

Quantum

Electronic application  
for individual applicants



You can count on us

RL  
360°

## Contents

<b>Section 1</b>	<b>Your details</b>	<b>2</b>
	In this section, tell us about yourself.	
<b>Section 2</b>	<b>Type of policy</b>	<b>3</b>
	In this section, tell us which type of Quantum policy you want – life assurance or capital redemption.	
<b>Section 3</b>	<b>Life or lives assured details</b>	<b>3</b>
	In this section, you can name the lives assured that you want on your policy.	
<b>Section 4</b>	<b>Your policy requirements</b>	<b>3</b>
	In this section, tell us how you would like your Quantum policy to be set up.	
<b>Section 5</b>	<b>Choice of investment funds</b>	<b>4</b>
	In this section, tell us which investments you would like to link your Quantum policy to.	
<b>Section 6</b>	<b>Source of wealth details</b>	<b>5</b>
	In this section, tell us how your wealth was accumulated. It is important that you complete this section so that we can meet Isle of Man anti-money laundering requirements.	
<b>Section 7</b>	<b>Your additional information</b>	<b>7</b>
	In this section, we provide you with space for additional notes relating to your application. If you haven't been able to fit something in the boxes provided, type it here.	
<b>Section 8</b>	<b>Your declaration</b>	<b>8</b>
	In this section you must agree to the terms and conditions of the policy and sign where appropriate. This application along with the Quantum <i>Terms &amp; Conditions</i> then forms the basis of our contract with you. It is important that you fully understand the policy being offered before signing.	
<b>Section 9</b>	<b>Financial adviser details</b>	<b>10</b>
	This section is for your financial adviser to complete.	
<b>Section 10</b>	<b>Your application checklist</b>	<b>11</b>
	In this section, we provide you with a handy checklist. This will help you make sure that you have completed and provided everything we need, in order to process your application.	
<b>Section 11</b>	<b>Your choice of payment methods</b>	<b>12</b>
	In this section, we tell you the various ways in which you can make payment.	

## Completion

Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 10 - Your application checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

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.

**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 Quantum policy.**

Assuming you have provided the requested details in Section 1, a copy of your completed *Application Form* and Personal Illustration will be available to view and download from your online account once your policy has commenced.

## Section 1 Your details

You should provide us with verification of your identity and current residential address (see page 11 for 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"/>	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"/>
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"/>

### Online services

You must supply us with the following information so that we can provide you with copies of your *Application Form* and *Personal Illustration* plus access to your policy online.

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"/>

### 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 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 IFA <input type="checkbox"/> A friend <input type="checkbox"/> A family member <input type="checkbox"/>

## Section 2 Type of policy

Please tick only one: Life assurance ☐ (go to Section 3)

Capital redemption ☐ (go to Section 4)

## Section 3 Life or lives assured details

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

There may be up to 2 lives assured, including the individual applicant(s). If either applicant is a life assured this should be indicated by ticking the appropriate box below.

The first applicant is a life assured ☐

The second applicant is a life assured ☐

Where there are 2 lives assured, the death benefit will be paid on the death of the last surviving life assured.

	First life assured	Second life assured
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 4 Your policy requirements

### Premium currency

Your policy will also be denominated in this currency

GBP ☐

USD ☐

EUR ☐

CHF ☐

AUD ☐

HKD ☐

JPY ☐

### Premium amount

Please remember the minimum regular premium is GBP200 per month or currency equivalent. Please refer to the *Key Features* for more information.

**Note: For premium terms of less than 10 years, the minimum premium doubles.**

### Premium frequency

Monthly ☐

Quarterly ☐

Half-yearly ☐

Yearly ☐

### Premium term

The minimum premium term is 5 years.

### Premium indexation option

Yes ☐ No ☐

If **yes**, increasing at a simple (fixed yearly) increase of: 5% ☐ 10% ☐

### Sub-policies

Please tick only one: As a single policy ☐ OR 100 sub-policies ☐

If you leave this section blank we will automatically issue your Quantum policy as 100 sub-policies.

Section 4 Your policy requirements continued

Payment method

You can pay premiums monthly or quarterly by credit/debit card, standing order or direct debit. If you prefer you can contribute on a half yearly or yearly basis by credit/debit card, standing order, direct debit, telegraphic transfer, banker's draft or cheque.

Credit/debit card ☐ (please complete the credit card mandate on page 13)

Standing order ☐ (please complete the standing order instruction – available on request)

Direct debit ☐ (GBP payments from UK and Channel Island banks only)  
(please complete the direct debit instruction – available on request)

Banker's draft/cheque (half-yearly or yearly payment only) ☐ (please complete the banking details below)

Telegraphic transfer (half-yearly or yearly payment only) ☐ (please complete the banking details below)

Payments by banker's draft/cheque or telegraphic transfer

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

Bank name

Bank address and postcode

Account holder's name

Branch Swift Code   
(for all non-GBP and International payments)  
Swift Code must be either 8 or 11 digits

OR Bank Sort Code --  
(for UK GBP payments only)

IBAN/Account number   
(all non-GBP accounts)

OR Account number   
(GBP UK Bank only)

Account held for Years  Months

Important information

Is the money being invested your own? Yes ☐ No ☐

If no, please provide full details in Section 7 Your additional information (We may ask for further documentary evidence).

Section 5 Choice of investment funds

Fund choice

Please list your choice of funds below, up to a maximum of 10 funds. The minimum investment per fund is GBP25/USD50/EUR50/CHF50/AUD50/HKD500/JPY5,000.

Please ensure that the percentages invested total 100%.

ISIN	Fund name	Currency	Percentage of premium
			%
			%
			%
			%
			%
			%
			%
			%
			%
Total			100%

## Section 6 Source of wealth details

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 Insurance Company Limited (“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. You must also complete all other relevant questions within this section. Please use Section 7 if you require more space for details.**

	First applicant	Second applicant (if applicable)
<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"/>
<b>Other unearned income</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>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>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"/>

Section 6    Source of wealth details continued

	First applicant	Second applicant (if applicable)
<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>Maturing investments or policy claim</b>		
Amount received (include currency)	<input type="text"/>	<input type="text"/>
From which company	<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"/>
Amount received (include currency)	<input type="text"/>	<input type="text"/>
From which company	<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 7    Your additional information

If you have no additional notes, please continue to Section 8 Your declaration.



## Section 8 Your declaration

### Quantum literature

I confirm that I have read a copy of the Quantum 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 Quantum *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 Quantum 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 Quantum 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 5 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.

### 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.

### 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 8    Your declaration continued

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 document that evidences a change in 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.

By signing and submitting an electronic version of this *Application Form* and the Personal Illustration I am aware that:

- a) I will not be required to complete and sign paper copies of the *Application Form* and the Personal Illustration;
- b) Once my policy has been issued and my online account has been activated, I will be able to access and download a copy of my completed *Application Form* and Personal Illustration.

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

	First applicant	Second applicant (if applicable)
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 9 Financial adviser details

This section is to be completed by your financial adviser.

The RL360° adviser number can be obtained from your regional office.

Company name	<input type="text"/>
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></div></div>

## Section 10 Your application checklist

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

### Verification of identify – must be provided for all 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 for all applicants

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

First applicant (please tick which documents you have sent us)	Second applicant (please tick which documents you have sent us)	Acceptable document
<input type="checkbox"/>	<input type="checkbox"/>	Latest bank account or credit card statement
<input type="checkbox"/>	<input type="checkbox"/>	Utility, rates or council tax bill (less than 3 months old). Printouts of online bills are not acceptable. Mobile telephone bills are not acceptable
<input type="checkbox"/>	<input type="checkbox"/>	Current driving licence
<input type="checkbox"/>	<input type="checkbox"/>	Proof of ownership or rental at current residential address
<input type="checkbox"/>	<input type="checkbox"/>	Mortgage statement
<input type="checkbox"/>	<input type="checkbox"/>	Tax assessment document
<input type="checkbox"/>	<input type="checkbox"/>	State pension, benefit book or other government produced document showing benefit entitlement
<input type="checkbox"/>	<input type="checkbox"/>	Extract from official register of electors
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Entry in local telephone directory.

### Confirmation of policy details

Please make sure you have completed Section 4 and have included a signed illustration.

☐ I have provided Policy details (please tick to confirm)

☐ I have included a 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 10 Your application checklist continued

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 their name clearly in BLOCK CAPITALS underneath their signature
- Record the capacity or position in which they are certifying the document
- Add their company name or official stamp or seal.

The documents which we receive **must** contain the original certification and stamp.

## Section 11 Your choice of payment methods

If you wish to pay by credit/debit card, please complete the payment method form on page 13 or alternatively, please follow the relevant instructions below.

### Cheque

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

Your cheque must come from the bank account you have detailed in Section 4.

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

### Banker's draft

Please send your banker's draft, made payable to RL360 Insurance Company Limited to RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Your banker's draft must come from the bank account you have detailed in Section 4.

Please note that currency drafts can take up to 8 weeks 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 4.

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

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



## Credit and debit card mandate

### Important

We are only able to accept credit or debit cards where the card displays one of the logos above and is prefixed with either a '4' or a '5'. We regret that we cannot accept American Express.

The maximum amount that can be collected by credit card is GBP99,999.99 (or currency equivalent) per premium.

We cannot accept payments from Rand or Zimbabwe dollar denominated cards.

### I authorise you, until further notice in writing, to collect payments as detailed below:

Premium currency (please tick appropriate box)	Sterling (GBP)	<input type="checkbox"/>	US dollar (USD)	<input type="checkbox"/>
	Euro (EUR)	<input type="checkbox"/>	Swiss franc (CHF)	<input type="checkbox"/>
	Australian dollar (AUD)	<input type="checkbox"/>	Hong Kong dollar (HKD)	<input type="checkbox"/>
	Japanese yen (JPY)	<input type="checkbox"/>		

Premium amount in figures

Premium amount in words

Premium frequency Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Commencing on\*    (dd/mm/yyyy)

\*this applies to initial premium only, future premiums are deducted 2 working days prior to premium due date.

Card type Mastercard/Eurocard ☐ Visa ☐ JCB ☐

Card issued by  (name of bank)

Country of card issue

Cardholder's name(s)  
(must be an applicant)

Cardholder's address  
(as held by the card issuer)

The cardholder's address should be the same as that of the applicant(s). If it is not, please provide reasons why in Section 7.

Card number  -  -  -

Expiry date (mm-yy)  -

I understand that RL360 Insurance Company Limited (RL360°) will advise me of the amount to be paid and the dates on which payment is due and that RL360° may only change these after giving me prior notice.

I understand that this authority in favour of RL360° will remain in force until such time as I cancel it in writing to RL360°.

Signature of cardholder(s)

Date (dd/mm/yyyy)

### Additional information

In order to comply with the Isle of Man Insurance (Anti-Money Laundering Regulations) 2008, we may require additional source of wealth evidence subject to where the bank that issued your credit or debit card is registered. For further information about country tiers please refer to our source of wealth information document available online at [www.rl360.com/sourceofwealth.pdf](http://www.rl360.com/sourceofwealth.pdf).

Any changes to your premiums, including as a result of automatic premium escalation, will be applied without the need for a further instruction.

## Investment adviser appointment

### Who is this form for?

This form is for applicants of Quantum, 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.

### Important notes

Please note that payments to your investment adviser may only commence once your policy fund value has reached GBP15,000 or currency equivalent.

## Section 1 Investment adviser appointment

### Applicant or policyholder 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 a withdrawal from my policy in line with the following:

### A percentage

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

(the withdrawal 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.

	First applicant	Second applicant
Signed	<input type="text"/>	<input type="text"/>
Full name	<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"/>
Company name	<input type="text"/>
RL360° 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"/>

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. Where the investment adviser is carrying on investment business in the United Kingdom, under the terms of the Financial Services and Markets Act 2000, they must have the necessary authorisation for the activity of "Managing Investments".



Section 2 Investment adviser details and conditions continued

- 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)

**New Business**

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