

SURRENDER REQUEST

WHO IS THIS FORM FOR?

This form is for policyholders who wish to surrender their policy in full or surrender a policy segment(s).

If you wish to take a withdrawal from your policy, please use our Withdrawal Request form which is available to download from our website or by contacting us.

Depending on how long you have held your policy and the terms on which it was set up, there may be a surrender penalty where one or more policy segments are cashed in. This information can be provided upon request.

COMPLETING THIS FORM

By completing this form you will be surrendering all or a number of segments from your policy. We recommend that you speak to your financial adviser before doing this so that they can make you aware of any tax charges that may apply. If you need help completing this form please contact our Customer Services Team on +44 (0)1624 681682 or alternatively you can email csc@rl360.com.

We will accept emailed or faxed scans of instructions. However, we reserve the right to request original documents in some circumstances, so these must be retained in your records. Where the policyholder is resident in Africa, we will still require original signed instructions.

Please note, we will not pay out any surrender proceeds until we have received:

- this Surrender Form fully completed and signed by all policyholders, trustees or authorised signatories.
 - a certified copy of current passports and proof of address for:
 - all policyholders and each individual trustee; or
 - 2 directors, one of which must be an executive director, for company policies or corporate trustee policies.
 - documents to evidence your current residential address must be the most recently issued and ideally not more than 3 months old.
 - the Policy Schedule and any Policy Endorsements (applicable for both full and segment surrenders). If you cannot find your Policy Schedule, you will need to complete a Lost Policy Questionnaire. After completing the Lost Policy Questionnaire, you may be required to complete a Form of Indemnity which will be provided to you by RL360.
 - your latest bank statement. This will be required where we have not made payments before to the bank details you provide under Payment Instructions on Page 3 or if premiums have not been paid to us from these bank details.
- you may also need to send us any applicable Trust Deed, Deed(s) of Assignment or Transfer, and/or any other documents relevant to claiming the surrender proceeds from the policy

Please make sure you read the important notes section of this form.

WHEN YOU HAVE COMPLETED THIS FORM

For all policies (except Hong Kong)

Please send this form to servicing@rl360.com or fax it to: +44 (0)1624 677336

Alternatively you can post it to: Policy Servicing, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP.

For Hong Kong policies

If you hold a Hong Kong policy (a policy taken out whilst resident in Hong Kong) please send it to servicing@rl360.com or fax it to +852 2169 0181

Alternatively you can post it to: RL360, Room 1403, Sun House, 181 Des Voeux Road Central, Sheung Wan, Hong Kong.

Please note that we cannot be held responsible for requests that are delayed or missed because they have been sent to a fax number other than the applicable number specified above.

A confirmation letter will be sent to you once we have released your payment.

SURRENDER REQUEST FORM

Your details

RL360 policy number

Policyholder 1

Policyholder 2 (if applicable)

First name(s)

Last name(s)

Current residential address and postcode (in full)

Daytime telephone

Email address

Trust details (if applicable)

Trust name

Correspondence address and postcode

Daytime telephone

Email address

Company details (if applicable)

Company name

Correspondence address and postcode

Country or countries of tax residence

Company tax reference number(s)

FATCA GIIN (if applicable)

Daytime telephone

Email address

TYPE OF SURRENDER REQUIRED

Please tick only one option. Surrender policy in full OR Surrender individual policy segments
If you are surrendering policy segments, please tell us how many to surrender.

I request that the above numbered policy be surrendered in accordance with the Terms and Conditions of the policy and that RL360 Insurance Company Limited (RL360) pay the surrender value in-line with the instructions provided on this form. I confirm that this payment will discharge RL360 from all liabilities and claims arising out of the policy or surrendered policy segments.

I confirm that I am entitled to the proceeds of the above numbered policy and that no receiving order has been made against me. I am not bankrupt and the policy has not been assigned or transferred, nor does any other person have legal rights to the surrender proceeds under the policy (other than the details provided in any supporting documentation).

PAYMENT INSTRUCTIONS

Payment method
(tick only one)

TT (£20 charge) OR BACS (no charge) OR Cheque

TT can be used for payments of any currency to UK or international bank account. BACS payments require up to 3 days to clear and can only be used for GBP payments to a UK bank account. Some banks may require cheques to be signed on the reverse by the payee before they will be accepted. Cheques can also take several weeks to clear with banks outside the UK.

For payments by TT or BACS

Bank name

Bank address and postcode

Account holder's name

Bank Swift Code (International) OR Bank Sort Code (UK only) --
Swift Code must be either 8 or 11 digits

Account number or IBAN for banks within Europe

Reference (optional)

For payments by cheque

Cheque payee name

Please send cheque to (tick as appropriate) Residential address shown on page 2 Trust correspondence address shown on page 2 Company correspondence address shown on page 2

OR
Please send cheque to (insert address)

SIGNATURES

Before signing this form, it is very important that you read and understand the important notes on page 5.

Also, depending on how long you have held your policy and the terms on which it was set up, there may be a surrender penalty where one or more policy segments are cashed in. This information can be provided upon request.

	Policyholder/Trustee/Authorised Signatory 1	Policyholder/Trustee/Authorised Signatory 2
Signature	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Country of birth	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country or countries of tax residence	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Tax Identification Number (TIN)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)		
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signature	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Date (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Full name	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
Country of birth	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country or countries of tax residence	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Tax Identification Number (TIN)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)		
Are you a Specified US Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR REASON(S) FOR SURRENDERING

We are dedicated to improving our customer experience and as such if you are surrendering your policy in full, please tell us your reason(s) for doing so.

<input type="checkbox"/> House purchase	<input type="checkbox"/> Poor investment return	<input type="checkbox"/> Unable to pay further premiums
<input type="checkbox"/> School fees	<input type="checkbox"/> High product charges	<input type="checkbox"/> Moving to another provider
<input type="checkbox"/> Medical emergency	<input type="checkbox"/> Poor customer service	<input type="checkbox"/> Payment terms completed (Matured)
<input type="checkbox"/> End of charging period	<input type="checkbox"/> Complaint against RL360	<input type="checkbox"/> Urgent money requirements
<input type="checkbox"/> Mis-sold product	<input type="checkbox"/> Complaint against adviser	<input type="checkbox"/> Change of investment strategy
<input type="checkbox"/> Poor financial advice	<input type="checkbox"/> Financial concerns	<input type="checkbox"/> Tax reasons
<input type="checkbox"/> Other (please specify)	<input style="width: 100%; height: 40px;" type="text"/>	

IMPORTANT NOTES

Withdrawals

Any payment taken from your policy will be subject to the minimum payment amounts as detailed in your policy literature. The payment amount may need to be reduced if it will take your policy below the minimum allowable policy value.

Tax

We recommend that you speak to your financial adviser or tax professional about your tax situation before taking action on your policy.

General

Depending on the investment(s) to which the value of your policy is linked, some investment managers may have terms and conditions that prevent us from realising a cash value in a timely fashion, and this could delay your withdrawal payment.

Where applicable, please ensure that the authorised signatory list(s) that we hold for this policy are up-to-date before submitting withdrawal instructions. Where authorised signatories have changed and we are unable to match those on this form with our records, this will delay the withdrawal. We may also require further information for the purposes of Anti-Money Laundering.

Specified US Person

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 in which you are obtaining new citizenship.

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.