



## 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 

Please confirm which stock exchange you are listed on

Private Limited Company Charity Partnership Limited Liability Partnership 

Please confirm the nature of your business

**2b Company or charity details**

Applicant to complete

Company or charity name

Registered address

  
  
  
 Postcode

Company Tax Identification Number (TIN)

Country or countries of residence for tax purposes

Country of registration

Registration number

Date of registration        

Contact name

Contact position

Telephone number

Email

**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. If no correspondence address is supplied we will use your registered address.

Address for correspondence

  
  
  
 Postcode

Whose address is this?

Company  Financial adviser  Solicitor Other **2d Meeting of the board**

Applicant to complete

It was agreed that the authorised signatories on this application have the capacity to make this investment at a meeting of the board, held at the following date and location:

Date of meeting        

Office address of meeting

  
  
  
 Postcode

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.

**Executive Director/Partner 1 (must be completed)**

Title Mr  Mrs  Ms  Miss   
Other

Forename(s)

Surname

Other previous names or aliases

Current residential address  
  
  
Postcode

Position

Sex Male  Female

Date of birth

Country of birth

Country or countries of tax residence

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.

Are you a US Specified Person? Yes  No

If **Yes**, please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

The definition of a US Specified Person can be found below.

US Specified 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 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 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 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/substantial-presence-test](http://www.irs.gov/individuals/international-taxpayers/substantial-presence-test))); or any other person that is not a foreign person.

If you choose **Yes** to being a US Specified Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose **No** 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 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.

**2f Authorised signatories**

You will need to provide us with a list of all authorised signatories. Please also tell us how many signatories will need to sign in order to action changes to the Wrap Offshore Bond (including any special instructions, for example - one from category A and one from category B).

Number of signatories required

**Director/Partner 2 (must be completed)**

Title Mr  Mrs  Ms  Miss   
Other

Forename(s)

Surname

Other previous names or aliases

Current residential address  
  
  
Postcode

Position

Sex Male  Female

Date of birth

Country of birth

Country or countries of tax residence

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.

Are you a US Specified Person? Yes  No

If **Yes**, please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

The definition of a US Specified Person can be found below.

US Specified 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 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 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 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/substantial-presence-test](http://www.irs.gov/individuals/international-taxpayers/substantial-presence-test))); or any other person that is not a foreign person.

If you choose **Yes** to being a US Specified Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose **No** 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 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.

Special instructions

**First individual**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Country of birth

Country or countries of tax residence

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.

Are you a US Specified Person? Yes  No   
 If **Yes**, please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

The definition of a US Specified Person can be found in Section 2e.

Nationality(ies)

Country of residence

Current residential address   
  
 Postcode

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

Correspondence address (if different from residential address)   
  
 Postcode

Whose address is this?  
 Self  Financial adviser  Friend/family   
 Other

Telephone

Email

Shareholding (%)

**Second individual**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Country of birth

Country or countries of tax residence

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.

Are you a US Specified Person? Yes  No   
 If **Yes**, please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

The definition of a US Specified Person can be found in Section 2e.

Nationality(ies)

Country of residence

Current residential address   
  
 Postcode

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

Correspondence address (if different from residential address)   
  
 Postcode

Whose address is this?  
 Self  Financial adviser  Friend/family   
 Other

Telephone

Email

Shareholding (%)

**Third individual**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Country of birth

Country or countries of tax residence

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.

Are you a US Specified Person? Yes  No   
 If **Yes**, please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

The definition of a US Specified Person can be found in Section 2e.

Nationality(ies)

Country of residence

Current residential address   
  
 Postcode

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

Correspondence address (if different from residential address)   
  
 Postcode

Whose address is this?  
 Self  Financial adviser  Friend/family   
 Other

Telephone

Email

Shareholding (%)

**Fourth individual**

Title Mr  Mrs  Ms  Miss   
 Other

Forename(s)

Surname

Other previous names or aliases

Sex Male  Female

Date of birth

Country of birth

Country or countries of tax residence

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.

Are you a US Specified Person? Yes  No   
 If **Yes**, please provide your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

The definition of a US Specified Person can be found in Section 2e.

Nationality(ies)

Country of residence

Current residential address   
  
 Postcode

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

Correspondence address (if different from residential address)   
  
 Postcode

Whose address is this?  
 Self  Financial adviser  Friend/family   
 Other

Telephone

Email

Shareholding (%)

**First entity**

Company name

Registered address

Postcode

Company Tax Identification Number (TIN)

Country or countries of tax residence

Country of registration

Date of registration

Registration number

Telephone

Email

Nature of interest

**Second entity**

Company name

Registered address

Postcode

Company Tax Identification Number (TIN)

Country or countries of tax residence

Country of registration

Date of registration

Registration number

Telephone

Email

Nature of interest

**2i Controlling persons**

Please provide details of the controlling persons of the company(ies) named in Section 2h above.

Full name

Date of birth

Company name (as given above)

Current residential address

Postcode

Country or countries of residence for tax purposes

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.

Full name

Date of birth

Company name (as given above)

Current residential address

Postcode

Country or countries of residence for tax purposes

Tax Identification number (TIN)

Full name

Date of birth

Company name (as given above)

Current residential address

Postcode

Country or countries of residence for tax purposes

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.

Full name

Date of birth

Company name (as given above)

Current residential address

Postcode

Country or countries of residence for tax purposes

Tax Identification number (TIN)

Is the first signatory named in Section 2e to be a life assured?

Yes  No

Is the second signatory named in Section 2e to be a life assured?

Yes  No

Will there be any other lives assured?

Yes  No

If **Yes**, please complete the additional lives assured details below. You can have up to 10 lives assured in total. If there is insufficient space, please provide the details on the Notes section at the back of this application form.

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
Postcode

Telephone

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
Postcode

Telephone

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
Postcode

Telephone

**Additional life assured**

Title Mr  Mrs  Ms  Miss   
Other

Forename(s)

Surname

Sex Male  Female

Date of birth

Country of birth

Nationality(ies)

Country of residence

Current residential address   
  
Postcode

Telephone

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

## 4 Contract structure

Applicant to complete

### Wrap Offshore Bond currency

The payment currency for your Wrap Offshore Bond is £ sterling only.

### 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.

For example, if the assets are to be divided equally between 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.

Number of sub-policies required in the Wrap Offshore Bond

## 5 Investment amount

Applicant to complete

The minimum investment required to open your Wrap Offshore Bond is £100,000.

Please provide details of your initial investment into your Wrap Offshore Bond.

Total amount

£

Please note the investment amount will be transferred by electronic transfer from your Investment Portfolio Bank Account.

## 6 Investment options

Applicant to complete

Please indicate your investment choices by ticking one or more of the following. Purchase of your assets will be made from the cash account within your Wrap Offshore Bond.

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 meet such charges.

I wish to buy the following:

**Investment Centre funds**

Please place these trades through the secure web service, James Hay Online.

**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.**

**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.

For full details of the range of assets available please refer to the 'Wrap Offshore Bond Guidelines for Permitted Assets' document. The 'Instruction to Trade Form' and the 'Wrap Offshore Bond Guidelines for Permitted Assets' document are available at [www.jameshay.co.uk](http://www.jameshay.co.uk).



**7 Financial adviser's recurring adviser charges**

Applicant to complete

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.

**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?

Yes  No

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

**8 Regular withdrawal instructions**

Applicant to complete

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

Yes  No

If **No**, please proceed to Section 9.

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 7 above will also count as withdrawals. Please consult your financial adviser for guidance.**

**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 of withdrawal

£

**OR**

% p.a. of initial investment

Frequency of payment

- Monthly
- Quarterly
- Half-yearly
- Annually

Date of first withdrawal



**Company profits**

Profits this year (include currency)

Profits last year (include currency)

Industry

**Company sale**

Amount received (include currency)

Company name

Company industry

Date received

**Other**

Amount received (include currency)

Source

Date received

**10 Declaration**

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

I/We confirm the company has not been and is not in the process of being dissolved, struck off, wound up or terminated.

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 (USA).<sup>1</sup>

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>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.



**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

Date        **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** (Please tick if attached)

- Relevant source of funds evidence as indicated in Section 9
- Automatic Exchange of Information Entity Self-Certification Form

**Investments**

- 'Instruction to Trade Form'
- Fund manager application forms, if applicable

**Public registered companies**

- 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

**Private limited companies**

- 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
- 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

**Partnerships**

- Certified copy of relevant identification and address verification for all authorised signatories with specimen signatures
- Details of nature of partnership/business
- Certified copy of relevant identification and address verification for all beneficial owners and/or controllers
- Evidence providing verification of the trading address
- For formal partnerships, a mandate which confers authority on those who will give instructions
- The latest annual report and set of accounts

**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 Wrap Offshore Bond 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](http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA).



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](http://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 (JHPT) (registered in England number 1435887); James Hay Wrap Managers Limited (JHWM) (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 0QH. 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](http://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](http://www.rl360.com/row/downloads/forms.htm)

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

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](mailto: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

RL360 plan number	<input type="text"/>
Legal name of entity	<input type="text"/>
Country of incorporation/ establishment	<input type="text"/>
Registered address	<input type="text"/>
Email address	<input type="text"/>
Mailing address (if different from above)	<input type="text"/>

**US Person (Entity)** means either a company/partnership/foundation organised in the United States or under the law of the United States (or any state, or the District of Columbia).

An estate or trust if a court within the USA would have authority under applicable laws to render order or judgement regarding administration of the trust and one or more US Persons (individuals) have the authority to control decisions of the estate or trust of a decedent that is a USA citizen or resident.

Is the Entity a US Person?  Yes  No

If you ticked Yes, please complete Section 2.

If you ticked No, please complete Section 3.



# FATCA

## 2. FATCA: US PERSON ENTITIES

Please tick and complete as appropriate.

- (a)  The entity is a **Specified US Person** and the entity's US federal taxpayer identifying number (US TIN) is as follows:

- (b) The entity is a US Person that is **not a Specified US Person**. For details of exemptions, please see our AEOI Definitions guide. Please indicate exemption below.

## 3. FATCA: FOR NON-US PERSON ENTITIES

**3.1 Please complete this section if the entity is NOT a Financial Institution and is not US Tax Resident. Once you have completed this section, please go to Section 4.**

If the entity is **not a Foreign Financial Institution**, please confirm the Entity's FATCA status below:

- (a)  The Entity is a **Passive Non-Financial Foreign Entity** (Passive NFFE)  
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 **Direct Reporting NFFE**, 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:

**3.2 Please complete this section if the entity is a Financial Institution. Once you have completed this section, please go to Section 4.**

If the entity is a **Registered Financial Institution**, 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

Global Intermediary Identification number (GIIN):

**3.3 Please complete this section if the Entity if a Financial Institution but unable to provide a GIIN. Once you have completed this section, please go to Section 4.**

If the Entity is a **Financial Institution but unable to provide a GIIN**, please tick one of the below reasons:

- (a)  The Entity is a **Sponsored Financial Institution** 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 **Trustee Documented Trust**. Please provide your Trustee's name and GIIN.

Trustee's Name:

Trustee's GIIN:

- (c)  The Entity is a Certified Deemed Compliant, or otherwise **Non-Reporting, Foreign Financial Institution** (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 **Sections 5 and 6** 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 **Sections 5 and 6** of this form.

### 4.2 Common reporting standards classifications for Financial Institutions

If the entity is a **Financial Institution**, 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 **Non-Participating Jurisdiction** 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 Depository 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/countries of resident for tax purposes.	Entity's Tax Reference Number or functional equivalent.	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 DECLARATION AND SIGNATURE**

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.

<p><b>Trustee 1/Authorised Signatory</b></p> <p>Signed <input style="width: 340px; height: 40px;" type="text"/></p> <p>Print name <input style="width: 340px;" type="text"/></p> <p>Position/title <input style="width: 340px;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	<p><b>Trustee 2/Authorised Signatory</b></p> <p>Signed <input style="width: 340px; height: 40px;" type="text"/></p> <p>Print name <input style="width: 340px;" type="text"/></p> <p>Position/title <input style="width: 340px;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>
<p><b>Trustee 3/Authorised Signatory</b></p> <p>Signed <input style="width: 340px; height: 40px;" type="text"/></p> <p>Print name <input style="width: 340px;" type="text"/></p> <p>Position/title <input style="width: 340px;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>	<p><b>Trustee 4/Authorised Signatory</b></p> <p>Signed <input style="width: 340px; height: 40px;" type="text"/></p> <p>Print name <input style="width: 340px;" type="text"/></p> <p>Position/title <input style="width: 340px;" type="text"/></p> <p>Date (dd/mm/yyyy) <input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/><input style="width: 30px;" type="text"/></p>

**PRIVACY POLICY**

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