



Offshore Bond Application for Trust/Corporate Use, Including Additional Investments

Provided by RL360 Insurance
Company Limited (RL360)

Please indicate where applicable and ensure that the declaration is signed. You can complete this form digitally. Once completed, simply log in to Adviser Zone and send it to us via secure email. If you don't have access to our selected electronic signature providers, please sign the declaration using a blue or black pen and scan the form before sending it to us by secure email. Alternatively, you can send the form by post to Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR.

Copies of the terms and conditions are available on request, as is a copy of your completed application form(s). The contract could be invalidated by any failure to disclose facts which might influence RL360 Insurance Company Limited's (RL360) assessment of this application. If you have any doubt whether a fact is relevant, you should disclose it. Please ensure that the appropriate supporting documents are forwarded in all cases.

Guidance Notes

Verification of your Identity and Address

To satisfy the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, RL360 are required to check the identity and address of each applicant. For your convenience, a complete checklist of all requirements can be found at the back of this application form.

Guidelines for Satisfactory Evidence

Verification of Identity

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

- A valid 'full' passport
- A national ID card (carrying a photograph)
- Where the above documents are not available, two formal documents with appropriate reference numbers will be considered.

Verification of Residential Address

To confirm your residential address details the following documentation is acceptable:

- A utility, rates, or council tax bill. Unfortunately, mobile telephone bills are not acceptable as evidence of address
- An entry in a local telephone directory
- An extract from the official register of electors
- A current driving licence (both photographic and printed sections, if applicable)
- A tax assessment document
- An account statement from a bank or bank credit card. Statements featuring a 'care of' or accommodation address are not acceptable. Non-bank cards, such as store cards are not acceptable
- Proof of ownership or rental of the residential address

- Proof of payment for a PO Box service (which must also show the residential address), where the PO Box shown is also your correspondence address.
- A mortgage statement

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

Suitably Certified Copy Documentation

We can accept certification of copy documents by Advisers (IFAs) who hold Terms of Business with us and, where appropriate, have been granted suitable certifier status. Please consult your Adviser to determine if they can certify your documents.

Where suitable certifier status is not held, we will only accept certification by one of the following 'suitable certifiers':

- Notary public (or equivalent)
- Lawyer
- A formally-appointed member of the judiciary
- An employee of RL360
- A commissioner for oaths.

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.

The documents that RL360 receives must contain the original certification stamp. Any costs associated with certifying documentation are at your own expense. We regret that we are unable to accept copies of documents certified by other unconnected parties unless they are one of the persons listed above.

US Specified Person

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

Failure to provide any of the information requested in this application may delay your investment and acceptance.

☐ Initial Investment ☐ Additional Investment into Bond Number NV100

Wrap number (for internal use only):

1. Corporate Application – Details of Company/Partnership

If you are an existing Investor, please include your Investor number here

☐ Public registered company ☐ Private limited company ☐ Partnership

Name:

If a Public Registered Company, please tell us which stock exchange(s) you are listed on:

Registered Address

Company name: County:

Street name: Country:

District: Postcode:

Town/City:

Legal Entity Identifier(LEI) number:

Country or countries of tax residence:

Company tax number(s):

Registration number:

E-mail address:

What is your reason for applying for this policy?

Please provide evidence as appropriate, eg a copy of a share redemption certificate where funds originate from sale of shares.

Are there any concurrent proposals being made to another life office and do you hold any other life assurance or capital redemption investment policies? ☐ Yes ☐ No

(if yes, please give details including the name of the company and approximate Cash value)

2. Corporate Application – Authorised Signatories (to be Completed for all Initial Investments)

Please provide details of all signatories who will have the authority to give instructions to us on behalf of the company. We will also require a certified copy of the board resolution giving the signatories the authority to act on the company's behalf and an authorised signatory list with specimen signatories.

Executive Director/Partner One

☐ Mr
 ☐ Mrs
 ☐ Miss
 Other

☐ Male
 ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Country or countries of residence for tax purposes:

National Insurance number:

Tax identification number (for non-UK tax residence):

Are you a US specified person? ☐ Yes ☐ No

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Contact Details

Telephone (inc. area code):

Email:

Director/Partner Two

☐ Mr
 ☐ Mrs
 ☐ Miss
 Other

☐ Male
 ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Country or countries of residence for tax purposes:

National Insurance number:

Tax identification number (for non-UK tax residence):

Are you a US specified person? ☐ Yes ☐ No

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Contact Details

Telephone (inc. area code):

Email:

2. Corporate Application – Authorised Signatories Continued

You are authorised to accept instructions from the above authorised signatories as follows:

☐ Any one of them ☐ All of them

Other (please specify):

3. Trust Application – Details of Trustee(s)

If you are an existing Investor, please include your Investor number here:

i) If Individual Trustee(s)/Nominee(s)

a) Trustee/Nominee One

☐ Trustee ☐ Nominee

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Country or countries of tax residence:

National Insurance number:

Tax identification number (for non-UK tax residence):

Are you a US specified person? ☐ Yes ☐ No

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address: YEARS MONTHS

b) Trustee/Nominee Two

☐ Trustee ☐ Nominee

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Country or countries of tax residence:

National Insurance number:

Tax identification number (for non-UK tax residence):

Are you a US specified person? ☐ Yes ☐ No

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address: YEARS MONTHS

3. Trust Application – Details of Trustee(s) Continued

a) Trustee/Nominee One

Previous Address (if Less Than Three Years)

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Contact Details

Telephone (inc. area code):

Email:

Signature:

Date (dd/mm/yyyy):

c) Trustee/Nominee Three

☐ Trustee ☐ Nominee

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Country or countries of tax residence:

National Insurance number:

Tax identification number (for non-UK tax residence):

Are you a US Specified Person? ☐ Yes ☐ No

b) Trustee/Nominee Two

Previous Address (if Less Than Three Years)

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Contact Details

Telephone (inc. area code):

Email:

Signature:

Date (dd/mm/yyyy):

d) Trustee/Nominee Four

☐ Trustee ☐ Nominee

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Country or countries of tax residence:

National Insurance number:

Tax identification number (for non-UK tax residence):

Are you a US Specified Person? ☐ Yes ☐ No

3. Trust Application – Details of Trustee(s) Continued

a) Trustee/Nominee Three

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address:

Previous Address (if Less Than Three Years)

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Contact Details

Telephone (inc. area code):

Email:

Signature:

Date (dd/mm/yyyy):

ii) If a Corporate Trustee

Name of trust:

Nature and purpose of the trust:

Date trust was established (dd/mm/yyyy):

Legal Entity Identifier(LEI) number:

Trustee/Nominee Four

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address:

Previous Address (if Less Than Three Years)

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Contact Details

Telephone (inc. area code):

Email:

Signature:

Date (dd/mm/yyyy):

Trust Application – Details of Trustee(s) Continued

Registered Address

Building number/name:	<input type="text"/>
Street name:	<input type="text"/>
District:	<input type="text"/>
Town/City:	<input type="text"/>
County:	<input type="text"/>
Country:	<input type="text"/>
Postcode:	<input type="text"/>
Country of registration:	<input type="text"/>
Global Intermediary Identification Number (GIIN):	<input type="text"/>

Contact Details

Telephone (inc. area code):	<input type="text"/>
Email:	<input type="text"/>

Shareholders and Beneficial Interest

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

Shareholder One

First name:	<input type="text"/>
Last name:	<input type="text"/>
Position:	<input type="text"/>
Shareholding:	<input type="text"/> %
National Insurance number:	<input type="text"/>
Tax Identification Number (for non-UK tax residence):	<input type="text"/>

Shareholder Two

First name:	<input type="text"/>
Last name:	<input type="text"/>
Position:	<input type="text"/>
Shareholding:	<input type="text"/> %
National Insurance number:	<input type="text"/>
Tax Identification Number (for non-UK tax residence):	<input type="text"/>

Shareholder Three

First name:	<input type="text"/>
Last name:	<input type="text"/>
Position:	<input type="text"/>
Shareholding:	<input type="text"/> %
National Insurance number:	<input type="text"/>
Tax Identification Number (for non-UK tax residence):	<input type="text"/>

Shareholder Four

First name:	<input type="text"/>
Last name:	<input type="text"/>
Position:	<input type="text"/>
Shareholding:	<input type="text"/> %
National Insurance number:	<input type="text"/>
Tax Identification Number (for non-UK tax residence):	<input type="text"/>

Trust Application – Details of Trustee(s) Continued

Evidence Required

As a corporate applicant, we will require the following information before we can process your application.

- A full list of all directors
- Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation
- A copy of the latest annual report and accounts
- Suitably certified documentation verifying the registered address of the company
- Suitably certified identity and address documentation for at least 2 directors, one of whom must be an executive director
- A full list of authorised signatories (including board resolution for public limited companies) showing the officers from whom we can take instructions, including specimen signatures
- Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more

4. Trust Application – Details of the Trust

Name of the trust:

When was the trust established? (dd/mm/yyyy):

Legal Entity Identifier (LEI) Number:

5. Trust Application – Corporate Trustee – Authorised Signatories

Executive Director/Partner One

☐ Trustee ☐ Nominee

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

Executive Director/Partner Two

☐ Trustee ☐ Nominee

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Position:

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality(ies):

5. Trust Application – Corporate Trustee – Authorised Signatories (Continued)

Executive Director/Partner One

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address: YEARS MONTHS

Executive Director/Partner Two

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address: YEARS MONTHS

6. Correspondence Address (to be Completed for all Initial Investments)

Please note that any correspondence we are required to send you will be sent to this address. This will cancel any existing instruction and apply to future correspondence for all Product Wrappers on this account.

Name: Position:

Street name: County:

District: Country:

Town/City: Postcode:

Is the correspondence address: ☐ Broker ☐ Self ☐ Friend/family

Other (please specify):

7. Details of Parties with a Beneficial Interest

Please include details of all parties with a beneficial interest. For each party specified, please indicate the nature and extent of their interest. Please continue on a separate sheet if necessary. We will also need a certified copy of a valid passport and evidence of the address.

Individuals

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Date of birth
(dd/mm/yyyy):

Individuals

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Date of birth
(dd/mm/yyyy):

Details of Parties with a Beneficial Interest (Continued)

Country of birth:

Nationality(ies):

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address:

Previous Address (if Less Than Three Years)

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Contact Details

Telephone (inc. area code):

Email:

Nature of interest:

Country of birth:

Nationality(ies):

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Length of time at current address:

Previous Address (if Less Than Three Years)

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Contact Details

Telephone (inc. area code):

Email:

Nature of interest:

Details of Parties with a Beneficial Interest (continued)

Corporate Entity or Charity

Name:

Current Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of registration:

Registration number:

Telephone number:

Nature of interest:

Name:

Current Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of registration:

Registration number:

Telephone number:

Nature of interest:

8. Lives Assured (to be Completed for all Initial Investments)

Life Assured One

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Date of birth:
(dd/mm/yyyy)

Country of birth:

Nationality(ies):

Life Assured Two

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s):
(in full)

Date of birth:
(dd/mm/yyyy)

Country of birth:

Nationality(ies):

Lives Assured Continued (to be Completed for all Initial Investments)

Life Assured One

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Telephone (Inc. area code):

Life Assured Three

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s): (in full)

Date of birth:

Country of birth:

Nationality(ies):

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Telephone (Inc. area code):

Life Assured Two

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Telephone (Inc. area code):

Life Assured Four

☐ Mr ☐ Mrs ☐ Miss Other

☐ Male ☐ Female

Family name:

Forename(s): (in full)

Date of birth:

Country of birth:

Nationality(ies):

Current Residential Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Country of residence:

Telephone (Inc. area code):

9. Payment and Policy Instructions (to be Completed for all Investments)

The payment currency for the Novia Offshore Bond is GBP only.

Investment amount: £ Minimum initial investment is GBP50,000.

If paying by cheque, please make cheques payable to Novia Financial plc and drawn on an account held in the name of one or more of the applicants. Cheques should be sent together with this form to **Wealthtime Client Services**, PO Box 4328, BATH, BA1 0LR. If you wish to pay by Bank Transfer, please pay into the RL360 account detailed below. Please make sure that your name(s) on the Bank Transfer is the same as it appears on this application and, if you are an existing client, please include both your Investor number and your RL360 policy number or, for new clients, please include your National Insurance number.

Please ensure that this application is fully completed and that all relevant documentation has been submitted before instructing your bank to transfer any monies.

Bank: Citibank N A (for Initial Investments only)

Account name: RL360 Insurance Company Ltd

Sort code: 18-50-08 Account number: 13142000

Swift code: CITIGB2L IBAN number: IBAN GB09CITI18500813142000

Multiple Policy Facility (for Initial Investments only)

Number of sub-policies required (minimum 1, maximum 100). Please note that in the absence of contrary instructions, sub-policies will be issued. Any Additional Investment will be applied to your existing policies.

10. Investment Instruction (a or b to be Completed for all Investments)

a. Instructions for Initial Investments only (Additional Investments Should be Detailed in 10a)

Unless you tell us otherwise, we automatically buy accumulation units/shares. Where accumulation units/shares have been stated but are not available, we will buy income units/shares. Where income units/shares have been stated but are not available, we will buy accumulation units/shares. All purchases are subject to sufficient cleared funds. Please ensure that your investment choices total 100%, otherwise your investment will be held in your Cash Facility until the choices are confirmed.

Name of investment*	Inc/acc	%
Cash (min 2%) **		
Total		100%

*Please write the names in full as listed on our Investments List. The list and fact sheets can be found at wealthtime.com.

**We receive interest on the Cash held within your account. The amount we receive will vary as interest rates rise and fall. We keep some of this interest and pass the rest on to you. Visit our website for the latest interest rates and for more on what this means for you: wealthtime.com/investors/documents/wealthtime-platform-cash-account

10. Investment Instruction (a or b to be Completed for all Investments)

Please ensure you only choose funds that are permissible for this Product Wrapper.

*Please write the names in full as listed on our Investments List. The list and fact sheets can be found at www.wealthtime.com.

Do you wish to make the investment choice above your default selection for future investments? ☐ Yes ☐ No

If Yes, and you wish to have periodic rebalancing, please select frequency. ☐ Quarterly ☐ Annually

By completing this application, you authorise Wealthtime to accept instructions regarding the future application, amendment and removal of rebalancing from the Adviser and/or firm named in Section 17. For a full explanation of the rebalancing process, please read the Terms and Conditions.

b. Instructions for Additional Investments only (Initial Investments should be Detailed in 10b)

Please choose the appropriate investment and rebalancing options for this investment.

Option 1: Invest into the Current Default Selection of Investments for this Product

(please note that any existing rebalancing instruction will remain in force on this product)

☐ I/We wish to invest this immediately into my/our default selection.

or

☐ I/We have an existing rebalancing instruction and wish to invest in Cash awaiting the next rebalancing date.

Option 2: Invest into a New Selection of Investments

Unless you tell us otherwise, we automatically buy accumulation units/shares. Where accumulation units/shares have been stated but are not available we will buy income units/shares. Where income units/shares have been stated but are not available, we will buy accumulation units/shares. All purchases are subject to sufficient cleared funds. Please ensure that your investment choices total 100%, otherwise your investment will be held in your Cash Facility until the choices are confirmed.

Name of investment*	Inc/acc	%
Cash (min 2%) **		
Total		100%

*Please write the names in full as listed on our Investments List. The list and fact sheets can be found at wealthtime.com.

Your new investment selection will remove any default asset choice. If you wish to create a new default asset choice and rebalancing instruction please complete the following.

** We receive interest on the Cash held within your account. The amount we receive will vary as interest rates rise and fall. We keep some of this interest and pass the rest on to you. Visit our website for the latest interest rates and for more on what this means for you: wealthtime.com/investors/documents/wealthtime-platform-cash-account

Investment Instruction Continued (a or b to be Completed for all Investments)

☐ I wish to use the new investments as listed above as my default selection for any future investments

☐ Please DO NOT apply rebalancing

or

☐ Please APPLY rebalancing using my default investment choice ☐ Quarterly ☐ Annually

or

☐ I wish to make a new investment choice as my default selection for any future investments and apply rebalancing

☐ Quarterly ☐ Annually using the investment choices detailed below.

Name of investment*	Inc/acc	%
Cash (min 2%) **		
Total		100%

*Please write the names in full as listed on our Investments List. The list and fact sheets can be found at wealthtime.com

By completing this application, you authorise Wealthtime (a trading name of Novia Financial plc) to accept instructions regarding the future application, amendment and removal of rebalancing from the Adviser and/or firm named in Section 18. For a full explanation of the rebalancing process, please read the terms and conditions.

Please be aware that Wealthtime will not include non-daily dealing funds in the rebalancing process. Where you wish to amend the level of investment in these investment types, you will need to action the trade and place the proceeds into Cash or any asset included in the rebalancing process. The rebalancing instruction will then be applied at the next scheduled rebalancing date. Any rebalancing that takes place before you action your trades will be proportionate across the investments that can be rebalanced, i.e. value and split of listed asset types will be excluded from rebalancing calculations.

**We receive interest on the Cash held within your account. The amount we receive will vary as interest rates rise and fall. We keep some of this interest and pass the rest on to you. Visit our website for the latest interest rates and for more on what this means for you: wealthtime.com/investors/documents/wealthtime-platform-cash-account

11. Regular Withdrawal Instructions

Please complete this section if you would like to receive a Regular Withdrawal.

The instruction given on this application will replace any previous instruction.

Withdrawals in excess of 5% of your investments made (including Additional Investments) from the Novia Offshore Bond in any policy year will give rise to a chargeable event and this may result in a tax charge (unless the 5% allowance from previous years has not been used). It may reduce your tax bill to Cash in a whole number of sub-policies. Please consult your Adviser for guidance.

The above information is based on our current understanding of HMRC law and practice, which is subject to change.

Please complete this section if you would like to receive a Regular Withdrawal.

£ or % of the policy value at the time of withdrawal.

☐ Monthly ☐ Quarterly ☐ Annually Start date (mm/yyyy):**

* Regular Withdrawals have the option for fixed amount OR % but not both.

** Please note that the start month cannot be more than 12 months from the date of application.

Do you wish to increase your regular withdrawals? (Please select one option only)

☐ No increase ☐ Increase by the Retail Price Index (RPI) Increase by a fixed % (1%-5% p.a.) %

Payments will be made on the ninth business day of each month and will typically reach your account three business days later for bank accounts, or up to 10 days later for building society accounts, as nominate in Section 12.

12. Bank Details (to be Completed for all Initial Investments only)

Please provide details of your bank/building society current account. We will use this account to make any payments to you. Please complete this section even if you are not requesting withdrawal payments at this time.

Name of bank/building society:

Account holder's name(s):

Branch sort code:

Account number:

Building society client number:

Payments to building society accounts may take up to 10 working days longer than payments to bank accounts.

If you are making an Additional Investment and wish to change your bank details please speak to your Adviser or call Wealthtime client services on 0845 680 8000.

13. Source of Funds and Wealth

In order for RL360 to comply with its obligations under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, the following information must be provided by all applicants. ALL QUESTIONS MUST BE ANSWERED.

Source of Funds

Please provide details of the bank account from which you intend to fund the payment of your policy.

Name of bank/building society:

County:

Branch:

Country:

Street name:

Postcode:

District:

Account name:

Town/city:

Account number:

Bank swift code (For all non-GBP and International payments) Swift Code must be either 8 or 11 digits:

or

Branch sort code (For UK GBP Payments only)

IBAN (All non-GBP accounts):

or

Account number (GBP UK Bank only)

Account held for:

YEARS

MONTHS

If you are funding your policy from more than one bank account, please provide your additional bank details.
Please also provide your reasons for doing this.

13. Source of Funds and Wealth (Continued)

Source of Wealth

The Insurance (Anti-Money Laundering) Regulations 2008 requires all Isle of Man life companies to “make enquiries as to how an applicant has acquired the monies to be used as premium for, or contribution to, a policy.” This reflects the Isle of Man’s commitment to maintaining 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 comply with current legislation and guidance by risk rating each client as representing Standard, Higher or High risk. This depends on the product they are applying for, the jurisdiction they are based in, and the jurisdiction where the payment is to be transferred from. Business submitted from a UK source currently falls under Standard Risk, and so no documentary evidence is required for source of funds.

Full details on the source of wealth procedures can be obtained from your Adviser or can be downloaded from www.rl360wrap.com

You must complete the annual salary question in full, in all cases and for both applicants as applicable.

You must also complete all other relevant questions within this section.

First Applicant

Annual Salary Plus Bonuses

If you are retired, please tell us your income details below in the other unearned income section on the next page.

Income this year:
(include currency)

Income last year:
(include currency)

Occupation:

Employer's
company name:

Nature
of business:

Other Unearned Income

Amount received
(include currency):

Received from:

Date received:
(dd/mm/yyyy)

If you are retired, please tell us your previous occupation, previous salary, employer, and date of retirement.

Previous occupation:

Previous Salary (if retired):

Employer's
company name:

Date retired:
(dd/mm/yyyy)

Second Applicant (if Applicable)

Annual Salary Plus Bonuses

If you are retired, please tell us your income details below in the other unearned income section on the next page.

Income this year:
(include currency)

Income last year:
(include currency)

Occupation:

Employer's
company name:

Nature
of business:

Other Unearned Income

Amount received
(include currency):

Received from:

Date received:
(dd/mm/yyyy)

If you are retired, please tell us your previous occupation, previous salary, employer, and date of retirement.

Previous occupation:

Previous Salary (if retired):

Employer's
company name:

Date retired:
(dd/mm/yyyy)

Please confirm your source of wealth for this application by completing the relevant boxes on the following page.

13. Source of Funds and Wealth (Continued)

First Applicant Savings

Amount received:
(include currency)

Bank where savings were held:

How were the savings accumulated?:

Pension Transfer

Amount received
(include currency):

Received from:

Date received:
(dd/mm/yyyy)

Property or Asset Sale

Amount received
(include currency):

Address of property sold or asset type:

How long held:

Date of sale:
(dd/mm/yyyy)

Company Profits

Profits this year:
(include currency)

Profits last year:
(include currency)

Industry:

Second Applicant Savings (if Applicable)

Amount received:
(include currency)

Bank where savings were held:

How were the savings accumulated?:

Pension Transfer

Amount received
(include currency):

Received from:

Date received:
(dd/mm/yyyy)

Property or Asset Sale

Amount received
(include currency):

Address of property sold or asset type:

How long held:

Date of sale:
(dd/mm/yyyy)

Company Profits

Profits this year:
(include currency)

Profits last year:
(include currency)

Industry:

13. Source of Funds and Wealth (Continued)

First Applicant Company Sale

Profits this year
(include currency):

Company name:

Company
industry:

Date received:
(dd/mm/yyyy)

Other

(such as lottery or betting win, gift, or inheritance)

Amount received
(include currency):

Source:

Date received:
(dd/mm/yyyy)

Second Applicant (if Applicable) Company Sale

Profits this year
(include currency):

Company name:

Company
industry:

Date received:
(dd/mm/yyyy)

Other

(such as lottery or betting win, gift, or inheritance)

Amount received
(include currency):

Source:

Date received:
(dd/mm/yyyy)

14. Adviser Charge Authorisation

Initial* % or *Maximum Initial Adviser Charge is 5% of the initial investment amount.

Ongoing** % paid monthly or £ per annum to be paid ☐ Monthly ☐ Quarterly ☐ Annually

I/We understand this will be paid to my Adviser from the investments specified in Section 3. This instruction will replace any existing instruction for this product. All Adviser Charges taken from the Novia Offshore Bond are considered to be withdrawals for the purpose of the 5% tax deferred allowance.

** The maximum ongoing Adviser Charge is 2% pa of the policy value at the time of taking the charge. If a higher figure is recorded on this application, the maximum will be applied.

15. Adviser Charge - Switch

Switch (maximum 3%) %

I/We authorise Wealthtime to accept Switch instructions from the Adviser and/or firm named in Section 11 of this form and agree to the fund Switch Charges as explained in the terms and conditions. I/We agree that my Adviser may retain a charge for each Switch as agreed under the terms of my contract with my Adviser.

This instruction will replace any previous instruction made and will become the default for any future Switches unless changed by a subsequent application. If a Switch Charge has not been stated in a previous application and this section has not been completed, a charge of 0% will apply.

16. Declaration (For all Applicants to Complete)

The Novia Offshore Bond literature, including the Key Features Document and terms and conditions, form the basis of the contract you are applying for. For your own protection, you should read them carefully, along with your pre-sales policy illustration as well as the declarations below, before completing the application process. If you do not fully understand any point, please seek clarification from your Adviser.

- I/We apply for a Novia Offshore Bond, provided by RL360 and agree to be bound by the Novia Offshore Bond literature.
- I/We confirm that, to the best of my/our knowledge and belief, all of the information supplied on this form is true and complete.
- I/We appoint (name of Adviser)
as my/our agent. RL360 is authorised by me/us to disclose all information relating to my/our policy to my/our agent.
- I/We shall notify RL360 in writing if there is any change.
- Neither I/We, nor any of the Beneficial Owners of the trust/company are resident in the United States.
- I/We confirm that, to the best of my/our knowledge and belief, all of the information supplied on this form is true and complete and that I/We are not subject to any legislation which would make such an investment unlawful.
- I/We will advise RL360, in writing immediately of changes to the residence or citizenship of the Settlor(s), Trustee(s), Director(s) or Beneficial Owner(s).
- I/We confirm that to the best of my/our knowledge and belief neither I/we, or any beneficiaries of the policy are subject to any legislation which would make such an investment unlawful.
- I/We will advise RL360, in writing, immediately on any changes in the Trustees and/or authorised signatories of anyone who acquires a beneficial interest.
- I/We have not been, or I am/we are not in the process of being dissolved, struck off, wound up or terminated (Applicable to Corporate/Corporate trustee applicants only).
- If I/we sign this declaration by electronic signature, I/we confirm that this method of signature is my/our agreement to be bound as if signed by my/our manuscript signatures.

Politically Exposed Persons

A politically exposed person ("PEP") is a person entrusted with prominent public functions or their immediate family members or persons are 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.

Data Protection Act

This form collects your personal data. We require your personal data so we can provide you with services relating to the performance of your contract. You may ask us to stop processing your data, however this may disrupt the services RL360 can provide to you or may stop us being able to assist you. To find out how long we will keep your data, please refer to our privacy policy at www.rl360.com/privacy. Any data you provide to RL360 may be shared, if allowed by law, with other companies both inside and outside of RL360 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 our data protection officer at: RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles or by emailing dpo@rl360.com. We can reserve the right to not send you your personal data in some circumstances. If we do, we will write to you setting out the reasons why.

Our full privacy statement can be viewed at www.rl360.com/privacy or can be obtained by requesting a copy from our data protection officer.

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

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

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

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

and the application form was signed in (give country):

First trustee/authorised signatory:

Date (dd/mm/yyyy):

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Second trustee/authorised signatory:

Date (dd/mm/yyyy):

--	--	--	--	--	--	--	--

Third trustee/authorised signatory:

Date (dd/mm/yyyy):

--	--	--	--	--	--	--	--

Fourth Trustee/Authorised signatory:

Date (dd/mm/yyyy):

--	--	--	--	--	--	--	--

Important Note: Copies of the Terms & Conditions are available on request, as is a copy of your completed application.

The contract could be invalidated by any failure to disclose facts which might influence RL360's assessment of this application.

If you have any doubt as to whether a fact is relevant then you should disclose it.

RL360 regrets that it is unable to accept applications where the advice is received (whether by letter, fax, email, telephone or in person) or the application form is signed in the United States†.

† United States means the United States of America, its territories and possessions, any state of the United States and the District of Columbia.

17. Adviser's Details and Declaration (to be Completed for all Investments)

Adviser's name:	<input type="text"/>
Your RL360 agent number:	<input type="text"/>
Adviser's stamp:	<input type="text"/>
Name of regulatory or authorising body eg, FCA:	<input type="text"/>
Email address:	<input type="text"/>

Data Protection Act

In accordance with the Isle of Man Data Protection legislation, by signing this form in the space indicated, you consent to us using the information provided, which may include sensitive data such as medical records, for the following purposes:

- Administration purposes.
- Crime prevention and prosecution of offenders
- Market research and statistical purposes

The information you have provided may be shared with other companies both inside and outside of RL360, including our reinsurers and financial intermediaries or agents acting on your behalf. It may be transferred outside the Isle of Man and we may be obliged to disclose it to our regulator and to others as demanded by law.

The Isle of Man's Data Protection legislation entitles you to obtain a copy of the information we hold on you.

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

We can reserve the right to not send you your personal data in some circumstances. If we do we will write to you setting out the reasons why.

For further information, please write to:

Data Protection Officer, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Signature:	<input type="text"/>
Name:	<input type="text"/>
Company:	<input type="text"/>
Date (dd/mm/yyyy):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please refer to the appropriate checklist to ensure that you have provided all the required information. Please note that failure to provide any of the information requested in this application may result in a delay in investment and acceptance.

18. Checklist (to be Completed for all Investments)

Please ensure that the following information accompanies this application. Failure to provide all the relevant information will result in a delay in the application being processed. Some of those requirements are necessary under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008.

Requirements for Individual Trustees

- ☐ Identification evidence as set out on the front page
- ☐ Address verification evidence as set out on the front page
- ☐ An extract of the trust showing the proper appointment of the trustees
- ☐ An extract of the trust showing the nature and purpose of the trust
- ☐ Confirmation, and evidence if required, of the source or origin of the trust Assets

Requirements for Public Registered Companies/Trustees

- ☐ Certificate of Incorporation or equivalent and evidence of the registered office address
- ☐ The latest annual report and set of accounts
- ☐ A list of all directors and a certified copy of the 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
- ☐ An extract of the trust showing the proper appointment of the trustees (corporate trustees only)
- ☐ An extract of the trust showing the nature and purpose of the trust (corporate trustees only)
- ☐ Confirmation, and evidence if required, of the source or origin of the trust Assets (corporate trustees only)

Requirements for Private Limited Company/Trustees

- ☐ Certificate of Incorporate or equivalent 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 twenty five per cent or more of the issued share capital as at the date of the application. Where the holder of twenty five per cent or more is a holding company, trust or nominee, we need to verify the identity of the ultimate Beneficial Owner
- ☐ An extract of the Trust showing the proper appointment of the Trustees (corporate Trustees only)
- ☐ An extract of the Trust showing the nature and purpose of the Trust (corporate Trustees only)
- ☐ Confirmation, and evidence if required, of the source or origin of the Trust assets (corporate Trustees only)

Requirements for 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 the relevant identification and address verification for all beneficial owners and/or controllers
- ☐ Evidence providing verification of the trading address
- ☐ For formal partnerships, a mandate that confers authority on those who will give instructions
- ☐ The latest annual report and set of accounts

Requirements for Partnerships

If payment is to be made directly to the beneficiary, the relevant identification and address verification is required.

If you require this document in an alternative format please contact us.

Wealthtime is a trading name of Novia Financial plc. Novia Financial plc is a private limited company registered in England and Wales. No. 06467886. Registered office: Royal Mead, Railway Place, Bath, BA1 1SR. Novia Financial plc is authorised and regulated by the Financial Conduct Authority. FCA Number 481600.

The Novia Offshore Bond is issued by RL360 Insurance Company Limited ('RL360') (RL360 is authorised by the Isle of Man Financial Services Authority and registered in the Isle of Man. No. 053002C Registered office International House, Cooil Road, Douglas, Isle of Man IM2 2SP) and is marketed and administered by Novia Financial plc, trading as Wealthtime.