

## Application Form for Trustees

Provided by RL360 Insurance Company Limited (RL360)



JHAY0329

### Application guide

#### This form is an application for a Wrap Offshore Bond.

In order to satisfy the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, RL360 Insurance Company Limited ("RL360") is required to check the identity and address of each applicant, and make enquiries to understand and evidence the source of money to be invested. For your convenience, a complete checklist of all requirements can be found at the back of this application form.

Please complete this form in BLOCK CAPITALS and black ink and return it to: RL360 Insurance Company Limited, c/o James Hay Wrap Managers Limited, Dunn's House, St Paul's Road, Salisbury, SP2 7BF.

If you require any assistance, please telephone your Service Executive Team or our general enquiry number 03455 212 414.

### Guidelines for satisfactory evidence

#### Verification of identity

Documents that will be accepted as satisfactory evidence of identity are:

- A valid "full" passport (expiry date no less than 6 months).
- A national ID card (carrying a photograph).
- Where the above documents are not available, we must be provided with a reason and two formal documents with appropriate reference numbers for consideration.

#### Verification of address

Documents that can be accepted as satisfactory evidence of your current residential address are:

- A current driving licence.
- A utility, rates or council tax bill. Mobile telephone bills are not acceptable.
- An entry in a local telephone directory.
- A tax assessment document.
- A state pension, benefit book or other government produced document showing benefit entitlement.
- An account statement from a bank or bank credit card.
- Proof of ownership or rental of the residential address.
- Proof of payment for a PO Box service (which must also show your current residential address), where the PO Box shown is also your correspondence address.
- A mortgage statement.
- An extract from the official Register of Electors.

**Documents for identity and address verification must be the most recent available.**

#### Suitably Certified Copy Documentation

RL360 can accept certification of copy documents by financial advisers who hold established Terms of Business with RL360 and, where appropriate, have been granted Acceptable Certifier status. Please consult your financial adviser to determine if they can certify your documents.

#### The certifier must:

- Add the statement "Certified as a true copy taken from the original".
- Sign and date the copy document on all pages.
- Print his/her name clearly in capitals underneath the signature.
- Record the capacity or position in which they are certifying the document.
- Add their company/official stamp or seal.

Where Suitable Certifier status is not held, certification can only be accepted by one of the following 'Suitable Certifiers':

- A Notary Public (or equivalent).
- A lawyer.
- A formally appointed member of the judiciary.
- An employee of RL360.
- A Commissioner for Oaths.

RL360 must receive via James Hay Wrap Managers Limited documents which contain the original certification and stamp.

If this information is not provided with the application this will result in a delay in investment and acceptance.

The Wrap Offshore Bond is provided by RL360 for applicants who are UK resident. Please see the Wrap Offshore Bond Terms and Conditions for further details.

**1 Policy basis**

Applicant to complete

Please tick only one:

Life assurance  Capital redemption **2 Trust details**

Applicant to complete

James Hay Wrap number

Name of the trust

Date trust was established

Nature and purpose of the trust

Trust's Unique Tax Reference Number (UTR) if registered with HMRC

Correspondence name

Correspondence address

Postcode

Is the entity (Trust) a US Specified Person? Yes  No 

US Person (FATCA only) means: A US Citizen or resident individual; a partnership or corporation organised in the United States or under the law of the United States (or any state, or the District of Columbia); an estate or a trust if a court within the United States would have authority under applicable laws to render order or judgments concerning substantially all issues regarding administration of the trust and one or more US Persons have the authority to control all substantial decision of the trust or an estate of a decedent that is a citizen or resident of the United States; a person that meets the Substantial Presence Test (criterion used by the IRS to determine whether an individual who is not a citizen or lawful permanent resident qualifies as a 'resident for tax purposes' (for more information, please visit [www.irs.gov/individuals/international-taxpayers/substantial-presence-test](http://www.irs.gov/individuals/international-taxpayers/substantial-presence-test))); or any other person that is not a foreign person.

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.

**2a Trustee details if individual**

Applicant to complete

**i) Trustee**Title Mr  Mrs  Ms  Miss Other 

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female Date of birth 

Country of birth

Nationality(ies)

Country of residence

Country or countries of tax residence

National Insurance number

Where you do not have a National Insurance number, please provide your Tax Identification number instead.

Are you a US Specified Person? Yes  No 

Please see Section 2 above for a full description of this term.

Current residential address

Postcode

Length of time at current address  years  months

If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.

Previous address

Postcode

Correspondence address (if different from residential address)

Postcode

Whose address is this?

Self  Financial adviser  Friend/family Other 

Telephone

Email

## ii) Other trustee

Title Mr  Mrs  Ms  Miss Other 

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female Date of birth        

Country of birth

Nationality(ies)

Country of residence

Country or countries of tax residence

National Insurance number

Where you do not have a National Insurance number, please provide your Tax Identification number instead.

Are you a US Specified Person? Yes  No 

Current residential address

  
  
  
Postcode Length of time at current address  years  months

If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.

Previous address

  
  
Postcode 

Correspondence address (if different from residential address)

  
  
Postcode 

Whose address is this?

Self  Financial adviser  Friend/family Other 

Telephone

Email

## iii) Other trustee

Title Mr  Mrs  Ms  Miss Other 

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female Date of birth        

Country of birth

Nationality(ies)

Country of residence

Country or countries of tax residence

National Insurance number

Where you do not have a National Insurance number, please provide your Tax Identification number instead.

Are you a US Specified Person? Yes  No 

Current residential address

  
  
  
Postcode Length of time at current address  years  months

If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.

Previous address

  
  
Postcode 

Correspondence address (if different from residential address)

  
  
Postcode 

Whose address is this?

Self  Financial adviser  Friend/family Other 

Telephone

Email

## iv) Other trustee

Title Mr  Mrs  Ms  Miss

Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Country or countries of tax residence

National Insurance number

Where you do not have a National Insurance number, please provide your Tax Identification number instead.

Are you a US Specified Person? Yes  No

Current residential address

  
  
  
 Postcode

Length of time at current address  years  months

If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.

Previous address

  
  
  
 Postcode

Correspondence address (if different from residential address)

  
  
  
 Postcode

Whose address is this?

Self  Financial adviser  Friend/family

Other

Telephone

Email

## i) Corporate trustee details

Corporate trustee name

Registered address  
  
  
  
 Postcode

Contact name

Contact position

Telephone number

Email

Global Intermediary Identification Number (GIIN)

## ii) Directors or partners

You will need to provide us with a list of all directors or partners for your business, but we also need you to name two directors, at least one of whom must be an executive director or partner, for identity verification purposes. Please state their details here.

## Executive Director/Partner 1 (must be completed)

Title Mr  Mrs  Ms  Miss

Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Current residential address  
  
  
 Postcode

Position

**Executive Director/Partner 2 (must be completed)**

Title Mr  Mrs  Ms  Miss

Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Current residential address

Position

**iii) Authorised signatories**

You will need to provide us with a list of all authorised signatories. Please tell us how many signatories will need to sign in order to action changes to the policy (including any special instructions, for example - 1 from category 'A' and 1 from category 'B')

Number of signatories required

Special instructions

**iv) Shareholders and beneficial interest**

Please tell us who in your company has a shareholding or beneficial interest of 25% or more. You will have to provide verification of identity for those listed.

Forename(s)

Surname

Position

Shareholding (%)

Forename(s)

Surname

Position

Shareholding (%)

Forename(s)

Surname

Position

Shareholding (%)

Forename(s)

Surname

Position

Shareholding (%)

## i) First/sole settlor

Title Mr  Mrs  Ms  Miss Other 

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female Date of birth        

Country of birth

Nationality(ies)

Country of residence

Country or countries of tax residence

National Insurance number

Where you do not have a National Insurance number, please provide your Tax Identification number instead.

Are you a US Specified Person? Yes  No 

Current residential address

Postcode

Length of time at current address  years  months

If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.

Previous address

Postcode

Correspondence address (if different from residential address)

Postcode

Whose address is this?

Self  Financial adviser  Friend/family Other 

Telephone

Email

If deceased, date of death        

## ii) Additional/joint settlor

Title Mr  Mrs  Ms  Miss Other 

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female Date of birth        

Country of birth

Nationality(ies)

Country of residence

Country or countries of tax residence

National Insurance number

Where you do not have a National Insurance number, please provide your Tax Identification number instead.

Are you a US Specified Person? Yes  No 

Current residential address

Postcode

Length of time at current address  years  months

If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.

Previous address

Postcode

Correspondence address (if different from residential address)

Postcode

Whose address is this?

Self  Financial adviser  Friend/family Other 

Telephone

Email

If deceased, date of death        

**If additional settlements are made subsequently, information as above needs to be supplied to us for each new case. If the trust has any Protector(s), please provide their full name, date birth, residential address, tax country/countries and Tax Identification Number/National Insurance Number in the Notes section at the end of this form.**

Please include details of all parties with a beneficial interest. For each party specified, please indicate the nature and extent of their interest. If necessary, please continue on the Notes section at the back of this application form.

**i) First individual**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Current residential address   
  
  
 Postcode

**ii) Second individual**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Current residential address   
  
  
 Postcode

**5** Lives assured - Life assurance policy only

Is the settlor named in Section 3i to be a life assured?

Yes  No

Is the settlor named in Section 3ii to be a life assured?

Yes  No

Will there be any other lives assured?

Yes  No

If **Yes**, please complete the additional lives assured details below. You can have up to 10 lives assured in total. If there is insufficient space, please provide the details on the Notes section at the back of this application form.

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
  
 Postcode

Telephone

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
  
 Postcode

Telephone

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
  
 Postcode

Telephone

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
  
 Postcode

Telephone

6 Contract structure

**Wrap Offshore Bond currency**

The payment currency for your Wrap Offshore Bond is £ sterling only.

**Sub-policies**

To give you increased flexibility, your Wrap Offshore Bond may be divided up into a number of equal and identical sub-policies. The maximum is 100.

For example, if the assets are to be divided equally between three beneficiaries you might want to choose a multiple of 3 nearest to 100, i.e. 99. If you do not specify a number we will automatically open 100 sub-policies for you.

Number of sub-policies required in the Wrap Offshore Bond

7 Investment amount

The minimum investment required to open your Wrap Offshore Bond is £100,000.

Please provide details of your initial investment into your Wrap Offshore Bond.

Total amount £

Please tick as appropriate:

By electronic transfer from your Investment Portfolio Bank Account.

By cheque made payable to "James Hay Wrap Managers Limited" and drawn on an account in the trust's name.

8 Investment options

Please indicate your investment choices by ticking one or more of the following. Purchase of your assets will be made from the cash account within your Wrap Offshore Bond.

You should retain sufficient cash in your Wrap Offshore Bond cash account to pay monthly Wrap and transaction charges in respect of remuneration to avoid us having to encash assets to meet such charges.

I wish to buy the following:

**Investment Centre funds**

Please place these trades through the secure web service, James Hay Online.

**Non Investment Centre funds**

If you wish to buy funds that are not available in the Investment Centre, please complete an 'Instruction to Trade Form' and enclose the appropriate fund manager's application form having completed the amount to be invested, the fund choice and remuneration details. As the investment will be made by James Hay Partnership, we will complete the rest of the investment application form.



Managed Portfolio Panel 

Your financial adviser can select a model portfolio on the Managed Portfolio Panel using James Hay Online.

**PLEASE NOTE: Your financial adviser will need to agree to the investment manager's terms of business prior to investing into a model portfolio on the Managed Portfolio Panel. If you select this option you will be unable to hold any Investment Centre funds outside of one of the model portfolios on the panel.**

For full details of the range of assets available please refer to the 'Wrap Offshore Bond Guidelines for Permitted Assets' document. The 'Instruction to Trade Form' and the 'Wrap Offshore Bond Guidelines for Permitted Assets' document are available at [www.jameshay.co.uk](http://www.jameshay.co.uk).

## 9 Financial adviser's recurring adviser charges

Financial adviser's company name

Network name

Name of financial adviser

Name of regulator

Financial adviser's authorisation number

Contact name (if different from name shown above)

**PLEASE NOTE: A maximum of 7% p.a. (inclusive of VAT) recurring adviser charge will be applied. Any adviser charges paid out of your Wrap Offshore Bond are treated as withdrawals.**

Please pay the organisation named above the same level of adviser charge as set out in my initial Wrap application form.

Yes  No

If **No**, please specify the level of adviser charge required for this Wrap Offshore Bond. Please choose one of the following options.

**Option one**

Value of assets in your Wrap Offshore Bond (excluding assets selected at the end of this section)

| Total | Level of adviser charge |
|-------|-------------------------|
| £     | % p.a.                  |

**OR****Option two** (tiered)

| Amount  | Level of adviser charge |
|---------|-------------------------|
| First £ | % p.a.                  |
| Next £  | % p.a.                  |
| Next £  | % p.a.                  |
| Next £  | % p.a.                  |
| Over £  | % p.a.                  |

**OR****Option three** (monthly)

Level of adviser charge

£  per month

Adviser charges will be calculated monthly on a pro rata basis and will be deducted from your Wrap Offshore Bond cash account as withdrawals.

Are adviser charges to be applied across all assets within the product?

Yes  No

If **No**, please tick which categories of assets you wish to **exclude**:

- Investment Centre funds (including Managed Portfolio Panel)
- Other permitted assets
- Cash held in your Wrap Offshore Bond

## 10 Regular withdrawal instructions

Do you wish to set up regular withdrawals from your Wrap Offshore Bond immediately?

Yes  No

If **No**, please proceed to Section 11.

If **Yes**, please note:

**Withdrawals are payable on the first of the month only.**

**We require one month's notice, in writing, to start or amend regular withdrawals.**

**Payments to or from third parties are not acceptable.**

**Withdrawals in excess of 5% of the total premiums paid into your Wrap Offshore Bond in any policy year will give rise to a chargeable event and may result in a tax charge. Any adviser charges paid in accordance with Section 9 above will also count as withdrawals. Please consult your financial adviser for guidance.**

**Please note that this is based on James Hay Partnership's and RL360's current understanding of law and HMRC practice which is subject to change.**

Amount of withdrawal

£

**OR**

% p.a. of initial investment

Frequency of payment

Monthly  Half-yearly

Quarterly  Annually

Date of first withdrawal



**Applicant****Annual salary plus bonuses**

If you are retired, please enter your income details in the 'Other unearned income' section.

Income this year (include currency)

Income last year (include currency)

Occupation

Employer's company name

Nature of business

**Other unearned income**

Amount received (include currency)

Received from

Date received

If you are retired, please tell us your previous occupation, previous salary, employer and date of retirement.

Previous occupation

Previous salary (if retired)

Employer's company name

Date retired

Please confirm your source of wealth for this application by completing the following.

**Savings**

Amount received (include currency)

Bank where savings were held

How were savings accumulated?

**Pension transfer**

Amount received (include currency)

Received from

Date received

**Property or asset sale**

Amount received (include currency)

Address of property sold or asset type

For how long was it held?

Date of sale

**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

**Other** (such as a lottery or betting win, gift or inheritance)

Amount received (include currency)

Source

Date received

I/We have received and read a copy of the Wrap Offshore Bond product literature including the Wrap Offshore Bond Key Information Document, Wrap Offshore Bond Key Features and the Wrap Offshore Bond Terms and Conditions. I/We also confirm that I/we have read the James Hay Wrap Terms and Conditions, James Hay Wrap Key Features and James Hay Wrap Charges Schedule.

I/We apply for a Wrap Offshore Bond and by signing this application form I/we agree to my/our Wrap Offshore Bond being governed by the Wrap Offshore Bond Terms and Conditions.

I/We declare that the above answers are true to the best of my/our knowledge, and that I/we have not withheld any information that may influence the assessment or acceptance of this application.

I/We give express consent for the information in this form to be processed.

I/We agree that any supplementary questionnaire will form part of my/our application to RL360 and that non-disclosure of any material fact known to me/us may invalidate the contract.

I/We accept that the Wrap Offshore Bond is underwritten and I/we may therefore be required to provide further information.

I agree to the following documents forming the basis of the contract between me/us and RL360:

- This application form
- The Wrap Offshore Bond Terms and Conditions
- The Policy Schedule
- Any Endorsements to the Policy Schedule
- Any other document that evidences a change in the contract
- James Hay Wrap Charges Schedule.

I am/We are aware that some aspects of my/our policy will operate as defined in the James Hay Wrap Terms and Conditions.

I/We accept that RL360 can bring the contract to an end if I/we have failed to declare any facts that may influence the decision to accept this application.

I/We confirm that investment into policies of insurance are within the investment powers available to the trustees of the trust and I/we, or any beneficiaries of the policy, am/are not subject to any legislation which would make such an investment unlawful.

I am/We are resident in the United Kingdom and I/we will advise RL360, in writing immediately on changes (including the residence or citizenship) of the settlor(s), trustee(s), authorised signatories/director(s) or beneficial owner(s).

Neither I/we, nor any of the Beneficial Owners of the company are resident in the United States (USA).<sup>1</sup>

I/We authorise the payment of adviser charges in accordance with this application and acknowledge that any such payments will be made as withdrawals.

### Politically Exposed Persons

A Politically Exposed Person (PEP) is a person entrusted with prominent public functions, their immediate family members or persons known to be close associates of such persons.

Examples of PEPs include political figures, members of the judiciary, diplomatic service officers, managers and supervisors of state owned enterprises and senior ranking military officers.

Please add the names of any PEPs associated with this application in the box below.

Where this box is left blank, you are confirming that no PEPs are associated with this policy.

<sup>1</sup> United States means the United States of America, its territories and possessions, any state of the United States and the District of Columbia.

**Data Protection**

RL360's full privacy statement can be viewed at [www.rl360.com/pages/privacy-policy.htm](http://www.rl360.com/pages/privacy-policy.htm) ('RL360 Privacy Policy') or can be obtained by requesting a copy from their Data Protection Officer.

For the purposes of the services and the product, RL360 is the controller and is responsible for your personal data. RL360 is part of the International Financial Group Limited which is made up of various legal entities, details of which can be found within the RL360 Privacy Policy ('RL360 Group').

This form collects your personal data. RL360 requires your personal data in order to provide you with services relating to the performance of your contract. You may ask RL360 to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop them being able to assist you. To find out how long RL360 will keep your data, please refer to their privacy policy at [www.rl360.com/privacy](http://www.rl360.com/privacy). Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of the RL360 Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360 may be required to provide it to its regulator, its government or anyone else required by law.

RL360 will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360 will, at all times, make sure that your data and information is only used in ways that are allowed by law.

You can receive a copy of the information RL360 holds about you free of charge by writing to their Data Protection Officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles, or by emailing [dpo@rl360.com](mailto:dpo@rl360.com).

RL360 can reserve the right to not send you your personal data in some circumstances; if they do RL360 will write to you setting out the reasons why.

I/We appoint the following as the financial adviser:

Financial adviser name

Financial adviser address

|          |
|----------|
|          |
|          |
|          |
| Postcode |

RL360 is authorised by me/us to disclose all information relating to my/our Wrap Offshore Bond to my/our agent. I/We will notify RL360 in writing if there is any change.

I/We confirm that advice leading to the application was received in (give location)

And the application form was signed in (give location)

**All Authorised Signatories who signed the Wrap Application Form must sign this form.**

Signature

Date

Name

Position in company

Signature

Date

Name

Position in company

Signature

Date

Name

Position in company

Signature

Date

Name

Position in company

**IMPORTANT**

The contract could be invalidated by any failure to disclose facts which might influence our assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it.

**This section is to be completed by your financial adviser.**

Company name

Financial adviser number

Name of regulatory or authorising body (e.g. FCA)

Regulatory number (if applicable)

Financial adviser's stamp (If this does not state an address, please add company address details too)

Full name

Online services username (if registered)

Work telephone number

Mobile telephone number

Email

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.

Signature

Date        **Checklist**

Please ensure that the following information accompanies this application form. Failure to provide all relevant information will result in a delay in your application being processed.

**General requirements for all applicants** (Please tick if attached)

- If paying by cheque, please make payable to 'James Hay Wrap Managers Limited'
- Relevant source of funds evidence as indicated in Section 11

**Investments**

- 'Instruction to Trade Form'
- Fund manager application forms, if applicable

**Individual trustees**

- Identification and address verification evidence stated on the front page
- Certified extract of trust showing proper appointment of trustees and nature and purpose of the trust
- Declaration from trustees and evidence, if required, of source or origin of the trust assets

**Where a trustee is a Public Registered Company**

- Certificate of Incorporation or equivalent document and evidence of the registered office address
- The latest annual report and set of accounts
- A list of all the directors and certified copy of relevant identification and address verification for at least two of them, one of whom must be an Executive Director
- Board Resolution or authorised signatory list of officers showing delegated authority and specimen signatures
- Certified extract of trust showing evidence of proper appointment of trustees and nature and purpose of the trust
- Declaration from trustees and evidence, if required, of source or origin of the trust assets

**Where a trustee is a Private Limited Company**

- Certificate of Incorporation or equivalent document and evidence of the registered office address
- The latest annual report and set of accounts
- A list of all the directors and certified copy of relevant identification and address verification for at least two of them, one of whom must be an Executive Director
- Board Resolution or authorised signatory list of officers showing delegated authority and specimen signatures
- Main bank account details - name, address, sort code, account number and account name
- Certified extract of trust showing evidence of proper appointment of trustees and nature and purpose of the trust
- Declaration from trustees and evidence, if required, of source or origin of the trust assets
- Verification of identity of all shareholders holding 25% or more of the issued share capital as at the date of the application. Where the holder of 25% or more is a holding company, trust or nominee, we need to verify the identity of the ultimate beneficial owner

**Beneficiaries**

- If payment is to be made directly to the beneficiary, relevant identification and address verification will be required.

**Settlor(s)**

- Where the settlor is also acting as a trustee, or where a premium payment is being made from an account held in the name of the settlor, relevant identification and address verification evidence for the settlor is required.

**PLEASE NOTE: Some of these requirements are necessary under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008.**

**James Hay Wrap Managers Limited and RL360 Insurance Company Limited reserve the right to return an application for a Wrap Offshore Bond, including the cheque, if all Wrap Offshore Bond application requirements are not met in full.**

#### **U.S. Specified Person**

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

#### **Notes**

**If the trust has any Protector(s), please provide their full name, date birth, residential address, tax country/countries and Tax Identification Number/National Insurance Number below.**

We are able to provide literature in alternative formats. For a Braille, large print or audio version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

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