



Offshore Bond Application for Individual/Joint Use Including Additional Investments

Provided by RL360 Insurance
Company Limited (RL360)

Please indicate where applicable and ensure that the declaration is signed. You can sign 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 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.

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 which 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 Investment and acceptance.

☐ Initial Investment
 ☐ Additional Investment into bond number

1. Applicant(s)

Please note, where there are more than two applicants, please copy section one and complete for holders three and four where appropriate.

Wrap number (internal use only):

Applicant One

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

Where the applicants on this application have an existing joint Investment with Wealthtime, please include the joint Wealthtime Investor number here:

☐ Mr
 ☐ Mrs
 ☐ Miss
 Other

☐ Male
 ☐ Female

Marital status:

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Mother's maiden name:

Date of birth:

Country of birth:

Nationality(ies):

Country 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:

Length of time at current address:

Applicant Two (if applicable)

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

Where the applicants on this application have an existing joint Investment with Wealthtime, please include the joint Wealthtime Investor number here:

☐ Mr
 ☐ Mrs
 ☐ Miss
 Other

☐ Male
 ☐ Female

Marital status:

Family name:

Forename(s):
(in full)

Other previous names or alias(es):

Mother's maiden name:

Date of birth:

Country of birth:

Nationality(ies):

Country 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:

Length of time at current address:

1. Applicant(s) (Continued)

First Applicant

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:

Second Applicant (If Applicable)

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:

Address for Correspondence

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 Wealthtime account.

House number/name or Adviser firm details:

Street name:

District:

Town/City:

County:

Country: Postcode:

If no correspondence address is supplied, we will use the residential address of applicant one.

Is the correspondence address

☐ Adviser firm ☐ Self ☐ Friend/Family Other (please specify)

1. Applicant(s) (Continued)

First Applicant

Employment Details

Profession/main occupation:

Where you are retired, please confirm your previous occupation, employer, and date of retirement:

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Annual salary this year:

£

(including any bonuses)

Employer's Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Employer's telephone number:

(inc. area code)

Any other occupation for which you are paid:

Second Applicant

Employment Details

Profession/main occupation:

Where you are retired, please confirm your previous occupation, employer, and date of retirement:

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Annual salary this year:

£

(including any bonuses)

Employer's Address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Employer's telephone number:

(inc. area code)

Any other occupation for which you are paid:

2. Lives Assured

Is the first applicant to be a life assured?

☐ Yes ☐ No

Are there to be any other lives assured?

☐ Yes ☐ No

If you wish to have additional lives assured on the Novia Offshore Bond, you can have up to ten lives assured in total, inclusive of applicant(s). The sole or youngest life assured must be age 75 or younger at policy commencement.

Additional Life Assured

☐ Mr ☐ Mrs ☐ Miss Other
☐ Male ☐ Female

Last name:

First name(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)

Is the second applicant (if applicable) to be a life assured?

☐ Yes ☐ No

Are there to be any other lives assured?

☐ Yes ☐ No

If you wish to have additional lives assured on the Novia Offshore Bond, you can have up to ten lives assured in total, inclusive of applicant(s). The sole or youngest life assured must be age 75 or younger at policy commencement.

Additional Life Assured

☐ Mr ☐ Mrs ☐ Miss Other
☐ Male ☐ Female

Last name:

First name(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)

Please copy this page to add further lives assured.

3. Payment and Policy Instructions

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

Investment amount Minimum initial Investment is GBP 50,000

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 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 Wealthtime Investor number and your RL360 policy number or, for new clients, please include your National Insurance number. Please ensure this application is fully completed and all relevant documentation has been submitted before instructing your bank to transfer any monies.

Bank: Citibank N A

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, 100 sub-policies will be issued. Any additional Investments will be applied to your existing policies.

4. Investment Instructions

4a Instructions for Initial Investments Only

(Additional Investments should be detailed in 4b)

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 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%) **		2
Total		100%

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

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

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 the preferred 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 11. For a full explanation of the rebalancing process, please read the terms and conditions.

4b. Instructions for Additional Investments Only

(Initial Investments should be detailed in 4a)

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

Option 1: Invest into the Current Default Selection of Investments for this Product Wrapper (please note that any existing rebalancing Instructions will remain in force)

☐ 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 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%) **		2
Total		100%

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

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

☐ Do you wish to make the Investment choice above your default selection for future Investments?

☐ Please do not apply rebalancing

or

☐ Please apply rebalancing using my default Investment choice

☐ Quarterly ☐ Annually

or

☐ I/We 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%) **		2
Total		100%

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

By completing this application, you authorise Wealthtime to accept instruction regarding the future application, amendment and removal of rebalancing from the Adviser and/or firm named in Section 11. 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 Investment 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 Investments that can be rebalanced, ie. the value and split of listed Investment 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

5. Regular Withdrawal Instructions

Please complete this section if you would like to receive a Regular Withdrawal. If you do not wish to set up a Regular Withdrawal at this stage, please continue with section six.

Payment to or from third parties are not usually acceptable.

Withdrawals in excess of 5% of your Investments made (including additional Investments) from a 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 HM Revenue and Customs law and practice which is subject to change.

Amount* (please note that the minimum Regular Withdrawal amount is £200)

GBP or % of the policy value at the time of withdrawal ☐ Monthly ☐ Quarterly ☐ Annually

Start date (mm/yy)**

*Regular Withdrawals have the option for a 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.)

6. Bank Details (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:	<input type="text"/>
Account holder's name(s):	<input type="text"/>
Branch sort code:	<input type="text"/>
Account number:	<input type="text"/>
Building society client number:	<input type="text"/>

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

Please contact your Adviser or Wealthtime client services on 0845 680 8000 if you wish to change your bank details for an additional Investment.

7. Source of Funds and Wealth

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

All questions must be answered.

Source of Funds

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

Name of Bank/Building Society:	<input type="text"/>
Branch:	<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"/>
Account name:	<input type="text"/>
Account number:	<input type="text"/>

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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or

Branch sort code (For UK GBP Payments only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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IBAN (All non-GBP accounts):

Account held for:

or

Account number (GBP UK Bank only):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 a source of funds.

Full details on the source of wealth procedures can be obtained from your Financial 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)	<input type="text"/>
Income last year: (include currency)	<input type="text"/>
Occupation:	<input type="text"/>
Employer's company name:	<input type="text"/>
Nature of business:	<input type="text"/>

First Applicant Other Unearned Income

Amount received (include currency):	<input type="text"/>
Received from:	<input type="text"/>
Date received:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Previous occupation:	<input type="text"/>
Previous salary (if retired):	<input type="text"/>
Employer's Company name:	<input type="text"/>
Date retired:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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)	<input type="text"/>
Income last year: (include currency)	<input type="text"/>
Occupation:	<input type="text"/>
Employer's company name:	<input type="text"/>
Nature of business:	<input type="text"/>

Second Applicant Other Unearned Income

Amount received (include currency):	<input type="text"/>
Received from:	<input type="text"/>
Date received:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Previous occupation:	<input type="text"/>
Previous salary (if retired):	<input type="text"/>
Employer's Company name:	<input type="text"/>
Date retired:	<input type="text"/> <input type="text"/> <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 confirm your source of wealth for this application by completing the relevant boxes on the following page.

7. 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:

Property or Asset Sale

Amount received
(include currency):

Address of property sold or asset type:

How long held:

Date of sale:

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:

Property or Asset Sale

Amount received
(include currency):

Address of property sold or asset type:

How long held:

Date of sale:

Company Profits

Profits this year:
(include currency)

Profits last year:
(include currency)

Industry:

7. Source of Funds and Wealth (Continued)

First Applicant Company Sale

Profits this year
(include currency):

Company name:

Company
industry:

Date received:

Other

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

Amount received
(include currency):

Source:

Date received:

Second Applicant (if Applicable) Company Sale

Profits this year
(include currency):

Company name:

Company
industry:

Date received:

Other

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

Amount received
(include currency):

Source:

Date received:

8. 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 three. 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.

9. 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 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.

10. 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 the declarations below, before completing the application process. If you do not fully understand any point, please seek clarification from your Adviser.

- 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.
- 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.
- I am/We are not resident in the United States[†] and confirm that to the best of my/our knowledge and belief, I am/we are not subject to any legislation which would make such an Investment unlawful.
- I am/We are not a citizen of the United States[†].
- I/We will advise RL360 in writing immediately on changes in the residence or citizenship.

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 PEP's are associated with this policy.

Data Protection Act

Where you see 'we' or 'us' this means Novia Financial plc (trading as Wealthtime). 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.

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 agree that any supplementary questionnaire will form part of my application to RL360[®] and that non-disclosure of any material fact known to me may invalidate the contract.

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

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

First Applicant

Signature:

Date:

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Second Applicant (if Applicable)

Signature:

Date:

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Important Note: Copies of the terms and 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, 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.

11. Adviser's Details and Declaration

Adviser's name:

Your RL360 agent number:

Adviser's stamp:

Name of regulatory or
authorising body eg. FCA:

Email address:

Data Protection Act

In accordance with the Isle of Man's 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 the prosecution of offenders.
- Market research and statistical purposes.

The information you have provided may be shared with other companies 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:

Name:

Company:

Date:

Please refer to the checklist on page 17 to ensure that you have provided all the required information. Please note that a failure to provide any of the information requested in this application may result in a delay in Investment and acceptance.

12. Checklist

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

General Requirements for All Applicants

Please indicate if attached

If paying by cheque, please make the cheque payable to 'Novia Financial plc'. Note that cheques can take 5- 10 working days to clear, and this will delay policy issues.

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Identification Requirements

Passport or national ID card (bearing a photograph of the individual) or two other formal documents with appropriate reference numbers.

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Address verification, eg an acceptable bank statement, credit card statement or utility bill.

☐

If applicable, relevant source of funds evidence as indicated in section seven.

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Please note that failure to provide any of the information requested in this application may result in a delay in Investment and acceptance. Some of those requirements are necessary under the Isle of Man Government Financial Services Authority Insurance (Anti-Money Laundering) Regulations, 2008.