

Oracle

Application





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You need only complete one of these sections depending on the type of applicant that you are

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## Completion

Please complete this form in blue or black ink using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 15 - Application checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

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).

You can request a copy of your completed *Application Form* at any time along with our *Terms and Conditions*. You should be aware that your contract with us could be brought to an end if you fail to tell us any facts which might influence our assessment of your application. If you have any doubt as to whether a fact is relevant, then you should disclose it to us.

**Once you have completed and signed the application you should send it along with all requested additional information to your nearest regional office (address on back of form) or to our New Business Team, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.**

**Please note that if you do not fully complete this *Application Form*, or provide suitable evidence where required, this will result in a delay to us accepting your application and issuing your Oracle policy. Remember, if you need any help, our Regional Support teams are on hand to guide you by telephone or by email.**

## Section 1 Your details

	First applicant	Second applicant (if applicable)
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (in full) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a US Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Relationship to first applicant		<input type="text"/>
<b>Online services</b>		
If you wish to access details of your policy online, you must supply us with the following information.		
Email address	<input type="text"/>	<input type="text"/>
Password (you will only use this once)	<input type="text"/>	<input type="text"/>
Password hint	<input type="text"/>	<input type="text"/>
<b>Correspondence details</b>		
Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use the current residential address of the first applicant.		
Address and postcode for correspondence	<input type="text"/>	
Is this address for (please tick)	You <input type="checkbox"/>	Your adviser <input type="checkbox"/> A friend <input type="checkbox"/> A family member <input type="checkbox"/>

## Section 2 Individual trustee applicant details

### Details of the trust

Name of the trust	<input type="text"/>
Date trust was established (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>
Nature and purpose of the trust	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
Country	<input type="text"/>

### Trustee details

	Trustee 1	Trustee 2
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>

### Online services

If you wish to access details of your policy online, you must supply us with the following information.

Email address	<input type="text"/>	<input type="text"/>
Password (you will only use this once)	<input type="text"/>	<input type="text"/>
Password hint	<input type="text"/>	<input type="text"/>

## Section 2 Individual trustee applicant details continued

	Trustee 3	Trustee 4
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	Years <input type="text"/> Months <input type="text"/>	Years <input type="text"/> Months <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>

### Online services

If you wish to access details of your policy online, you must supply us with the following information.

Email address	<input type="text"/>	<input type="text"/>
Password (you will only use this once)	<input type="text"/>	<input type="text"/>
Password hint	<input type="text"/>	<input type="text"/>

### Evidence required

☐ As an individual trustee applicant, please tick to confirm that you have supplied the following:

- Suitably certified identity and current residential address documentation for each trustee
- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

	Settlor(s)	Protector(s)	Beneficiaries (where named)
First name	✓	✓	✓
Last name	✓	✓	✓
Date of birth	✓	✓	✓
Current residential address	✓	✓	✓
Occupation	✓	x	x
Date of death	✓ <sup>#</sup>	x	x

<sup>#</sup> for settlor(s) no longer alive.

### Section 3 Corporate applicant details

If you require online servicing for your company please download our agreement and registration forms from our website – [www.rl360.com](http://www.rl360.com). If you wish to link this policy to your existing online service please quote your online reference or existing username below.

Online reference or existing username

#### Type of company

Public Limited Company ☐

Please tell us which stock exchange you are listed on

Private Limited Company ☐

Limited Liability Partnership ☐

Partnership ☐

Please tell us the nature of your business

Charity ☐

Country of registration

Registration number

#### Company or charity details

Company or charity name

Registered address and postcode (in full)

Country

Contact name

Contact position

Telephone number

Email address

#### Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use your registered address.

Address for correspondence and postcode

Country

Is this address for Your company ☐ Your adviser ☐ Your solicitor ☐

Other (please specify)

#### Meeting of the board

At a meeting of the board held on the (dd/mm/yyyy)

at (insert office address)

it was agreed that we have the capacity to make this investment.

## Section 3 Corporate applicant details continued

### 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, one an executive director, for identity verification purposes. Please state their details here.

	<b>Executive Director/Partner 1 (must be completed)</b>	<b>Director/Partner 2 (must be completed)</b>
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (in full) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>

### Authorised signatories

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

Number of signatories required	<input type="text"/>
Special instructions	<input type="text"/>

### 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.

	<b>Shareholder 1</b>	<b>Shareholder 2 (if applicable)</b>
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>



## Section 3 Corporate applicant details continued

	Shareholder 3 (if applicable)	Shareholder 4 (if applicable)
First name(s)	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Position held	<input type="text"/>	<input type="text"/>
Shareholding (%)	<input type="text"/>	<input type="text"/>
Country of residence for tax purposes	<input type="text"/>	<input type="text"/>
Tax reference number (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Evidence required

☐ As a corporate applicant, please tick to confirm that you have supplied the following:

- A full list of all directors
- Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation
- A copy of the latest annual report and accounts
- Suitably certified documentation verifying registered address of the company
- Suitably certified identity and address documentation for at least two directors, one of whom must be an Executive Director
- A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more.

## Section 4 Corporate trustee applicant details

**If you require online servicing for your company please download our agreement and registration forms from our website – [www.rl360.com](http://www.rl360.com). If you wish to link this policy to your existing online service please quote your online reference or existing username below.**

Online reference or existing username

### Details of the trust

Name of the trust

Date trust was established (dd/mm/yyyy)

Nature and purpose of the trust

### Corporate trustee details

Corporate trustee name

Global Intermediary Identification Number (FATCA GIIN)

Registered address and postcode (in full)

Country

Contact name

Contact position

## Section 4 Corporate trustee applicant details continued

Telephone number	<input type="text"/>
Email address	<input type="text"/>

### Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use your registered address.

Address for correspondence and postcode	<input type="text"/>
Country	<input type="text"/>
Is this address for	Your company <input type="checkbox"/> Your IFA <input type="checkbox"/> Your solicitor <input type="checkbox"/>
	Other (please specify) <input type="text"/>

### 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, one an executive director, for identity verification purposes. Please state their details here

	Executive Director/Partner 1 (must be completed)	Director/Partner 2 (must be completed)
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Position	<input type="text"/>	<input type="text"/>

### Authorised signatories

You will need to provide us with a list of all authorised signatories, but 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	<input type="text"/>
Special instructions	<input type="text"/>

### 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.

First Name(s)	Last Name(s)	Position	Shareholding (%)
<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"/>

### Evidence required

☐ As a corporate trustee applicant, please tick to confirm that you have supplied the following:

#### For the company

- A full list of all directors
- Suitably certified certificate of incorporation
- A copy of the latest annual report and accounts

## Section 4 Corporate trustee applicant details continued

- Suitably certified documentation verifying registered address of the company
- Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director
- A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest on 25% or more.

### For the trust

- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

	Settlor(s)	Protector(s)	Beneficiaries (where named)
First name	✓	✓	✓
Last name	✓	✓	✓
Date of birth	✓	✓	✓
Current residential address	✓	✓	✓
Occupation	✓	x	x
Date of death	✓ <sup>#</sup>	x	x

<sup>#</sup> for settlor(s) no longer alive.

## Section 5 Type of policy

Please tick only one: Life assurance ☐ (go to Section 6)

Capital redemption ☐ (go to Section 7)

## Section 6 Life or lives assured details

**Please remember you only need to complete this section if you choose a life assurance policy.**

Is the first applicant to be a life assured? Yes ☐ No ☐

Is the second applicant to be a life assured? Yes ☐ No ☐

You may have up to six lives assured on your Oracle policy, inclusive of any applicants chosen as lives assured. At least one life assured must be age 65 or younger when the policy starts. Please complete the details of any additional lives assured below.

	Life assured 1	Life assured 2
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

## Section 6 Life or lives assured details continued

	Life assured 3	Life assured 4
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

  

	Life assured 5	Life assured 6
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<input type="text"/>	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

## Section 7 Policy requirements

### Policy currency

Please tick only one:

GBP ☐ USD ☐ EUR ☐ CHF ☐ AUD ☐ HKD ☐ JPY ☐

### Premium amount

Please remember the minimum premium is GBP20,000. Please refer to the *Key Features* for currency equivalent minimums.

### Sub-policies

Please state your required number of sub-policies. The minimum number of sub-policies is 1 and the maximum is 100.

Number of sub-policies

If this is left blank, we will issue your policy with the maximum number of sub-policies.



## Section 9 Source of funds and wealth

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

### Source of funds

Please provide us with the details of your bank account that you will use to fund your Oracle policy.

Bank name	<input type="text"/>		
Bank address and postcode	<input type="text"/>		
Account holder's name	<input type="text"/>		
Branch Swift Code (for all non-GBP and International payments) Swift Code must be either 8 or 11 digits	<input type="text"/>	OR	Bank Sort Code <input type="text"/> - <input type="text"/> - <input type="text"/> (for UK GBP payments only)
IBAN (all non-GBP accounts)	<input type="text"/>	OR	Account number <input type="text"/> (GBP UK Bank only)
Account held for	Years <input type="text"/>	Months <input type="text"/>	

If you are funding your Oracle policy from more than one bank account, please provide your additional bank details in Section 11 - Additional information. Please also provide your reasons for doing this.

### 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 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 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](http://www.rl360.com/sourceofwealth.pdf).

**You must complete the annual salary question in full, in all cases and for both applicants as applicable. For trustee applicants please provide source of wealth details for the underlying settlor(s). You must also disclose to us any other sources of wealth within this section. Please use Section 11 if you require more space for details.**

	First applicant (Single settlor)	Second applicant (if applicable) (Joint settlor)
<b>Annual salary plus bonuses</b>		
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"/>

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

Previous occupation	<input type="text"/>	<input type="text"/>
Salary (include currency)	<input type="text"/>	<input type="text"/>
Employer's company name	<input type="text"/>	<input type="text"/>
Date retired (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section 9 Source of funds and wealth continued

Where your source of wealth for this application is from any of the following, please provide details.

	First applicant (Single settlor)	Second applicant (if applicable) (Joint settlor)
<b>Savings</b>		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Bank where savings were held	<input type="text"/>	<input type="text"/>
How were savings accumulated?	<input type="text"/>	<input type="text"/>
<b>Pension transfer</b>		
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"/>
<b>Property or asset sale</b>		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Address of property sold or asset type	<input type="text"/>	<input type="text"/>
How long held	<input type="text"/>	<input type="text"/>
Date of sale (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>Company profits</b>		
Profits this year (include currency)	<input type="text"/>	<input type="text"/>
Profits last year (include currency)	<input type="text"/>	<input type="text"/>
Industry	<input type="text"/>	<input type="text"/>
<b>Company sale</b>		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Company name	<input type="text"/>	<input type="text"/>
Company industry	<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"/>
<b>Other</b> (such as a lottery or betting win, gift or inheritance. For inheritance please state from who.)		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
Source	<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"/>

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

## Section 10 Regular withdrawals

If you do not wish to set up regular withdrawals on your Oracle policy at this stage, then please continue to Section 11 - Additional information.

Please remember that the minimum regular withdrawal is GBP250 or currency equivalent. Your regular withdrawals will be paid in your policy currency.

How do you want to take your withdrawals? (choose only one)	As fixed amount <input type="checkbox"/>	Tell us the amount <input type="text"/>			
<b>OR</b>					
	As a percentage <input type="checkbox"/>	Tell us the percentage of your total initial premium <input type="text"/> %			
Withdrawal frequency	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Termly <input type="checkbox"/>	Half-yearly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Date of first withdrawal (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Payment method	BACS <input type="checkbox"/>	TT <input type="checkbox"/>			

BACS payments require up to three days to clear and can only be used for GBP payments to a UK bank account. A GBP20 (or currency equivalent) charge applies to payments made by TT.

If you would like withdrawals to be paid back to the same bank account as detailed in Section 9 - Source of funds and wealth, please tick below. Otherwise please specify the bank account you wish to use to receive withdrawals. Payments can only be made to bank accounts in your name, as the applicant(s).

Please use the bank account details in Section 9 ☐

**OR**

Bank name	<input type="text"/>		
Bank address and postcode	<input type="text"/>		
Account holder's name	<input type="text"/>		
Branch Swift Code (for all non-GBP and International payments) Swift Code must be either 8 or 11 digits	<input type="text"/>	<b>OR</b>	Bank Sort Code <input type="text"/> - <input type="text"/> - <input type="text"/> (for UK GBP payments only)
IBAN (all non-GBP accounts)	<input type="text"/>	<b>OR</b>	Account number <input type="text"/> (GBP UK Bank only)
Account held for	Years <input type="text"/>	Months <input type="text"/>	



Section 11    Additional information

If you have no additional notes, please continue to Section 12 - Your declaration.

## Section 12 Your declaration

### Oracle literature

I confirm that I have read a copy of the Oracle product literature including the *Brochure, Key Features, Terms and Conditions* and *Investment Guide*.

### My application

By signing this application I agree to my policy being governed by the Oracle *Terms & Conditions*. I confirm that all of the information I have provided in this application, along with any supporting forms, questionnaires, statements, reports or other information are true and complete.

### Availability

I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my investment into Oracle unlawful.

### Financial adviser

I have appointed  (company name)  
to act as my financial adviser.

I agree to RL360 Insurance Company Limited (RL360°), disclosing all information relating to my Oracle policy to my appointed financial adviser. I will let RL360° know in writing if I decide to change my appointed financial adviser.

### Investment

I am aware that RL360° does not provide investment advice and that any published fund list should not be considered a recommendation.

I request that RL360° allocate my premium to the funds detailed in Section 8 of this application. In order for RL360° to do this I confirm the following:

- a) I agree to RL360° acting on instructions received from me or my appointed adviser, despite the fact I may not have read all of the documentation issued by the fund manager for each fund.
- b) I am aware that some funds may have terms and conditions that could:
  - i) restrict RL360° from realising a cash value when requested and prevent RL360° paying out benefits from the policy in a timely fashion.
  - ii) result in RL360° having to pay back some or all of the sale proceeds if an adjustment has to be made after the payment. If RL360° is required to make such a repayment and the policy value is too low to cover it, or I have surrendered the policy, I agree to compensate RL360° for any loss that it has suffered as a result.
- c) I accept that RL360° has the right to sell funds linked to the policy without requiring my permission. RL360° may do this if it decides that a fund may have harmful legal or tax consequences under law.
- d) I am aware that there may be fees to pay when RL360° sells one or more of the funds linked to the policy. Any fees due when selling a fund should be detailed by the fund manager in the fund documentation.
- e) I confirm that I am aware of the fees that I must pay in relation to my chosen funds.

### Corporate, corporate trustee and individual trustee applications (only)

I confirm that we have the necessary powers to take out this policy and enter into a contract with RL360°.

I also confirm that our company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

I agree that we will notify RL360° in writing immediately when any of our directors, list of authorised signatories or trustees change. I agree that we will provide evidence of identity and current residential address when asked by RL360°. I also acknowledge that RL360° can ask for an up-to-date authorised signatory list at any time.

I am aware that RL360° is authorised to obtain a bank reference at any time.

### 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.

Section 12    Your declaration continued

Cancellation rights and refund of investment

I understand that I have the right to cancel my policy and obtain a refund of any amount paid to RL360° less any market value adjustment, by giving written notice. Such notice needs to be signed by me and received directly by RL360° at its head office within 30 days of the policy issue date.

Data Protection

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.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Legal

I agree to the policy being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that maybe brought in relation to the policy.

Final agreement

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

- this *Application Form*
- the *Terms and Conditions*
- the Policy Schedule
- any Endorsements to the Policy Schedule
- any other communication signed by one of our authorised signatories, that evidences a change to the contract.

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

I confirm that this application was signed in (give country)

	Applicant/Trustee/Authorised Signatory 1	Applicant/Trustee/Authorised Signatory 2
Signed	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signed	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Section 13    Financial adviser’s 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"/>
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)	<div></div>
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"/>

(Your email address will only be used for admin queries)

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.

Signed	<div></div>
--------	-------------

Date (dd/mm/yyyy)	<div></div>	<div></div>	<div></div>
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## Section 14 Your choice of payment methods

Your premium can be paid using any of the following methods.

### Cheque

Please send your cheque, made payable to RL360 Insurance Company Limited to RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP.

Your cheque must come from the bank account you have detailed in Section 9.

Please note that GBP cheques can take up to five working days to clear. Other currency cheques may take considerably longer to clear.

### Telegraphic transfer

If you are paying into your policy by telegraphic transfer please instruct your bank to quote your name as a reference.

Your payment must come from the bank account you have detailed in Section 9.

Please make your payment to RL360 Insurance Company Limited through the appropriate bank below.

Currency	Swift code	IBAN	Sort code	Account number	Bank name	Account name
AUD	CITIGB2L	GB45 CITI 1850 0813 1419 34	18-50-08	13141934	Citibank, London	RL360
CHF	CITIGB2L	GB26 CITI 1850 0813 1418 88	18-50-08	13141888	Citibank, London	RL360
EUR	CITIGB2L	GB20 CITI 1850 0813 1418 02	18-50-08	13141802	Citibank, London	RL360
GBP	CITIGB2L	GB34 CITI 1850 0813 1420 35	18-50-08	13142035	Citibank, London	RL360
HKD	CITIGB2L	GB10 CITI 1850 0813 1416 91	18-50-08	13141691	Citibank, London	RL360
JPY	CITIGB2L	GB26 CITI 1850 0813 1415 00	18-50-08	13141500	Citibank, London	RL360
USD	CITIGB2L	GB54 CITI 1850 0813 1415 78	18-50-08	13141578	Citibank, London	RL360

### Bank address

The bank address for all the above accounts is: Citibank, Citigroup Centre, Canada Square, Canary Wharf, London, E14 5LB, UK.

## Section 15 Application checklist

### Individual applicants only

This checklist will help make sure you have provided everything we need to process your application.

Verification of identify – must be provided for individual applicants.

Please send a suitably certified copy\* of your passport or National Identity Card showing your photograph(s) – If you are unable to provide either of these please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

#### First applicant

☐ I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

#### Second applicant

☐ I have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Verification of current residential address **must** be provided.

Please send a suitably certified copy\* of at least one of the following documents for each individual applicant.

Please tick which documents you are sending us	Acceptable document
<input type="checkbox"/>	Latest bank account or credit card statement
<input type="checkbox"/>	Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable
<input type="checkbox"/>	Current driving licence
<input type="checkbox"/>	Proof of ownership or rental at current residential address
<input type="checkbox"/>	Mortgage statement
<input type="checkbox"/>	Tax assessment document
<input type="checkbox"/>	State pension, benefit book or other government produced document showing benefit entitlement
<input type="checkbox"/>	Extract from official register of electors
<input type="checkbox"/>	Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the applicant
<input type="checkbox"/>	Entry in local telephone directory.

#### Confirmation of policy details

Please make sure you have completed Section 7 and have included an original signed illustration.

☐ I have provided policy details (please tick to confirm).

☐ I have included an original signed illustration (please tick to confirm).

#### \* Suitably Certified Copy Documentation

Your financial adviser can certify your copy documents, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify your documents, we will accept certification by one of the following 'Suitable Certifiers':

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360°
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents.

If you cannot have your documents certified by one of the above, please contact us.

## Section 15 Application checklist

### Corporate, corporate trustee and individual trustee applicants only

This checklist will help make sure you have provided everything we need to process your application.

Verification of identify – must be provided for all directors/partners or trustees named in Sections 2, 3 or 4.

Please send a suitably certified copy\* of their passport or National Identity Card showing their photograph(s) – If you are unable to provide either of these please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

#### Directors/partners/corporate trustees

☐ We have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

#### Individual trustees

☐ We have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Verification of current residential address **must** be provided.

Please send a suitably certified copy\* of at least one of the following documents for each director, partner or trustee named in Sections 2, 3 or 4.

Please tick which documents you are sending us	Acceptable document
<input type="checkbox"/>	Latest bank account or credit card statement
<input type="checkbox"/>	Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable
<input type="checkbox"/>	Current driving licence
<input type="checkbox"/>	Proof of ownership or rental at current residential address
<input type="checkbox"/>	Mortgage statement
<input type="checkbox"/>	Tax assessment document
<input type="checkbox"/>	State pension, benefit book or other government produced document showing benefit entitlement
<input type="checkbox"/>	Extract from official register of electors
<input type="checkbox"/>	Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the applicant
<input type="checkbox"/>	Entry in local telephone directory.

#### Confirmation of policy details

Please make sure you have completed Section 7 and have included an original signed illustration.

☐ We have provided policy details (please tick to confirm).

☐ We have included an original signed illustration (please tick to confirm).

## Evidence required

As a corporate or corporate trustee applicant, please tick to confirm that you have supplied the following:

Please tick which documents you are sending us	Acceptable document
<input type="checkbox"/>	A full list of all directors
<input type="checkbox"/>	Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation
<input type="checkbox"/>	A copy of the latest annual report and accounts
<input type="checkbox"/>	Suitably certified documentation verifying registered address of the company
<input type="checkbox"/>	Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director
<input type="checkbox"/>	A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures
<input type="checkbox"/>	Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more.

## Additional evidence - Corporate trustee or individual trustee applicants only

☐ Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

	Settlor(s)	Protector(s)	Beneficiaries (where named)
First name	✓	✓	✓
Last name	✓	✓	✓
Date of birth	✓	✓	✓
Current residential address	✓	✓	✓
Occupation	✓	x	x
Date of death	✓#	x	x

# for settlor(s) no longer alive.

## \* Suitably Certified Copy Documentation

Your financial adviser can certify your copy documents, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify your documents, we will accept certification by one of the following 'Suitable Certifiers':

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360°
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents.

If you cannot have your documents certified by one of the above, please contact us.



# Investment Adviser Appointment

## Who is this form for?

This form is for applicants of Oracle who wish to appoint an investment adviser to their policy. Investment advisers may act on a non-discretionary or discretionary basis. This is your choice and an agreement that you must make with your investment adviser.

## Completing this form

By completing this form you will be requesting the appointment of a company to act as an investment adviser to your policy. They will have the power to place dealing instructions on your behalf.

We can only accept original written instructions that have been signed by all policyholders, trustees or authorised signatories. Please complete in BLOCK capitals throughout.

## Section 1 Investment adviser appointment

### Applicant(s) to complete

I wish to appoint

Investment adviser company name

to act in the capacity of an investment adviser to my policy

Application dated (dd/mm/yyyy)

I understand that my investment adviser will be able to act on my behalf, subject to the terms and conditions set out in Section 2 below, to advise on and change the funds to which the value of my policy is linked. I authorise RL360 Insurance Company Limited (RL360°) to release all relevant information relating to my policy to my investment adviser when requested.

I understand that RL360° is not responsible for any loss or liability incurred to my policy as a result of advice given, or negligence by, my appointed investment adviser. I also understand that RL360° is not responsible for the performance of any investments linked to my policy.

I confirm that all communications in relation to investment instructions should be directed to my investment adviser.

Please confirm on what basis you wish your investment adviser to be appointed, non-discretionary or discretionary, by ticking the appropriate box below.

☐ I confirm that my investment adviser will be acting on a non-discretionary basis. Dealing instructions may only be forwarded to RL360° after my investment adviser has consulted me. My investment adviser has confirmed to me that they have the necessary regulatory authorisations in order to perform this role. I understand that RL360° is not required to obtain proof that my investment adviser has consulted with me, prior to acting on any instructions received.

☐ I confirm that my investment adviser will be acting on a discretionary basis. Dealing instructions may be forwarded to RL360° without my prior consultation. My investment adviser has confirmed to me that they have the necessary regulatory authorisations in order to perform this role.

I authorise RL360° to take an advice fee from my policy in line with the following:

### A percentage

% per year, taken quarterly as a percentage of my policy value.

(the fee should not be more than 1% per year)

## Section 1 Investment adviser appointment continued

I am aware that for as long as I have an appointed investment adviser I will be unable to access online dealing facilities.

I confirm that should I change my investment adviser, or bring this agreement to an end in the future, I agree to inform RL360° in writing (originals only), immediately.

I acknowledge that RL360° has the right to reject the appointment of my investment adviser at its discretion.

	Applicant/Trustee/Authorised Signatory 1	Applicant/Trustee/Authorised Signatory 2
Signed	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Trust or Company name (if applicable)	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Trustee/Authorised Signatory 3	Trustee/Authorised Signatory 4
Signed	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Trust or Company name (if applicable)	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## Section 2 Investment adviser details and conditions

### Investment adviser to complete

Full name	<input type="text"/>
Online services username (if registered)	<input type="text"/>
Company name	<input type="text"/>
Adviser number	<input type="text"/>
Investment adviser company address	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Name of regulatory or authorising body (if applicable)	<input type="text"/>
Regulatory number (if applicable)	<input type="text"/>
Category of authorisation and relevant permitted activity	<input type="text"/>

## Section 2 Investment adviser details and conditions continued

If you do not have Terms of Business with RL360°, please contact your Regional Sales Manager before submitting this form.

In accepting the appointment of investment adviser to the above stated policy, I agree to the following terms and conditions:

1. All instructions relating to the purchase, sale or switching of investments will be in respect of the range agreed by RL360° as being eligible for the policy.
2. All instructions should be provided to RL360° in a format as agreed by RL360°.
3. RL360° will purchase, sell or switch investments at the open market price as available at the time of placing an instruction.
4. RL360° has the right to accept or reject any instruction from the investment adviser at its own discretion.
5. RL360° has the right to request evidence of the investment adviser's discussions with the Policyholder where the investment adviser is acting on a non-discretionary basis. It is the duty of the investment adviser to maintain these records.
6. The investment adviser must maintain such authorisation as is necessary to act as an investment adviser under the legislation and regulation in the country in which advice is given.
7. RL360° and the Policyholder cannot be held responsible for any future tax liability, that may accrue to the investment adviser, as a result of a failure to levy tax where it later transpires that it should have been charged. The investment adviser is responsible for deciding whether or not the service they are providing is subject to the levy of any additional taxes.
8. The investment adviser must notify RL360° in writing, immediately, should their authorisation change, cease or the regulator takes or threatens disciplinary action.
9. RL360° has the right to remove the investment adviser from the policy, without specifying a reason, and on giving one month's written notice to the Policyholder and the investment adviser.
10. The investment adviser may resign their appointment by giving one month's written notice to the Policyholder and RL360°.
11. This investment adviser appointment shall cease immediately upon the death, bankruptcy, dissolution or insolvency of the investment adviser, or any composition with creditors, or if the investment adviser is in breach of any regulatory requirement, or it becomes illegal for the investment adviser to act in this capacity.
12. This appointment and agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.

**Please submit a current certified copy of your company's Authorised Signatory list with this form. If you have an additional list for persons authorised to sign dealing instructions, please also submit a certified copy with this form.**

**If your company is not regulated in the UK, Isle of Man, Channel Islands, Hong Kong or Gibraltar, please provide identification and address verification for each person on the Authorised Signatory list.**

Investment adviser

Signed

Date (dd/mm/yyyy)

To get in touch, call or email our Contact Centre.

**T +44 (0)1624 681682**  
**E [csc@rl360.com](mailto:csc@rl360.com)**

**Website**

[www.rl360.com](http://www.rl360.com)

**Head Office - Isle of Man**

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**E [csc@rl360.com](mailto:csc@rl360.com)**

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