

ADDITIONAL CONTRIBUTION FORM

Please complete this form in BLOCK CAPITALS throughout.

SECTION 1 **POLICY DETAILS**

Policy number

Are you notifying us of any changes to your personal/company/trustee details as part of this application? Yes No

If yes, please provide details in Section 6 – Your additional notes.

	Policyholder 1	Policyholder 2 (if applicable)
Name	<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 Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Country and place of birth	<input type="text"/>	<input type="text"/>

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

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

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

If the policyholder is a trust, company or corporate trustee, please complete Section 3 and 4.

SECTION 2 CONTRIBUTION DETAILS

Do you want to increase your regular premiums or top-up with a single premium injection?

Regular premium increase

Single premium injection

Regular premium details

The premium currency, method of payment and payment frequency for increased regular premiums will be the same as your current premiums.

Current regular premium

Additional regular premium*

Total regular premium

* For details on the minimum additional premiums applicable to your policy, please refer to the relevant policy literature.

Unless otherwise instructed, additional regular premiums will be invested as per your current instructions.

Single premium injection

Additional single premium injection (currency and amount)

Payment details

Cheque

Telegraphic transfer

Payments by cheque or telegraphic transfer

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

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

Is the money being invested your own? Yes No

If no, please provide full details in Section 6 - Your additional notes (we may ask for further documentary evidence).

SECTION 4**SUPPLEMENTARY SECTION FOR TRUSTS, COMPANIES AND CORPORATE TRUSTEES****Trusts**Trust name **Settlor 1**Name Country of residence for tax purposes Tax Reference Number
(ie TIN/NI) Country and
place of birth **Settlor 2 (if applicable)****Trustee 1**Name Date of birth (dd/mm/yyyy) Country of residence for tax purposes Tax Reference Number
(ie TIN/NI) Are you a Specified US Person? Yes NoCountry and
place of birth **Trustee 2** Yes No**Trustee 3**Name Date of birth (dd/mm/yyyy) Country of residence for tax purposes Tax Reference Number
(ie TIN/NI) Are you a Specified US Person? Yes NoCountry and
place of birth **Trustee 4** Yes No**Companies**Company name **Executive Director/Partner 1**Name Date of birth (dd/mm/yyyy) Country of residence for tax purposes Tax Reference Number
(ie TIN/NI) Are you a Specified US Person? Yes NoCountry and
place of birth **Director/Partner 2** Yes No

SECTION 4 SUPPLEMENTARY SECTION FOR TRUSTS AND COMPANIES CONTINUED

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	<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"/>
Country and place 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 Reference Number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a Specified US 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	<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"/>
Country and place 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 Reference Number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5 YOUR 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 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 be downloaded from www.rl360.com/sourceofwealth.pdf

You must complete the annual salary question in full, in all cases and for both applicants as applicable. You must also complete all other relevant questions within this section. Please use Section 6 if you require more space for details.

	First policyholder	Second policyholder (if applicable)
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"/>
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"/>

SECTION 5 YOUR SOURCE OF WEALTH CONTINUED

First policyholder

Second policyholder (if applicable)

Property or asset sale

Amount received
(include currency)

Address of property
sold or asset type

How long held

Date of sale (dd/mm/yyyy)

Company profits

Profits this year
(include currency)

Profits last year
(include currency)

Industry

Company sale

Amount received
(include currency)

Company name

Company industry

Date received (dd/mm/yyyy)

Maturing investments or policy claim

Amount received
(include currency)

From which
company

Date received (dd/mm/yyyy)

Amount received
(include currency)

From which
company

Date received (dd/mm/yyyy)

Other (such as a lottery or betting win, gift or inheritance. For inheritance please state from who.)

Amount received
(include currency)

Source

Date received (dd/mm/yyyy)

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

SECTION 6 YOUR ADDITIONAL NOTES

If you have no additional notes, please continue to Section 7 – Your declaration.

SECTION 7 YOUR DECLARATION

My application

I understand that my additional premium will be treated in line with the terms and conditions of my policy.

Availability

I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my investment into Quantum unlawful.

Investment

I understand that RL360 is not responsible for the choice of investments within my Quantum policy.

I agree to RL360 acting on investment instructions received from me or my appointed adviser, despite the fact I may not have 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 the policy 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 the policy.

I accept that RL360 can bring the contract 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)

Policyholder/Trustee/Authorised Signatory 1

Full name

Signed

Date (dd/mm/yyyy)

Policyholder/Trustee/Authorised Signatory 2

Full name

Signed

Date (dd/mm/yyyy)

Policyholder/Trustee/Authorised Signatory 3

Full name

Signed

Date (dd/mm/yyyy)

Policyholder/Trustee/Authorised Signatory 4

Full name

Signed

Date (dd/mm/yyyy)

SECTION 8 YOUR ADVISER'S DECLARATION

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"/>