# TELEGRAPHIC TRANSFER INSTRUCTION -PROTECTED LIFESTYLE LEBANON

### WHO IS THIS FORM FOR?

This form is for holders of Protected Lifestyle Lebanon policies who wish to send a premium payment to us by telegraphic transfer.

## **COMPLETING THIS FORM**

Please instruct your bank that you would like to debit an amount of money from your account in relation to your policy. You must complete this section in full, making sure that all policyholders, trustees or authorised signatories sign.

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

#### Important

Some banking institutions may deduct charges for processing international payments. Please check with your bank if any charges will apply prior to transferring your premium to us. If they do, please make sure that the amount your bank transfers to us is enough, so that the remaining amount received by RL360 is at least equal to your premium.

If you need help completing this form please contact our Lebanon Office on +961 (1) 202 183/4 or alternatively you can email lebanonservice@rl360.com.

#### WHEN YOU HAVE COMPLETED THIS FORM

Please send the original signed instruction to your bank and a copy by post to: RL360, Burj Al Ghazal, 8th Floor, Fouad Chehab Highway, Ashrafieh, Tabaris, Lebanon.

Or alternatively you can fax a copy to us on +961 (1) 202 159.

#### **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.

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You must complete this section in full, making sure that all policyholders, trustees or authorised signatories sign.

To the manager				Bank/Building Society	
Bank address					
Policy number					
	as the reference for payments)				
Policyholder name(s)					
Please debit the paymer	nt amount, <b>plus any transfer charge</b>	es from my account be	elow:		
Currency	US dollars (USD)				
Payment amount in figure	es				
Payment amount in word	s				
Payment commencemer date (dd/mm/yyyy)	nt	until further notice.			
Name(s) of account holder(s)					
Branch Swift Code (for all non-GBP and Int Swift Code must be eith		OR	Bank Sort Code (for UK GBP pay	ments only)	
IBAN (all non-GBP accounts)		OF	Account number (GBP UK Bank o		
Currency IBAN		Swift code	Bank name	Account name	
	0007 0000 0050 2271 0131	BBMELBBX	HSBC	RL360	
Signed Full name	Policyholder/Trustee/Authoris	sed Signatory 1	Policyholder/Truste	ee/Authorised Signatory 2	
Current residential addread and postcode (in full)	ess				
Date (dd/mm/yyyy)					
Signed	Trustee/Authorised Signatory	3	Trustee/Authorised	d Signatory 4	
Full name					
Current residential addre and postcode (in full)	ess				