all correspondence from RL360 shall be sent to the first named applicant at the permanent address given for that applicant. I acknowledge that any person who is advising me regarding the plan for which I am applying, is acting for me and not on behalf of RL360.
- 10.10** I will disclose to RL360 any changes to the information given in this application which occur prior to the commencement of the plan.

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.

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 funds 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 personal illustration
- 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.

I confirm that this application was signed in (give country)

Applicant 1

Signed

Date (dd/mm/yyyy)

Life Assured 1

Signed

Date (dd/mm/yyyy)

I give explicit consent to capture and process my medical/lifestyle data

Applicant 2

Life Assured 2

I give explicit consent to capture and process my medical/lifestyle data

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 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	<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"/>

12 APPLICATION CHECKLIST

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 and lives assured

Please send a **suitably certified copy*** of your passport or National Identity Card showing your photograph(s) and signature – If you are unable to provide either of these please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

Applicant 1

I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Applicant 2

I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Life assured 1

I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Life assured 2

I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Verification of current residential address – must be provided for all applicants

Please send a **suitably certified copy*** of at least one of the following documents for each applicant. If you are unable to provide any of the documents listed below, please provide a reason why in Section 08 – Additional Information and contact us to discuss other acceptable documents before sending in your application.

Applicant 1 (please tick which documents you have sent us)	Applicant 2 (please tick which documents you have sent us)	Acceptable document
<input type="checkbox"/>	<input type="checkbox"/>	Latest bank account or credit card statement
<input type="checkbox"/>	<input type="checkbox"/>	Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable
<input type="checkbox"/>	<input type="checkbox"/>	Proof of ownership or rental at current residential address
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage statement
<input type="checkbox"/>	<input type="checkbox"/>	Tax assessment document
<input type="checkbox"/>	<input type="checkbox"/>	State pension, benefit book or other government produced document showing benefit entitlement
<input type="checkbox"/>	<input type="checkbox"/>	Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the applicant

Confirmation of plan details

Please make sure you have completed Section 03 – Plan Requirements and have included a signed Illustration.

I have provided my plan requirements (please tick to confirm).

I have included a signed Illustration (please tick to confirm).

12 APPLICATION CHECKLIST CONTINUED

***Suitably Certified Copy Documentation**

Your financial adviser can certify your copy documents, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify your documents, we will accept certification by one of the following 'Suitable Certifiers':

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents.

If you cannot have your documents certified by one of the above, please contact us.

The certifier must:

- Add the statement 'Certified as a true copy taken from the original'
- Sign and date the copy document on all pages
- Print their name clearly in BLOCK CAPITALS underneath their signature
- Record the capacity or position in which they are certifying the document
- Add their company name or official stamp or seal.

The documents which we receive **must** contain the original certification and stamp.

Third party payments

If the payer is anyone other than the applicant(s), we will require the following documentation:

Employer funding the plan for a key employee:

- Certificate of incorporation or equivalent document showing date and place of incorporation
- Evidence of the registered office
- A list of all directors and verification of identity and address of at least two directors
- A set of the latest annual report and accounts
- A list of all shareholders
- Verification of the identity of all shareholders holding 25% or more of the issued share capital

Spouse funding a plan for a partner:

- Certified copy of the payer's ID
- Certified copy of the payer's proof of residential address
- Where the payer has a different surname to the applicant, evidence of the relationship

Other

- Please contact RL360 to determine if the payer is acceptable and if so, what documentation will be required

13 **NOMINATION OF BENEFICIARIES**

In the event of the death of the life assured on whose death the benefits become payable, as specified in the plan schedule, I hereby (jointly) appoint the beneficiary/ies named below to receive the benefits (represented by all rights to any proceeds payable under the plan by reason of the death of the life assured) in the percentages stated below absolutely.

Beneficiary 1

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss
 Other (in full)

First name(s)

Last name(s)

Permanent address and postcode (in full)

Country

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Home telephone number

Mobile telephone number

Relationship to the applicant

Percentage of benefit (whole numbers only) %

Beneficiary 2

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss
 Other (in full)

First name(s)

Last name(s)

Permanent address and postcode (in full)

Country

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Home telephone number

Mobile telephone number

Relationship to the applicant

Percentage of benefit (whole numbers only) %

Beneficiary 3

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss
 Other (in full)

First name(s)

Last name(s)

Permanent address and postcode (in full)

Country

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Home telephone number

Mobile telephone number

Relationship to the applicant

Percentage of benefit (whole numbers only) %

Beneficiary 4

Sex (please tick) Male Female

Title (please tick) Mr Mrs Miss
 Other (in full)

First name(s)

Last name(s)

Permanent address and postcode (in full)

Country

Date of birth (dd/mm/yyyy)

Country of birth

Nationality

Home telephone number

Mobile telephone number

Relationship to the applicant

Percentage of benefit (whole numbers only) %

13 NOMINATION OF BENEFICIARIES CONTINUED

	Beneficiary 5	Beneficiary 6
Sex (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (in full)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (in full)
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Permanent address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<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"/>
Nationality	<input type="text"/>	<input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Relationship to the applicant	<input type="text"/>	<input type="text"/>
Percentage of benefit (whole numbers only)	<input type="text"/> %	<input type="text"/> %

Minor beneficiaries

Where any of the beneficiaries nominated herein has not attained the age of 18 years (notwithstanding that such individual may be in accordance with the law of his or her domicile of full age and the expression 'minor' shall be construed accordingly) then I hereby authorise RL360 in its absolute discretion, without seeing the application thereof, to pay the same to any parent or guardian of such minor beneficiary or to apply the same in such manner as may be directed in writing by such parent or guardian and the receipt by such parent or guardian in either case shall be sufficient discharge to RL360 for any benefits so paid or applied.

Contingent beneficiaries

RL360 does not accept the nomination of contingent beneficiaries and in the event that any of the nominations above shall fail, by reason of the death of a nominated beneficiary/ies before the death of the life assured the benefit payable on the death of the life assured will be payable equally to the remaining beneficiary/ies. If at some point in the future you wish someone else to benefit, a new Nomination of Beneficiary Form should be completed.

Important notes

If any of the nominated beneficiaries predeceases the life assured you are advised to review your appointment accordingly and, if necessary, complete a new Nomination of Beneficiary Form.

This section must be completed by all applicant(s) who should sign in the presence of two independent witnesses who are not themselves named as potential beneficiaries. One of these witnesses can be your financial adviser. You should all sign whilst together.

It is the responsibility of the applicant(s) to ensure that the nominated beneficiary/ies pursuant to this form will be effective under his or her law of domicile and/or residence. A nomination will not restrict your right to assign the plan. However, any such assignment will automatically revoke the nomination. The effect of the nomination is that upon the death of the life assured on whose death the plan's benefits become payable, those benefits shall be paid to the beneficiary/ies nominated. Where death benefits become payable under a jointly owned plan, RL360 will require a signed form of discharge from both the surviving plan owner and the nominated beneficiary/ies.

Declaration

I hereby declare:

- that the information given by me in this nominated beneficiaries section is true and complete
- that I have read and understood this nominated beneficiaries section and agree to be bound in accordance with its provisions and in accordance with the LifePlan Lebanon Terms and Conditions regarding the appointment of beneficiaries.

Date (dd/mm/yyyy)

13 **NOMINATION OF BENEFICIARIES CONTINUED**

	Applicant 1	Applicant 2
Signature (of applicant)	<input type="text"/>	<input type="text"/>
Witnessed by:		
Signature (of witness)	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>
Address and postcode (in full)	<input type="text"/>	<input type="text"/>

14 PAYMENT METHODS

You can make payments monthly or quarterly by credit/debit card or standing order. If you prefer, you can make payments on a half-yearly or yearly basis by credit/debit card, standing order, telegraphic transfer or cheque.

- Credit/debit card (please complete the credit card mandate on page 20)
- Standing order (please complete the standing order instruction on page 22)
- Cheque (half-yearly or yearly payment only) (please complete the banking details below)
- Telegraphic transfer (half-yearly or yearly payment only) (please complete the banking details below)

Payments by cheque or telegraphic transfer

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

Bank name	<input type="text"/>					
Bank address and postcode	<input type="text"/>					
Account holder's name	<input type="text"/>					
Branch SWIFT code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	SWIFT code must be either 8 or 11 digits
IBAN/account number	<input type="text"/>					
Account held for	<input type="text"/>	years	<input type="text"/>	months		

Cheque

Please make your cheque payable to RL360 Insurance Company Limited.

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 detailed above.

IMPORTANT: some banking institutions may deduct charges for processing international payments. Please check with your bank if any charges apply prior to transferring your payment to us. If they do, please make sure that the amount your bank transfers is enough, so that the remaining amount received is at least equal to the amount due.

Please make your payment to RL360 Insurance Company Limited through the account details below.

Currency	Account no.	IBAN	Swift code	Bank name	Account name
USD	1002304240021659	LB81001400021002304240021659	BLOM LBBX	BLOM Bank	RL360 Insurance Company Limited

Bank address

Blom Bank S.A.L, Blom Building, Rashid Karamah Street, 1107 2807, Lebanon.



CREDIT AND DEBIT CARD MANDATE

Important

We are only able to accept cards with one of the logos above and prefixed with a '3', a '4' or a '5'.

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

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

Currency	USD
Payment amount in figures	<input type="text"/>
Payment amount in words	<input type="text"/>
Payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
Starting on (dd/mm/yyyy)*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> * this applies to initial payment only, future payments are deducted 2 working days prior to the payment due date.
Card type	<input type="checkbox"/> Mastercard/Eurocard <input type="checkbox"/> Visa
Card issued by	<input type="text"/> (name of bank)
Country of card issuer	<input type="text"/>
Cardholder's name(s) (must be an applicant)	<input type="text"/>
Cardholder's address (as held by the card issuer)	<input type="text"/>
	The cardholder's address should be the same as that of the applicant(s). If it is not, please provide reasons why in Section 08 - Additional Information.
Card number	<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"/>
Expiry date (mm-yy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

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.

Signature of cardholder(s)	<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"/>

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 about country tiers please refer to our source of wealth information document available online at www.r1360.com/sourceofwealth.pdf.

CREDIT CARD PRE-AUTHORISATION

Pre-authorisation is the process of pre-approving payments with the card provider. We carry out this process to make sure that the card's details are correct and working properly prior to collecting the payment.

This process will create a pre-authorisation on the credit card for USD1.00. This amount may not appear on the credit card statement, but will affect the card balance or spending limit until the card provider removes it.

If the cardholder has opted to receive text messages, they may get a confirmation text for this transaction.

RL360 Insurance Company Limited
(Lebanon Branch)
شركة آر إل 360 إنشورنس كومبني ليمتد (فرع لبنان)

RL360, Burj Al Ghazal, 8th Floor,
Fouad Chehab Highway,
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E lebanonservice@rl360.com

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1015174.

Registered with the Insurance Companies'
Registry in Lebanon on 29 November 2011
under Number 250 and subject to the law
governing insurance companies.

Registered Office: International House,
Cooil Road, Douglas, Isle of Man, IM2 2SP,
British Isles. Registered in the Isle of Man
number 053002C. RL360 Insurance
Company Limited is authorised by the
Isle of Man Financial Services Authority.

LPL05a 01/19

**PROTECTING YOU
WHEN LIFE DOESN'T
GO ACCORDING
TO PLAN**