

**RL360** 

## Application Form for Trustees Provided by RL360 Insurance Company Limited (RL360)

#### Application guide

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

In order to satisfy the Isle of Man's Anti-Money Laundering and Countering the Financing of Terrorism Code 2019, RL360 Insurance Company Limited ("RL360") is required to check the identity and address of each applicant for the Wrap Offshore Bond, and make enquiries to understand and evidence the source of the money that is to be invested. For your convenience, a complete checklist of all requirements can be found at the back of this application form. Please complete this form in BLOCK CAPITALS and black ink and return it to: RL360 Insurance Company Limited, c/o James Hay Wrap Managers Limited, Dunn's House, St Paul's Road, Salisbury, SP2 7BF.

If you require any assistance, please telephone our Customer Support Team or our general enquiry number 03455 212 414.

#### Guidelines for satisfactory evidence

#### Verification of identity

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

- A valid "full" passport (expiry date no less than 6 months).
- A national ID card (carrying a photograph).
- Where neither of the above documents are available, we must be provided with a reason and two formal documents to verify your identity with appropriate reference numbers for consideration.

#### Verification of address

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

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

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

#### **Suitably Certified Copy Documentation**

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

#### The certifier must:

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

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

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

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

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

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

1 Policy basis	Applicant to complete
Please tick only one:	
Life assurance Capital redemption	
2 Trust details	Applicant to complete
James Hay Wrap number	US Person (FATCA only) means: A US Citizen or resident individual; a partnership or corporation organised in the United States or under the law of the United States (or any state, or
Name of the trust	the District of Columbia); an estate or a trust if a court within the United States would have authority under applicable laws to render order or judgments concerning substantially all issues
Date trust was established   D   D   M   M   Y   Y   Y     Nature and purpose of the trust	regarding administration of the trust and one or more US Persons have the authority to control all substantial decision of the trust or an estate of a decedent that is a citizen or resident of the United States; a person that meets the Substantial
Trust's Unique Tax Reference Number (UTR) if registered with HMRC	Presence Test (criterion used by the IRS to determine whether an individual who is not a citizen or lawful permanent resident qualifies as a 'resident for tax purposes' (for more information, please visit www.irs.gov/individuals/international-taxpayers/
Correspondence name	substantial-presence-test)); or any other person that is not a foreign person.
Correspondence address	If you choose <b>Yes</b> to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or functional equivalent. Examples of functional equivalents would be tax number or visa number.
Postcode	If you choose <b>No</b> but you have a US residential/ correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with
Is the entity (Trust) a US Specified Person? Yes No	documentary evidence that you are in the process of or have renounced your US Citizenship. RL360 can accept a certified copy of your DS-4083 form (also known as CLN – Certificate of Loss of Nationality) and/or a certified copy of your passport in which you are obtaining new citizenship.
2a Trustee details - individual trustees	Applicant to complete
i) Trustee	
Title Mr Mrs Ms Miss	Are you a US Specified Person? Yes No
Other	Please see Section 2 above for a full description of this term.
	Current residential address
Forename(s)	
Surname	Postcode
Other previous names or aliases	Length of time at current address years months
	If less than three years at your current address, please provide
Sex Male Female	each previous address in the last three years, continuing on a separate sheet if necessary.
Date of birth DDMMYYYYY	Previous address
Country of birth	
	Postcode
Nationality(ies)	Correspondence address (if different from residential address)
Country of residence	Postcode
	Whose address is this?
Country or countries of tax residence	Self Financial adviser Friend/family
National Insurance number	Other
Where you do not have a National Insurance number, please	Telephone
provide your functional equivalent. Examples of functional equivalents would be tax number or visa number.	Email

2a Trustee details - individual trustees (cont.)	Applicant to complete		
ii) Other trustee	iii) Other trustee		
Title Mr Mrs Ms Miss	Title Mr Mrs Ms Miss		
Other	Other		
Forename(s)	Forename(s)		
Surname	Surname		
Other previous names or aliases	Other previous names or aliases		
Sex Male Female	Sex Male Female		
Date of birth	Date of birth		
Country of birth	Country of birth		
Nationality(ies)	Nationality(ies)		
Country of residence	Country of residence		
Country or countries of tax residence	Country or countries of tax residence		
National Insurance number	National Insurance number		
Where you do not have a National Insurance number, please provide your functional equivalent. Examples of functional equivalents would be tax number or visa number.	Where you do not have a National Insurance number, please provide your functional equivalent. Examples of functional equivalents would be tax number or visa number.		
Are you a US Specified Person? The definition of a US Specified Person Yes No can be found in Section 2.	Are you a US Specified Person? The definition of a US Specified Person Yes No can be found in Section 2.		
Current residential address	Current residential address		
Postcode	Postcode		
Length of time at current address years months	Length of time at current address years months		
If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.	If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary.		
Previous address	Previous address		
Postcode	Postcode		
Correspondence address (if different from residential address)	Correspondence address (if different from residential address)		
Destende	Destende		
Postcode Whose address is this?	Postcode Whose address is this?		
Self Financial adviser Friend/family	Self Financial adviser Friend/family		
Other	Other		
Telephone	Telephone		
Email	Email		

2a Trustee details - individual trustees (cont.)	Applicant to complete
iv) Other trustee	Current residential address
Title Mr Mrs Ms Miss	
Other	
Forename(s)	Postcode
Surnamo	Length of time at surrent address
Surname	Length of time at current address years months
	If less than three years at your current address, please provide
Other previous names or aliases	each previous address in the last three years, continuing on a separate sheet if necessary.
	Previous address
Sex Male Female	
Date of birth D D M M Y Y Y Y	
Country of birth	
	Postcode
Nationality(ies)	Correspondence address (if different from residential address)
Country of residence	
Country or countries of tax residence	Postcode
	Whose address is this?
National Insurance number	
	Self Financial adviser Friend/family
Where you do not have a National Insurance number, please	Other
provide your functional equivalent. Examples of functional	Telephone
equivalents would be tax number or visa number.	
	Email
Are you a US Specified Person? Yes No	
The definition of a US Specified Person can be found in Section 2.	
2b Trustee details - corporate trustees	Applicant to complete
i) Corporate trustee details	ii) Directors or partners You will need to provide us with a list of all directors or
Corporate trustee name	partners for your business, but we also need you to name two
	directors, at least one of whom must be an executive director or partner, for identity verification purposes. Please state their
Registered address	details here.
	Executive Director/Partner 1 (must be completed)
	Title Mr Mrs Ms Miss
Postcode	Other
Contact name	Forename(s)
Contact position	Surname
Telephone number	
	Sex Male Female
Email	Date of birth
Email	Current residential address
Global Intermediary Identification Number (CUN)	
Global Intermediary Identification Number (GIIN)	
	Postcode
	Position

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

Title	Mr	Mrs	Ms	Miss
	Other			
Forenar	ne(s)			
Surnam	е			
Sex	Male	emale		
Date of	birth DD	ΜΜΥΥ	YY	

#### Current residential address

	Postcode	
Position		

#### iii) Authorised signatories

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

Number of signatories required

Special instructions

#### iv) Shareholders and beneficial interest

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

Forename(s)

Position

Surname

Shareholding (%)

#### Forename(s)

Surname

Position

Shareholding (%)

#### Forename(s)

Surname

Position

Shareholding (%)

#### Forename(s)

Surname

Position

Shareholding (%)

3 Details of settlor(s)	Applicant to complete		
i) First/sole settlor	ii) Additional/joint settlor		
Title Mr Mrs Ms Miss	Title Mr Mrs Ms Miss		
Other	Other		
Forename(s)	Forename(s)		
Surname	Surname		
Other previous names or aliases	Other previous names or aliases		
Sex Male Female	Sex Male Female		
Date of birth	Date of birth		
Country of birth	Country of birth		
Nationality(ies)	Nationality(ies)		
Country of residence	Country of residence		
Country or countries of tax residence	Country or countries of tax residence		
National Insurance number	National Insurance number		
Where you do not have a National Insurance number, please provide your functional equivalent. Examples of functional equivalents would be tax number or visa number.	Where you do not have a National Insurance number, please provide your functional equivalent. Examples of functional equivalents would be tax number or visa number.		
Are you a US Specified Person? The definition of a US Specified Person can be found in Section 2.	Are you a US Specified Person? The definition of a US Specified Person can Yes No be found in Section 2.		
Current residential address	Current residential address		
Postcode	Postcode		
Length of time at current address years months	Length of time at current address years months		
Length of time at current address years months If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary. Previous address	Length of time at current address years months If less than three years at your current address, please provide each previous address in the last three years, continuing on a separate sheet if necessary. Previous address		
Postcode	Postcode Correspondence address (if different from residential address)		
Correspondence address (if different from residential address)			
Postcode	Postcode		
Whose address is this?	Whose address is this?		
Self Financial adviser Friend/family	Self Financial adviser Friend/family		
Other	Other		
Telephone	Telephone		
Email	Email		
Email			
If deceased, date of death DDMMYYYY	If deceased, date of death		

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

Details of parties with a beneficial interest Applicant to complete Please include details of all parties with a beneficial interest in the trust. For each party specified, please indicate the nature and extent of their interest. If necessary, please continue on the Notes section at the back of this application form. i) First individual ii) Second individual Title Mr Mrs Title Mr Mrs Ms Miss Miss Other Other Forename(s) Forename(s) Surname Surname Other previous names or aliases Other previous names or aliases Male Female Male Female Sex Sex Date of birth Date of birth Current residential address Current residential address Postcode Postcode Lives assured - Life assurance policy only Applicant to complete Is the settlor named in Section 3i to be a life assured? Will there be any other lives assured? Yes No No Yes If **Yes**, please complete the additional lives assured details below. You can have up to 10 lives assured in total. If there Is the settlor named in Section 3ii to be a life assured? is insufficient space, please provide the details on the Notes section at the back of this application form. No Yes Additional life assured Additional life assured Mrs Title Mr Miss Title Mr Mrs Ms Ms Miss Other Other Forename(s) Forename(s) Surname Surname Sex Male Female Male Female Sex Date of birth Date of birth Country of birth Country of birth Nationality(ies) Nationality(ies) Country of residence Country of residence Current residential address Current residential address

Telephone

Postcode

Postcode

Telephone

5 Lives assured - Life assurance policy only (cont.)	Applicant to complete
Additional life assured	Additional life assured
Title Mr Mrs Ms Miss	Title Mr Mrs Ms Miss
Other	Other
Forename(s)	Forename(s)
Surname	Surname
Sex Male Female	Sex Male Female
Date of birth	
Country of birth	Country of birth
Nationality(ies)	Nationality(ies)
Country of residence	Country of residence
Current residential address	Current residential address
Desteade	
Postcode	Postcode
Telephone	Telephone
6 Contract structure	Applicant to complete
Wrap Offshore Bond currency	For example, if the assets are to be divided equally between
The payment currency for your Wrap Offshore Bond is $\pm$ sterling only.	three beneficiaries you might want to choose a multiple of 3 nearest to 100, i.e. 99. If you do not specify a number we will automatically open 100 sub-policies for you.
Sub-policies	
To give you increased flexibility, your Wrap Offshore Bond may be divided up into a number of equal and identical sub-policies. The maximum number of sub-policies is 100.	Number of sub-policies required in the Wrap Offshore Bond
7 Investment amount	Applicant to complete
The minimum investment required to open your Wrap Offshore Bond is £100,000.	Please note the investment amount will be transferred by electronic transfer from your Investment Portfolio Bank
Please provide details of your initial investment into your Wrap Offshore Bond.	Account.
Total amount £	
8 Investment options	Applicant to complete
Please indicate your investment choices by ticking one or more	I wish to buy the following:
of the following. Purchase of your assets will be made from the cash account within your Wrap Offshore Bond.	Investment Centre funds
You should retain sufficient cash in your Wrap Offshore Bond cash account to pay monthly Wrap and transaction charges in respect of remuneration to avoid us having to encash assets to	Please place these trades through the secure web service, James Hay Online.
meet such charges.	Non Investment Centre funds
	If you wish to buy funds that are not available in the Investment Centre, please complete an 'Instruction to Trade Form' and enclose the appropriate fund manager's application form having completed the amount to be invested, the fund choice and remuneration details. As the investment will be made by James Hay Partnership, we will complete the rest of the investment application form.

JHAY0329 MAY23 INT

#### Managed Portfolio Panel

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

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

#### 9 Financial adviser's recurring adviser charges

Financial adviser's company name

Network name

Name of financial adviser

Name of regulator

Financial adviser's authorisation number

Contact name (if different from name shown above)

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

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

#### Yes No

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

#### **Option one**

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

Total	Level of adviser charge
£	% p.a.

#### Regular withdrawal instructions 10

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

Yes		No			
If No	, please	procee	ed to	Section	11.

If Yes, please note:

Withdrawals are payable on the first of the month only.

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

Payments to or from third parties are not acceptable.

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

For full details of the range of assets available please refer to the 'Wrap Offshore Bond Guidelines for Permitted Assets' Offshore Bond Guidelines for Permitted Assets' document are

# document. The 'Instruction to Trade Form' and the 'Wrap available at www.jameshay.co.uk.

#### Applicant to complete

## OR

#### Option two (tiered)

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

OR

£

#### **Option three** (monthly)

Level of adviser charge

per month
-----------

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

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



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

Investment	: Centre funds	
(including	Managed Portfolio Panel)	

Other permitted assets

Cash held in your Wrap Offshore Bond

#### Applicant to complete

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

Amount o	of withdra	wal
----------	------------	-----

£			
OR			
%	p.a. of initial i	nvestment	
Frequency	of payment		
Monthly		Half-yearly	
Quarterly		Annually	
	_		

Date of first withdrawal

Are regular withdrawals to be paid into your Wrap Investment Portfolio Bank Account?	Account name
Yes No No If <b>No</b> , please provide details of the bank account to which payments should be made. This bank account must be in the trust's name.	Sort code
Payment will be made by Faster Payments.	
Bank name and address	Building society reference number (if applicable)
	How long has the trust held an account with this bank?
Postcode	years months
10h Meeting regular withdrawal navments	Applicant to complete

Where possible, regular withdrawals will be taken from the cash account within your Wrap Offshore Bond. However, if you wish to sell specific assets to fund these regular withdrawals, please provide instructions detailing the assets to be sold to meet the regular withdrawal payments. Without these instructions, if there are insufficient funds in the cash account of your Wrap Offshore Bond we will not be able to pay the regular withdrawal.

Bank details for regular withdrawal payments

If you are invested in a fund that deals at a frequency other than daily this will cause delays in forwarding the proceeds to you.

#### 11 Source of funds and wealth

The Anti-Money Laundering and Countering the Financing of Terrorism Code 2019 requires all Isle of Man Companies to take "reasonable measures to establish the source of the wealth of a customer" where any business is identified as high risk. Source of wealth is defined as the "origin of a customer's entire body of wealth and includes the total assets of the customer". 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 the product and countries that they will accept business from into Standard or Higher risk. They have categorised countries according to their level of compliance with international regulatory standards. Full details on the source of funds procedures can be obtained from your financial adviser or can be downloaded from www.rl360wrap.com.

Applicant to complete

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

In order for RL360 to comply with its obligations under the Isle of Man's Anti-Money Laundering and Countering the Financing of Terrorism Code 2019, you must answer the following questions fully.

#### 11a Source of funds

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

Bank name and address	
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 (all non-GBP accounts)

#### OR

Acc	our	nt nu	umb	ber	(GB	ΡU	Кb	ank only)	

Account	held	for	

months

Applicant to complete

If you are funding your Wrap Offshore Bond from more than one bank account, please provide your additional bank details and your reasons for doing this on the Notes section at the back of this application form.

years

#### 11b Source of wealth

Applicant	Property or asset sale
Annual salary plus bonuses	Amount received (include currency)
If you are retired, please enter your income details in the 'Other unearned income' section.	
Income this year (include currency)	Address of property sold or asset type
Income last year (include currency)	
Occupation	For how long was it held?
Employer's company name	Date of sale
Nature of business	Company profits
	Profits this year (include currency)
Other unearned income	Profits last year (include currency)
Amount received (include currency)	
Received from	Industry
Date received	Company sale
If you are retired, please tell us your previous occupation, previous salary, employer and date of retirement.	Amount received (include currency)
Previous occupation	Company name
Previous salary (if retired)	Company industry
Employer's company name	Date received
Date retired	Other (such as a lottery or betting win, gift or inheritance)
Please confirm your source of wealth for this application by completing the following.	Amount received (include currency)
Savings	Source
Amount received (include currency)	
Bank where savings were held	
How were savings accumulated?	Date received DDMMYYYY
	Please ensure the relevant source of funds evidence indicated in this section has been included with the application form.
Pension transfer	
Amount received (include currency)	

Received from

Date received

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

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

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

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

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

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

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

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

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

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

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

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

Neither I/we, nor any of the Beneficial Owners of the company are resident in the United States.  $^{\rm 1}$ 

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

#### **Politically Exposed Persons**

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

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

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

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

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

#### **Data Protection**

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

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

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

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

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

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

I/We appoint the following as the financial adviser:

Financial adviser name

Financial adviser address

Postcode
FUSICOUE

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

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

And the application form was signed in (give location)

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

Signature

Date DDMMYYYY

Name

Position in company

Signature

### Date DDMMYYYY

Name

Position in company

Signature



Name

Position in company

	na	

Date DDMMYYYY
Name
Position in company

#### IMPORTANT

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

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

Company name

Financial adviser number

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

Regulatory number (if applicable)

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

Full name

Online services username (if registered)

Work telephone number

Mobile telephone number

Email

I confirm that I have seen documentary proof of the applicant(s) identity, and certification of their residential address, and have, where applicable, attached suitably certified copies of both as set out in the completion notes, along with this application.

Signature



#### Checklist

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

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

Relevant source of funds	evidence	as	indicated	in
Section 11				

#### Investments

Fund manager application forms, if applicable

#### Individual trustees

	Identification and address verification evidence stated on the front page	
	Certified extract of trust showing proper appointment of trustees and nature and purpose of the trust	
	Declaration from trustees and evidence, if required, of source or origin of the trust assets	
Where a trustee is a Public Registered Company		
	Certificate of Incorporation or equivalent document and evidence of the registered office address	
	The latest annual report and set of accounts	
	A list of all the directors and certified copy of relevant identification and address verification for at least two of them, one of whom must be an Executive Director	
	Board Resolution or authorised signatory list of officers	

showing delegated authority and specimen signatures Certified extract of trust showing evidence of proper

appointment of trustees and nature and purpose of the trust

Declaration from trustees and evidence, if required, of source or origin of the trust assets

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

#### Settlor(s)

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

Financial adviser to complete

PLEASE NOTE: Some of these requirements are necessary under the Isle of Man's Anti-Money Laundering and Countering the Financing of Terrorism Code 2019.

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

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

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

#### Notes

If the trust has any Protector(s), please provide their full name, date birth, residential address, tax country/countries and Tax Identification Number/functional equivalent<sup>2</sup>/National Insurance Number below.

<sup>2</sup> Examples of functional equivalents would be tax number or visa number.

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

RL360 Insurance Company Limited. Registered Office: International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles. Telephone: +44 (0)1624 681681. Telephone calls may be recorded. Website: www.rl360.com. RL360 Insurance Company Limited is authorised by the Isle of Man Financial Services Authority. Registered in the Isle of Man number 053002C. James Hay Partnership is the trading name of Nucleus Group Services Limited (INGSL) (registered in England number 02538532); James Hay Services Limited (JHS) (registered in England number 2601833); James Hay Maministration Company Limited (JHAC) (registered in England number 4068398); James Hay Pensions Trustees Limited (JHPT) (registered in England number 145887); James Hay Wrap Managers Limited (JHWN) (registered in England number 145887); James Hay Wrap Managers Limited (JHWN) (registered in England number 145887); James Hay Wrap Managers Limited (JHWN) (registered in England number 145887); James Hay Wrap Managers Limited (JHWN) (registered in England number 145887); James Hay Wrap Managers Limited (JHWN) (registered in England number 145845); James Hay Wrap Nominee Company Limited (JHWNC) (registered in England number 7259308); PAL Trustees Limited (PAL) (registered in England number 1666419); Sarum Trustees Limited (SarumTL) (registered in England number 1003681); The IPS Partnership PIc (IPS PIc) (registered in England number 1458445); Union Pension Trustees Limited (UPT) (registered in England number 2634371). JHS has its registered office at Aztec Group House, 11-15 Seaton Place, St Helier, Jersey, JE4 0QH. NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPS PIc, and UPF have their registered office at Dunn's House, St Paul's Road, Salisbury, SP2 7BF. JHAC, JHWM, IPS and IPS PIc are authorised and regulated by the Financial Conduct Authority. (2/23)