ADDITIONAL PAYMENT FORM CORPORATE TRUSTEE PLAN OWNERS

Please complete this form in BLOCK CAPITALS throughout.

This form is for plan owners who wish to make an additional payment into their PIMS plan.

Individual plan owners must complete Additional Payment Form - ref. PM02.

Company and Individual Trustee plan owners must complete Additional Payment Form - ref. PM04.

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

Once you have completed and signed the form, you should send it along with all requested additional information to: Email: newbusiness@rl360.com

or alternatively post it to:

New Business Team RL360 International House Cooil Road Douglas Isle of Man IM2 2SP British Isles



Plan reference				
Name				
Global Intermediary Identification Number (FATCA GIIN)				
Do you want to update your conta	ct/address details as part of this application?	Yes	No	

If yes then please provide new details in Section 05 - Additional Information.

Online services

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





Please confirm the amount of your additional payment below:

Additional payment		(Currency and cash amount)
	+	
Additional payment (if in a		(Currency and cash amount)
different currency to the above)		
	+	
Asset exchange value (if any)		(Cash amount)
	+	
Asset transfer value (if any)		(Existing assets to be added directly into your plan)
	=	-
Total payment		

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

If you want to use a Currency Exchange House to transfer your payment to us, please ensure that it has been approved by RL360 first. Please also provide your bank account details below from where the payment originates, along with a full audit trail to evidence the transfer to us.

Bank name															
Bank address and postcode															
Account holder's name															
Branch SWIFT code									OR	Bank sort code	-		-		
(for all non-GBP and internation SWIFT code must be either 8 or		ents)		·						(for L	JK GB	P pa	yment	ts on	ly)
IBAN/account number (all non-GBP accounts)									OR	Account number (GBP UK Bank only)					
Account held for		years			m	onth	าร								
Who will fund the additional payment?	The	e plan o	ownei	(s)				Settlor		Other					

If the payer is anyone other than the Settlor, please contact us to confirm third party payment requirements.



Please choose from the following options below:

Option 1 - Quick selection

Please choose only one of the following options.

Please send all of my additional payment to my chosen discretionary manager (if applicable)

Please send all of my additional payment to my chosen investment platform (if applicable)

Please allocate all of my additional payment to my PIMS cash account(s) (I will supply a Dealing Instruction Form at a later date)

OR

Option 2 - Your PIMS assets

Please tell us the percentages of your additional payment that you want to be applied to each asset.

PIMS cash account ¹			Percentage
You must maintain at leas	t 2% of your plan value in the PIMS cash ac	count	%
Bank or building society r	name	Cash deposit name	Percentage
			%
ISIN or Sedol code	Asset manager ²	Asset name (including currency)	Percentage
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
		Total	100%

¹ Assuming your plan cash account already has a positive balance, there is no need to enter a percentage.

² Please be aware that Asset managers may impose minimum amounts that they will allow to be sold or purchased and you must adhere to these. Any income from distributing assets will automatically be credited to your PIMS cash account.

$\bigcirc 4$ 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 below in all cases and for both Settlors as applicable.

	Settlor 1	Settlor 2
Annual salary plus bo	nuses	
Income this year (include currency)		
Income last year (include currency)		
Occupation		
Employer's company name		
Nature of business		
Other unearned incon	ne	
Amount received (include currency)		
Received from		
Date received (dd/mm	л/уууу)	
If you are retired please	e tell us your previous occupation, salary, employer and	date of retirement.
Previous occupation		
Salary (include currency)		
Employer's company name		
Date retired (dd/mm/y	ууу)	
Where your source of	wealth for this application is from any of the following,	, please provide details.
Savings Amount received (include currency)		
Bank where savings were held		
How were savings accumulated?		

Source of wealth details continued

	Settlor 1	Settlor 2
Pension transfer		
Amount received		
(include currency)		
Received from		
Date received (dd/mm/	/уууу)	
Property or asset sale_		
Amount received		
(include currency)		
Address of property		
sold or asset type		
L		
How long held		
Date of sale (dd/mm/y)	ууу)	
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/	′уууу)	
Other (such as a lotter)	y or betting win, gift or inheritance. For inheritance p	lease state from who.)
Amount received		
(include currency)		
Source		
Source		
Date received (dd/mm/	′уууу)	

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



If you have no additional notes, please continue to Section 06 - Declaration.



My application

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

Key Information Document (KID)

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

I understand that the KID sets out the details of my additional payment and the charges that will be deducted.

Illustration

I confirm that I have included an 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 additional payment unlawful.

Investment

I understand that RL360 is not responsible for the choice of assets within my plan.

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

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 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 assets 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	Trustee 2/Authorised Signatory
Signed		
Full name		
Date (dd/mm/yyyy)		
	Trustee 3/Authorised Signatory	Trustee 4/Authorised Signatory
Signed	Trustee 3/Authorised Signatory	Irustee 4/Authorised Signatory
	Irustee 3/Authorised Signatory	Irustee 4/Authorised Signatory

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	
Adviser number	
Name of regulatory or authorising body	
Regulatory number (if applicable)	
Financial adviser's stamp (if this does not state an address, please complete company address details too)	
Full name	
Online services username (if registered)	
Work telephone number	
Mobile telephone number	
Email address	
I confirm that I have seen docume	ntary proof of identity for the plan owner(s), and certification of their residential address, and

have, where applicable, attached suitably certified copies of both.

Signed

Date (dd/mm/yyyy)

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