

ADDITIONAL PAYMENT FORM FOR CORPORATE TRUSTEE OWNERS

Please complete this form in BLOCK CAPITALS throughout.

Individual plan owners must complete Additional Payment form - ref. RS02.

Company and Individual Trustee plan owners must complete Additional Payment form - ref. RS04.

You can download these forms from our website www.rl360.com.

01 PLAN DETAILS

Plan reference	<input type="text"/>
Name	<input type="text"/>
Global Intermediary Identification Number (FATCA GIIN)	<input type="text"/>

Do you want to update your contact/address details as part of this application? Yes No

If yes then please provide new details in Section 04 - Additional Information.

Online services

If you haven't yet registered for online access to your plan but would like to, please download our agreement and registration forms from our website - www.rl360.com

02 PAYMENT DETAILS

You can use this form to increase regular payments and/or add a lump sum payment to your plan. Use the tick boxes to indicate which options you require.

<input type="checkbox"/> Regular payment increase	
Current payment	<input type="text"/>
Payment increase	<input type="text"/>
Total payment	<input type="text"/>

Your plan currency, frequency and method of payment will remain unchanged.

03 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 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.

You must complete the following questions in full, in all cases, and for both settlors as applicable.

	Settlor 1	Settlor 2
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"/> <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"/>

If you intend to fund your plan from another source, please indicate which one from the list below for each settlor and provide the relevant information requested in Section 04 - Additional Information.

Source of funds/wealth	Settlor 1	Settlor 2	Information required
Savings	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Bank where savings were held How were savings accumulated?
Property sale	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Address of property How long held Date of sale
Sale of asset	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Asset type How long held Date of sale
Company profits	<input type="checkbox"/>	<input type="checkbox"/>	Profits this year* Profits last year* Company name and industry
Company sale	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Company name and industry Date of sale
Maturing investment	<input type="checkbox"/>	<input type="checkbox"/>	Amount* From which company Date of sale
Lottery/betting/casino	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Source of win Date received
Compensation payment	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Reason for payment Date received
Gift or Inheritance	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Relationship to benefactor Reason for gift Date received
Other	<input type="checkbox"/>	<input type="checkbox"/>	Amount* Reason for payment Date received

* Please include currency

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

04 **ADDITIONAL INFORMATION**

If you have no additional notes, please continue to Section 05 - Declaration.

05 DECLARATION

My application

I am aware that my payment increase and/or lump sum will be treated in line with the terms and conditions of my plan.

Illustration

I confirm that I have included a signed Illustration with this Additional Payment Form.

I understand that my Illustration is not guaranteed by RL360 or my adviser, and only offers an indication of what I might get back under a limited number of scenarios.

Availability

I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my payment increase/lump sum unlawful.

Investment

I am aware that RL360 is not responsible for the choice of funds within my plan.

I agree to RL360 acting on investment instructions received from me or my appointed adviser, and I will read all of the documentation issued by the investment manager for each fund.

Privacy and cookie policies

Our full privacy and cookie policies 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 my plan 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 it.

Cancellation

I am aware that I have the right to cancel my additional payment 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 additional payment I will need to complete the Cancellation Notice and return it to RL360.

I accept that RL360 can bring my plan to an end if I have failed to disclose any facts that may influence the decision to accept this additional payment application.

I confirm that this additional payment form was signed in (give country)

Trustee 1/Authorised signatory

Full name

Signed

Date (dd/mm/yyyy)

Trustee 2/Authorised signatory

Trustee 3/Authorised signatory

Full name

Signed

Date (dd/mm/yyyy)

Trustee 4/Authorised signatory

06 ADVISER DETAILS

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 plan owner's identity, and certification of their residential address, and have, where applicable, attached suitably certified copies of both.

Signed	<input type="text"/>
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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"/>
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