

CHANGE OF ADDRESS/CONTACT DETAILS

WHO IS THIS FORM FOR?

This form is for RL360 Insurance Company Limited (RL360) and RL360 Life Insurance Company Limited (RL360° Services) plan owners. It is for individual, trustee and corporate plan owners of single and regular payment plans who need to notify us of a change to their address or contact details.

Plan owners should also use this form to notify us of any address changes for the lives assured on their plan.

COMPLETING THIS FORM

We can only accept a copy of this instruction if it has been signed by all individual owners, trustees or authorised signatories. Please note we do not require the original copy however we do reserve the right to ask for the original form if we deem this appropriate.

Please complete in BLOCK capitals throughout.

Changes to the details of an individual plan owner (not held in trust)

All plan owners must sign the form. In the case of joint ownership, both owners must sign otherwise the form will be invalid.

Changes to the details of a trust

All trustees must sign the form.

Changes to the details of a company

The appropriate authorised signatories must sign on behalf of the company. Please ensure that the authorised signatory list we hold on file is up-to-date before sending the form.

In all cases the appropriate persons as detailed above must sign the form otherwise we cannot proceed with any changes.

IMPORTANT INFORMATION

Changes to your country of residence may affect the tax treatment of your plan as well as changing the investments which you can hold. We suggest that you speak to your financial and tax advisers in the first instance.

PRIVACY POLICY

Our full privacy policy can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

WHERE SHOULD I SEND THE COMPLETED FORM?

Please send the completed form to alterations@rl360.com or alternatively you can post this to:

Alterations Team
International House
Cooil Road
Douglas
Isle of Man
IM2 2SP
British Isles

NOTE

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

CHANGE OF ADDRESS/CONTACT DETAILS

Plan number(s)				
	Plan owner 1 (or trustee)	Plan owner 2 (or trustee)		
Name				
New residential/ registered address and postcode (in full)				
Date moved to new address (dd/mm/yyyy)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
Correspondence address (if no correspondence address is provided, we will use the address provided above)				
Is this address for	<input type="checkbox"/> You <input type="checkbox"/> A friend	<input type="checkbox"/> Your financial adviser <input type="checkbox"/> A family member	<input type="checkbox"/> You <input type="checkbox"/> A friend	<input type="checkbox"/> Your financial adviser <input type="checkbox"/> A family member
Home telephone¹				
Work telephone²				
Mobile telephone				
Email address				
Employment status	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker	<input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker
Employment role	<input type="checkbox"/> Employee <input type="checkbox"/> Business Owner	<input type="checkbox"/> Key Controller <input type="checkbox"/> Sole Trader	<input type="checkbox"/> Employee <input type="checkbox"/> Business Owner	<input type="checkbox"/> Key Controller <input type="checkbox"/> Sole Trader
Occupation				
Nature of Business				

¹ Required for individual plan owners and individual trustees.

² Required for corporate investors.

Company details (if applicable)

Company name

New registered address and postcode (in full)

Date moved to new address (dd/mm/yyyy)

New correspondence address and postcode (in full)

Country of residence for tax purposes

Company tax reference number(s)

If it is not possible to provide a tax reference number, you must specify the reason here

FATCA GIIN (if applicable)

Politically Exposed Persons

A Politically Exposed Person (PEP) is a person who is, or who has been, entrusted with prominent public functions. This also includes their close family members and their close associates.

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

Are you, any of your family members or any of your close associates a PEP? Yes No

If Yes, please provide the following details and complete the supplementary **Source of Wealth Form**.

Surname

Forename(s)

Company name

Position held as PEP

Country position held

Date position held (dd/mm/yyyy) From To

If the PEP is a family member or close associate, please confirm the relationship

Plan owner/Trustee/Authorised Signatory 1

Plan owner/Trustee/Authorised Signatory 2

Signature

Date (dd/mm/yyyy)

Full name

Country of birth

Country or countries
of tax residence

Tax reference number (ie TIN/NI)

If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)

Are you a US Specified Person?

 Yes No Yes No

Plan owner/Trustee/Authorised Signatory 3

Plan owner/Trustee/Authorised Signatory 4

Signature

Date (dd/mm/yyyy)

Full name

Country of birth

Country or countries
of tax residence

Tax reference number (ie TIN/NI)

If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)

Are you a US Specified Person?

 Yes No Yes No