

### Application Form for Corporate Entities 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, and make enquiries to understand and evidence the source of money to be invested. For your convenience, a complete checklist of all requirements can be found at the back of this application form.

Please also complete the RL360 'Automatic Exchange of Information Entity Self-Certification Form' at the end of this document, which we will forward to RL360.

Please complete this form in BLOCK CAPITALS and black ink and return it to: RL360 Insurance Company Limited, c/o James Hay Wrap Managers Limited, Dunn's House, St Paul's Road, Salisbury, SP2 7BF.

If you require any assistance, please telephone your 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 the above documents are not available, we must be provided with a reason and two formal documents 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 government produced 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, where appropriate, 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 this will result in a delay in investment and acceptance.

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 Corporate applicant details	Applicant to complete
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
James Hay Wrap number	
2a Type of company	Applicant to complete
Public Limited Company Partnership	
Please confirm which stock exchange you are listed on  Limited Liability Partner	ship
Please confirm the natu	
Private Limited Company	
Charity	
2b Company or charity details	Applicant to complete
Company or charity name Registration number	
Registered address	
Date of registration	
Contact name	
Postcode Contact position	
Company Tax Identification Number (TIN)	
Telephone number	
Country or countries of residence for tax purposes	
Email	
Country of registration	
2c Correspondence details	Applicant to complete
Please note that any correspondence we are required to send to you will be sent to the address you provide here.  Whose address is this?	
If no correspondence address is supplied we will use your registered address.	nancial adviser Solicitor
Address for correspondence Other	
Postcode	
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2d Meeting of the board  It was agreed that the authorised signatories on this  Office address of meeti	Applicant to complete
application have the capacity to make this investment at a	iiy
meeting of the board, held at the following date and location:	
Date of meeting DDMMMYYYYY	

2e Directors or partners Applicant to complete

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, at least one of whom must be an Executive Director or Partner, for identity verification purposes. Please state their details here.

<b>Executive Dire</b>	ctor/Partner 1 (ı	must be o	comple	ted)			Direct	or/Partr	ner	2 (mu	st be	com	pleted	(k			
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	provide your US cial Security Nu			fication	n Number			please   or US Sc							tificat	ion N	lumbei
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2g Individuals (who are shareholders or have a beneficial interest	in the company)  Applicant to complete
First individual	Second individual
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
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? Yes No If <b>Yes</b> , please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).	Are you a US Specified Person? Yes No If <b>Yes</b> , please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).
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Other	Other
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Email	Email
Shareholding (%)	Shareholding (%)

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Previous address  Previous address  Previous address  Previous address  Previous address  Postcode  Correspondence address (if different from residential address)  Postcode  Postcode  Whose address is this?  Self Financial adviser Friend/family  Other  Other		nuing on a					hree y	ears, con	tinuin	g on a
Postcode  Correspondence address (if different from residential address)  Postcode  Postcode  Postcode  Postcode  Postcode  Whose address is this?  Self Financial adviser Friend/family  Other  Other			•		cessar	у.				
Correspondence address (if different from residential address)  Postcode  Whose address is this?  Self Financial adviser Friend/family  Other  Correspondence address (if different from residential address)  Whose address is this?  Self Financial adviser Friend/family  Other				0 444.000						
Correspondence address (if different from residential address)  Postcode  Whose address is this?  Self Financial adviser Friend/family  Other  Correspondence address (if different from residential address)  Whose address is this?  Self Financial adviser Friend/family  Other										
Postcode  Whose address is this?  Self Financial adviser Friend/family  Other  Other	Postcode					Post	code			
Whose address is this?  Self Financial adviser Friend/family Self Financial adviser Friend/family  Other	Correspondence address (if different from resident	ial address)	Corresp	ondence ad	dress	(if differe	ent fro	m residei	ntial a	ddress)
Whose address is this?  Self Financial adviser Friend/family Self Financial adviser Friend/family  Other										
Whose address is this?  Self Financial adviser Friend/family Self Financial adviser Friend/family  Other	Postcode					Post	tcode			
Self Financial adviser Friend/family Self Financial adviser Friend/family  Other			Whose	address is th	nis?	1.030	LUUGE			
		d/family				adviser		Frie	nd/fa	mily
Telephone Telephone	Other		Other							
	Telephone		Telepho	one						
Email Email	Email		Email							
Shareholding (%) Shareholding (%)										

3 Lives assured - Life assurance policy only	Applicant to complete
Is the first signatory named in Section 2e to be a life assured?	Will there be any other lives assured?
Yes No No	If <b>Yes</b> , please complete the additional lives assured details
Is the second signatory named in Section 2e to be a life assured?	below. You can have up to 10 lives assured in total. If there
Yes No	is insufficient space, please provide the details on the Notes section at the back of this application form.
Additional life assured	Additional life assured
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	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
Postcode	Postcode
Telephone	Telephone
1 diephone	relegitorie
Additional life assured	Additional life assured
Title Mr Mrs Ms Miss	Title Mr Mrs Ms Miss
Other	Other
Forename(s)	Forename(s)
r di elialile(s)	rorename(s)
Surname	Surname
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
Current residential address	Current residential address
Postcode	Postcode
Telephone	Telephone

Please continue on the Notes section at the back of this application form, if necessary.

Contract structure Applicant to complete Wrap Offshore Bond currency For example, if the assets are to be divided equally between three beneficiaries you might want to choose a multiple of 3 The payment currency for your Wrap Offshore Bond is nearest to 100, i.e. 99. If you do not specify a number we will £ sterling only. automatically open 100 sub-policies for you. **Sub-policies** To give you increased flexibility, your Wrap Offshore Bond may Number of sub-policies required be divided up into a number of equal and identical sub-policies. in the Wrap Offshore Bond The maximum number of sub-policies is 100. Investment amount Please note the investment amount will be transferred by The minimum investment required to open your Wrap Offshore electronic transfer from your Investment Portfolio Bank Bond is £100,000. Account. Please provide details of your initial investment into your Wrap Offshore Bond. £ Total amount Investment options Applicant to complete Please indicate your investment choices by ticking one or more **Non Investment Centre funds** of the following. Purchase of your assets will be made from the If you wish to buy funds that are not available in the cash account within your Wrap Offshore Bond. Investment Centre, please complete an 'Instruction to Trade You should retain sufficient cash in your Wrap Offshore Bond Form' and enclose the appropriate fund manager's application cash account to pay monthly Wrap and transaction charges in form having completed the amount to be invested, the fund respect of remuneration to avoid us having to encash assets to choice and remuneration details. As the investment will be meet such charges. made by James Hay Partnership, we will complete the rest of the investment application form. I wish to buy the following: For full details of the range of assets available please refer **Investment Centre funds** to the 'Wrap Offshore Bond Guidelines for Permitted Assets' document. The 'Instruction to Trade Form' and the 'Wrap Please place these trades through the secure web service, Offshore Bond Guidelines for Permitted Assets' document are James Hay Online. available at www.jameshay.co.uk. **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.

7 Financial adviser's recurri	ng adviser charges		Applicant to complete				
Financial adviser's company nar	me	OR					
		Option two (tiered)					
Network name		Amount	Level of adviser charge				
		First £	% p.a.				
Name of financial adviser		Next £	% p.a.				
		Next £	% p.a.				
Name of regulator		Next £	% p.a.				
		Over £	% p.a.				
Financial adviser's authorisation	number	OR					
		Option three (monthly)					
Contact name (if different from	name shown above)	Level of adviser charge					
		£	per month				
PLEASE NOTE: A maximum of 7 recurring adviser charge will be paid out of your Wrap Offshore as withdrawals.	applied. Any adviser charges	Adviser charges will be calculate and will be deducted from your account as withdrawals.					
Please pay the organisation namadviser charge as set out in my i		Are adviser charges to be applied the product?	ed across all assets within				
Yes No		Yes No					
If <b>No</b> , please specify the level of		If <b>No</b> , please tick which categorie	es of assets you wish to <b>exclude</b> :				
this Wrap Offshore Bond. Please options.	e choose one of the following	Investment Centre funds (including Managed Portfolio Panel)					
Option one		Other permitted assets					
Value of assets in your Wrap Of selected at the end of this section		Cash held in your Wrap Offshore Bond					
Total	Level of adviser charge						
£	% p.a.						
8 Regular withdrawal instru	ctions		Applicant to complete				
Do you wish to set up regular w Wrap Offshore Bond immediate		Please note that this is based o RL360's current understanding which is subject to change.	-				
Yes No		which is subject to change.					
If <b>No</b> , please proceed to Section	n 9.	Amount of withdrawal					
If <b>Yes</b> , please note:		£					
Withdrawals are payable on the	e first of the month only.	OR					
We require one month's notice, regular withdrawals.	, in writing, to start or amend	% p.a. of initial invest	tment				
Payments to or from third parti	es are not acceptable.	Frequency of payment					
Withdrawals in excess of 5% of	the total premiums paid into	Monthly Hal	f-yearly				
your Wrap Offshore Bond in an chargeable event and may resu	lt in a tax charge. Any adviser		nually				
charges paid in accordance wit count as withdrawals. Please co for guidance.		Date of first withdrawal	MMYYYY				

8a Bank details for regular withdrawal payments		Applicant to complete
Are regular withdrawals to be paid into your Wrap Investment Portfolio Bank Account?	Account name	
Yes No No	Sort code	
If <b>No</b> , please provide details of the bank account to which payments should be made. This bank account must be in your name.	Account number	
Payment will be made by Faster Payments.		
Bank name and address	Building society reference number (if applic	able)
	How long have you held an account with th	is bank?
Postcode	years months	
8b Meeting regular withdrawal payments		A multi-cont to accomplate
Where possible, regular withdrawals will be taken from the	Assets to be sold	Applicant to complete
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.	Assets to be sold	
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.		
9 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 procedur from your financial adviser or can be downly www.rl360wrap.com.  If you are funding your Wrap Offshore Bond account that is not in the United Kingdom, or Isle of Man, please refer to the above me documentation for further guidance.  In order for RL360 to comply with its obligation of Man's Anti-Money Laundering and Counter of Terrorism Code 2019, you must answer the questions fully.	d from a bank Channel Islands Intioned Islands the Isle Islands the Isle Islands the Financing
9a Source of funds		Applicant to complete
Please provide us with the details of the bank account that will be used to fund the Wrap Offshore Bond.	OR  Bank sort code (for UK GBP payments only)	)
Bank name and address	Bank soft code (for okt ob) payments only.	,
	IDAN (all page CDD accounts)	
	IBAN (all non-GBP accounts)	
Postcode	OR	
Account holder's name	Account number (GBP UK bank only)	
Branch swift code (for all non-GBP and international payments). Swift code must be either 8 or 11 digits.	Account held for years  If you are funding the Wrap Offshore Bond bank account, please provide the additional your reasons for doing this on the Notes set this application form.	bank details and

9b Source of wealth	Applicant to complete
Company profits	Other
Profits this year (include currency)	Amount received (include currency)
Profits last year (include currency)	Source
Industry	
Company sale  Amount received (include currency)	
Amount received (include currency)	
Company name	Date received DDMMYYYYY
Company industry	
Date received DDMMYYYYY	
10 Declaration	Applicant to complete
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	I/We confirm the company has not been and is not in the process of being dissolved, struck off, wound up or terminated
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	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).
form I/we agree to my/our Wrap Offshore Bond being governed by the Wrap Offshore Bond Terms and Conditions.	Neither I/we, nor any of the Beneficial Owners of the company are resident in the United States (USA). $^{\rm 1}$

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

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

This application form

of this application.

- 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 company and I/we am/are not subject to any legislation which would make such an investment unlawful.

I/We will advise RL360, in writing, immediately on any changes to the authorised signatories and of anyone who acquires a beneficial interest.

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.

Declaration (cont.) Applicant to complete

#### **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 my/our financial adviser:
Financial adviser name
Financial adviser address
Postcode
RL360 is authorised by me/us to disclose all information relating to my/our Wrap Offshore Bond to my/our financial adviser. I/We will notify RL360 in writing if there is any change

in my financial adviser.

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
Signature
Date DDMMYYYY
Name
2
Position in company
Signature
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.	Full name			
Company name				
	Online services username (if registered)			
Financial adviser number				
	Work telephone number			
Name of regulatory or authorising body (e.g. FCA)	work telephone number			
	Malaila talambana musaban			
Development of Constraints	Mobile telephone number			
Regulatory number (if applicable)				
	Email			
Financial adviser's stamp (If this does not state an address, please add company address details too)				
	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			
	5			
	Date DDMMYYYYY			
Checklist				
Please ensure that the following information accompanies this application form. Failure to provide all relevant information will	Main bank account details - name, address, sort code, account number and account name			
result in a delay in your application being processed.	Verification of identity of all shareholders holding 25%			
General requirements (Please tick if attached)  Relevant source of funds evidence as indicated in	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			
Section 9	the identity of the ultimate beneficial owner			
Automatic Exchange of Information Entity Self-Certification Form	Partnerships			
Self-Certification Form	Certified copy of relevant identification and address			
Investments	verification for all authorised signatories with specimen signatures			
'Instruction to Trade Form'	Details of nature of partnership/business			
Fund manager application forms, if applicable  Public registered companies	Certified copy of relevant identification and address verification for all beneficial owners and/or controllers			
	Evidence providing verification of the trading address			
Certificate of Incorporation or equivalent document and evidence of the registered office address				
The latest annual report and set of accounts	For formal partnerships, a mandate which confers authority on those who will give instructions			
A list of all the directors and certified copy of relevant identification and address verification for at least two of	The latest annual report and set of accounts			
them, one of whom must be an Executive Director	PLEASE NOTE: Some of these requirements are necessary			
Board Resolution or authorised signatory list of officers showing delegated authority and specimen signatures	under the Isle of Man's Anti-Money Laundering and Countering the Financing of Terrorism Code 2019.			
Private limited companies	James Hay Wrap Managers Limited and RL360 Insurance			
Certificate of Incorporation or equivalent document and evidence of the registered office address	Company Limited reserve the right to return an application for a Wrap Offshore Bond if all Wrap Offshore Bond application requirements are not met in full.			
The latest annual report and set of accounts	U.S. Specified Person			
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	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			
Board Resolution or authorised signatory list of officers showing delegated authority and specimen signatures	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.

Financial adviser to complete

Financial adviser's declaration

Notes

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 (NGSL) (registered in England number 02538532); James Hay Services Limited (JHS) (registered in Jersey number 77318); IPS Pensions Limited (IPS) (registered in England number 2601833); James Hay Administration Company Limited (JHAC) (registered in England number 4068398); James Hay Pension Trustees Limited (JHWN) (registered in England number 1435887); James Hay Wrap Managers Limited (JHWN) (registered in England number 4773695); 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 Plc (IPS Plc) (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 OQH. NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPS Plc, and UPT have their registered office at Dunn's House, St Paul's Road, Salisbury, SP2 7BF. JHAC, JHWM, IPS and IPS Plc are authorised and regulated by the Financial Conduct Authority. (2/23)

www.jameshay.co.uk

# AUTOMATIC EXCHANGE OF INFORMATION ENTITY SELF-CERTIFICATION

(FOR CORPORATE AND TRUST INVESTORS)

#### **INSTRUCTIONS FOR COMPLETION**

Under tax regulations and intergovernmental agreements entered into by the Isle of Man in relation to the Automatic Exchange of Information for tax matters (collectively "AEOI"), RL360 is required to collect information about each plan owner's tax status.

Please complete all relevant sections of this form. To assist you with some of the terminology used throughout this form, you can refer to our AEOI Definitions document.

AEOI forms and AEOI Definitions can be found at: www.rl360.com/row/ downloads/forms.htm

RL360 means RL360 Insurance Company Limited and RL360 Life Insurance Company Limited.

If you ticked No, please complete Section 3.

This form is for owners of RL360 plans who are classed as an Entity under AEOI.

Entity means a legal arrangement such as a company, trust, partnership, charity or foundation.

Each individual controlling person of the Entity must complete a separate Individual Self-Certification Form.

For details of who may be considered a controlling person under AEOI, please read our AEOI Definitions document.

Please note that in certain circumstances the information you provide may be disclosed to the Isle of Man Income Tax Division who in turn may exchange this information with tax authorities in other jurisdictions.

If any of the information that you provide changes in the future, you must advise us of these changes by completing a new Entity Self-Certification form and/or an Individual Self Certification as appropriate.

If you are unsure how to complete this form, please contact your financial adviser.

When you have completed this form, please send it to us by email, fax or post.

Scan and email to aeoi@rl360.com

Fax to +44(0)1624 677 336

Post to: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

#### 1. OWNER/TRUSTEE/CONTROLLING PERSON INFORMATION

<del></del>	
RL360 plan number	
Legal name of entity	
Country of incorporation/ establishment	
Registered address	
Email address	
Mailing address (if different from above)	
<b>US Person (Entity)</b> means either a United States (or any state, or the	a company/partnership/foundation organised in the United States or under the law of the e District of Columbia).
	n the USA would have authority under applicable laws to render order or judgement regarding ne or more US Persons (individuals) have the authority to control decisions of the estate or trust n or resident.
Is the Entity a US Person?	Yes No
If you ticked Yes, please complet	te Section 2.



#### 2. FATCA: US PERSON ENTITIES

Pleas	e tick and complete as appropriate.						
(a)	The entity is a <b>Specified US Person</b> and the entity's US federal taxpayer identifying number (US TIN) is as follows:						
(b)	The entity is a US Person that is <b>not a Specified US Person</b> . For details of exemptions, please see our AEOI Definitions guide. Please indicate exemption below.						
3. FA	TCA: FOR NON-US PERSON ENTITIES						
C	ease complete this section if the entity is NOT a Financial Institution and is not US Tax Resident. Once you have empleted this section, please go to Section 4.  entity is not a Foreign Financial Institution, please confirm the Entity's FATCA status below:						
(a)	The Entity is a <b>Passive Non-Financial Foreign Entity</b> (Passive NFFE)						
(4)	If you have ticked this box, your Controlling Persons will each need to complete an RL360 AEOI Individual Self-Certification Form.						
(b)	The Entity is an Active Non-Financial Foreign Entity (including an Excepted NFFE)						
	i. If the Entity is a <b>Direct Reporting NFFE</b> , please provide the Entity's GIIN:						
	ii. If the Entity is a Sponsored Direct Reporting NFFE, please provide the Sponsoring Entity's name and GIIN.						
	Sponsoring Entity's name:						
	Sponsoring Entity's GIIN:						
(c)	The Entity is an Exempt Beneficial Owner Indicate status:						
	lease complete this section if the entity is a Financial Institution. Once you have completed this section, please go to ection 4.						
If the	entity is a <b>Registered Financial Institution</b> , please tick one of the below categories, and provide the entity's GIIN.						
(d)	IGA Partner Jurisdiction Financial Institution						
(e)	Registered Deemed Compliant Foreign Financial Institution						
(f)	Participating Foreign Financial Institution						
Globa	al Intermediary Identification number (GIIN):						
tl	lease complete this section if the Entity if a Financial Institution but unable to provide a GIIN. Once you have completed his section, please go to Section 4. Entity is a Financial Institution but unable to provide a GIIN, please tick one of the below reasons:						
(a)	The Entity is a <b>Sponsored Financial Institution</b> and has not yet obtained a GIIN but is sponsored by another entity that has registered as a Sponsoring Entity. Please provide the Sponsoring Entity's name and GIIN.						
	Sponsoring Entity's Name:						
	Sponsoring Entity's GIIN:						
(b)	The Entity is a <b>Trustee Documented Trust</b> . Please provide your Trustee's name and GIIN.						
	Trustee's Name:						
	Trustee's GIIN:						
(c)	The Entity is a Certified Deemed Compliant, or otherwise <b>Non-Reporting</b> , <b>Foreign Financial Institution</b> (including a Foreign Financial Institution deemed compliant under Annex II of an IGA, except for a Trustee Documented Trust or Sponsored Financial Institution).						
	Indicate exemption:						
(d)	The Entity is a Non-Participating Foreign Financial Institution.						

## COMMON REPORTING STANDARDS (CRS)

#### 4. COMMON REPORTING STANDARD (CRS) CLASSIFICATION

Provide your CRS classification by ticking the appropriate box(es). Note that CRS classification does not necessarily coincide with your classification for FATCA purposes.

4.1 Common Reporting Standards for Non-Financial Institutions If the entity is a Non-Financial Institution:					
Is the Entity an Active Non-Financial Entity (Active NFE) or a Passive Non-Financial Entity (Passive NFE)?					
For the details of what an Active or Passive NFE is, please see our AEOI Definitions document.					
Active NFE Passive NFE					
If you have ticked Active NFE, then complete <b>Sections 5 and 6</b> of this form.					
If you have ticked Passive NFE, your Controlling Persons will each need to complete an RL360 AEOI Individual Self-Certification Form and you also need to complete <b>Sections 5 and 6</b> of this form.					
<b>4.2 Common reporting standards classifications for Financial Institutions</b> If the entity is a <b>Financial Institution</b> , please specify the type of Financial Institution below:					
Reporting Financial Institution under CRS.					
OR					
Non-Reporting Financial Institution under CRS. Specify the type of Non-Reporting Financial Institution below:					
Governmental Entity					
International Organization					
Central Bank					
Broad Participation Retirement Fund					
Narrow Participation Retirement Fund					
Pension Fund of a Governmental Entity, International Organization, or Central Bank					
Exempt Collective Investment Vehicle					
Trust whose trustee reports all required information with respect to all CRS Reportable Accounts					
Qualified Credit Card Issuer					
Other Entity defined under the domestic law as low risk of being used to evade tax.					
Specify the type provided in the domestic law:					
If the Financial Institution is resident in a <b>Non-Participating Jurisdiction</b> under CRS, please specify the type of Financial Institution resident in a Non-Participating Jurisdiction below:					
(a) Investment Entity and managed by another Financial Institution.					
If you have ticked this box, your Controlling Persons will each need to complete an RL360 AEOI Individual Self-Certification Form					
(b) Other Financial Institution, including a Depositary Financial Institution, Custodial Institution, or Specified Insurance Company.					
(c) Other Investment Entity					

#### 5. DECLARATION OF TAX RESIDENCY (TO BE COMPLETED IN ALL CASES)

In this section, please provide the information requested for the **Entity**.

Controlling Persons of the Entity should provide their Tax Identification Number and Tax Country on the AEOI Individual Self-Certification Form.

Entity's country/cour resident for tax purp		Entity's Tax Reference Number or equivalent.	functional	Please confirm what type of reference number has been provided (Tax Reference, Company Registration Number, other)				
If you are unable to provide a Taxpayer Identification Number or functional equivalent, you must specify your reason(s) here:								
6. ENTITY DECLARA	TION AND SIGN	NATURE						
I/We declare that all the information provided in this Entity Self-Certification form is, to the best of my/our knowledge and belief, correct and complete. I/We understand that I/we must complete a new Entity Self-Certification form where the information stated on this form is no longer valid due to a change in the Entity's tax and/or AEOI status. I/We am aware that RL360 may be required to share this information with the Isle of Man Income Tax Division.								
	Trustee 1/Author	ised Signatory	Trustee 2	/Authorised Signatory				
Signed	,		,					
Print name								
Position/title								
Date (dd/mm/yyyy)								
	Trustee 3/Author	rised Signatory	Trustee 4	/Authorised Signatory				
Signed								
Print name								
Position/title								
Date (dd/mm/yyyy)								
Date (dd/11111/yyyy)								

#### 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.

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