

RL360

Application Form for Additional Investments Provided by RL360 Insurance Company Limited (RL360)

Application guide

This form is an application to make an additional investment into your Wrap Offshore Bond. It can be used by individuals, corporate entities or trusts.

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.

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.

If you are a U.S. Specified Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you are not a U.S. Specified Person but you have a U.S. residential/correspondence address, hold a U.S. Passport, a U.S. Green Card or you were born in the U.S., you will need to provide us with documentary evidence that you are in the process of or have renounced your U.S. 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.

1	Plan details		Applicant to complete
Jam	es Hay Wrap number	Wrap Offshore Bond number	
		WR	
1a	Individual applicant		Applicant to complete
Poli	cyholder 1	Policyholder 2	
Full	name	Full name	
Nati	onal Insurance number ¹	National Insurance number ¹	
Cou	ntry or countries of tax residence	Country or countries of tax residence	
Are	you a US Specified Person? Yes No	Are you a US Specified Person? Yes	No
¹ Wł	nere you do not have a National Insurance number, please provid	e vour Tax Identification Number instead.	

1b	Trust	Applicant to complete
Trus	it name	Settlor's country or countries of tax residence
Full	name	Trust's Unique Tax Reference (UTR)
Sett	lor's National Insurance number ¹	Is the trust registered with HMRC? Yes No
		Is the entity (trust) a US Person? ² Yes No

¹ Where you do not have a National Insurance number, please provide your Tax Identification Number instead.

² 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)); or any other person that is not a foreign person.

Trustee 1 full name	Trustee 3 full name
Trustee 1 National Insurance number ³	Trustee 3 National Insurance number ³
Trustee 1 country or countries of tax residence	Trustee 3 country or countries of tax residence
Are you a US Specified Person? Yes No	Are you a US Specified Person? Yes No
Trustee 2 full name	Trustee 4 full name
Trustee 2 National Insurance number ³	Trustee 4 National Insurance number ³
Trustee 2 country or countries of tax residence	Trustee 4 country or countries of tax residence
Are you a US Specified Person? Yes No	Are you a US Specified Person? Yes No

³ Where you do not have a National Insurance number, please provide your Tax Identification Number instead.

1c Company	Applicant to complete
Company	Applicant to complete
Company name	Executive Director/Partner 2
	Full name
Company tax number(s)	
	National Insurance number ³
Country or countries of tax residence	
	Country or countries of tax residence
Executive Director/Partner 1	Are you a US Specified Person? Yes No
Full name	
National Insurance number ³	
Country or countries of tax residence	
Are you a US Specified Person? Yes No	
³ Where you do not have a National Insurance number, please pro	ovide your Tax Identification Number instead.
1d Corporate trustee	Applicant to complete
Corporate trustee's name	Global Intermediary Identification Number (GIIN)
2 Investment amount	Applicant to complete
Please provide details of the additional amount you wish to	Please tick as appropriate:

invest into your Wrap Offshore Bond.

£

Please note: The minimum top up investment is £5,000.

approp

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 policyholder's name(s).

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.

Regular withdrawal instructions

Do you wish to set up regular withdrawals from your additional investment immediately?



Managed Portfolio Panel

No

from Investment Centre funds.

Withdrawal Form.

Yes

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. If you already hold funds in the Investment Centre, these will need to be sold prior to investment via the Model Portfolio 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.

If Yes, is this on the same basis as for your existing investment?

If No, please complete a Partial Surrender Request/Regular

Please note: It is not possible to set up regular withdrawals

Source of funds and wealth

The Insurance (Anti-Money Laundering) Regulations 2008 require all Isle of Man life companies to "make enquiries as to how an applicant has acquired the monies to be used as premium for, or contribution to, a policy". 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 one of three tiers. Each tier has different source of wealth requirements.

We have categorised countries according to their level of compliance with international regulatory standards.

5a Source of funds

Please provide us with the details of your bank account that you will use to fund your Wrap Offshore Bond.

Bank name and address

Account holder's name

Branch swift code (for all non-GBP and international payments). Swift code must be either 8 or 11 digits

www.RL360wrap.com sets out RL360's Source of Wealth procedures, including the premium levels above which documentary evidence is required to support the Source of Wealth information supplied in the application form.

If you are funding your Wrap Offshore Bond from a bank account that is not in the United Kingdom, Channel Islands or Isle of Man, please refer to the above mentioned documentation for further guidance.

In order for RL360 to comply with its obligations under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, you must answer the following questions fully.

Applicant to complete OR Bank sort code (for UK GBP payments only) IBAN (all non-GBP accounts) OR Postcode Account number (GBP UK bank only) Account held for vears months If you are funding your Wrap Offshore Bond from more than

one bank account, please provide your additional bank details and your reasons for doing this on the Notes section at the back of this application form.

Applicant to complete

Applicant to complete

First applicant

Annual salary plus bonuses

If you are retired, please provide 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

MMYYYY

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

DMMYYYY

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

Savings

Amount received (include currency)

Bank where savings where held

How were savings accumulated?

Pension transfer

Amount received (include currency)

Received from

Date received

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Annual salary plus bonuses

If you are retired, please provide 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



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 relevant boxes.

Savings

Amount received (include currency)

Bank where savings where held

How were savings accumulated?

Pension transfer

Amount received (include currency)

Received from

Date received

5b Source of wealth (cont.)	Applicant to complet
First applicant Property or asset sale	Second applicant (if applicable) Property or asset sale
Amount received (include currency)	Amount received (include currency)
Address of property sold, or asset type	Address of property sold, or asset type
Postcode	Postcode
For how long was it held?	For how long was it held?
Date of sale	Date of sale
Company profits	Company profits
Profits this year (include currency)	Profits this year (include currency)
Profits last year (include currency)	Profits last year (include currency)
ndustry	Industry
Company sale	Company sale
Amount received (include currency)	Amount received (include currency)
Company name	Company name
Company industry	Company industry
Date received DDMMYYYY	Date received DDMMYYYY
Other (such as a lottery or betting win, gift or inheritance)	Other (such as a lottery or betting win, gift or inheritance)
Amount received (include currency)	Amount received (include currency)
Source	Source
Date received DDMMYYYY	Date received DDMMYYYY
6 Important notice	Applicant to complet The contract could be invalidated by any failure to disclose

Offshore Bond literature, including the Wrap Offshore Bond Terms and Conditions. Copies of this completed application form and the Wrap Offshore Bond Terms and Conditions are available on request. 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 on the Notes section at the back of this application form. I/We agree that my/our additional investment will be treated in line with the Wrap Offshore Bond Terms and Conditions.

I am/We are not resident in the United States. ⁴

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

I/We confirm that to the best of my/our knowledge and belief, I am/we are not subject to any legislation that would make my/our investment unlawful.

Data Protection

RL360's full privacy statement can be viewed at **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**. 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.

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.

⁴ United States means the United States of America, its territories and possessions, any state of the United States and the District of Columbia. I/We confirm that advice leading to the application was received in (give location)

And the application form was signed in (give location)

Signature of First Policyholder/Trustee/Authorised Signatory

Print name

Date received

MMYYYY

Signature of Second Policyholder/Trustee/Authorised Signatory

Print name

Date received

1 M Y Y Y

Signature of Third Trustee/Authorised Signatory

Print name

Date received

ММҮҮҮ

Signature of Fourth Trustee/Authorised Signatory

Print name

Date received

Financial adviser's declaration

This section is to be completed by your financial adviser.

Company name

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Financial adviser number

Name of regulatory or authorising body (e.g. Financial Conduct Authority (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

Signature



Checklist	
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 5	
Notes	

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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