

Oracle

Application for the trustee of the



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| | In this section, tell us how you will be funding the Oracle policy and how the settlors' wealth was accumulated. It is important that you complete this section so that we can meet Isle of Man anti-money laundering requirements. | |
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| | In this section you must agree to the terms and conditions of the policy and sign where appropriate. This application along with the Oracle Terms & Conditions then forms the basis of our contract with you. It is important that you fully understand the policy being offered before signing. | |
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Completion

Please complete this form in blue or black ink using BLOCK CAPITALS throughout. Please tick boxes where applicable and follow the instructions provided in each section. Please use Section 12 - Application checklist before submitting your application, to make sure that you provide us with everything we need to process your application.

You can request a copy of your completed *Application Form* at any time along with our *Terms and Conditions*. You should be aware that your contract with us could be brought to an end if you fail to tell us any facts which might influence our assessment of your application. If you have any doubt as to whether a fact is relevant, then you should disclose it to us.

Once you have completed and signed the application you should send it along with all requested additional information to your nearest regional office (address on back of form) or to our New Business Team, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Please note that if you do not fully complete this *Application Form*, or provide suitable evidence where required, this will result in a delay to us accepting your application and issuing your Oracle policy. Remember, if you need any help, our Regional Support teams are on hand to guide you by telephone or by email.

Section 1 Corporate trustee applicant details

If you require online servicing for your company please download our agreement and registration forms from our website – www.rl360.com. If you wish to link this policy to your existing online service please quote your online reference or existing username below.

Online reference or existing username

Details of the trust

Name of the trust

Date trust was established (dd/mm/yyyy)

Nature and purpose of the trust

Corporate trustee details

Corporate trustee name

Global Intermediary Identification Number (FATCA GIIN)

Registered address and postcode (in full)

Country

Contact name

Contact position

Telephone number

Email address

Correspondence details

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 and postcode

Country

Is this address for ☐ Your company ☐ Your adviser ☐ Your solicitor ☐
Other (please specify)

Directors or partners

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, one an executive director, for identity verification purposes. Please state their details here

Executive Director/Partner 1 (must be completed)

Sex (please tick) Male ☐ Female ☐
Title (please tick) Mr ☐ Mrs ☐ Miss ☐
Other (in full)
First name(s)
Last name(s)
Date of birth (dd/mm/yyyy)

Director/Partner 2 (must be completed)

Sex (please tick) Male ☐ Female ☐
Title (please tick) Mr ☐ Mrs ☐ Miss ☐
Other (in full)
First name(s)
Last name(s)
Date of birth (dd/mm/yyyy)

Section 1 Corporate trustee applicant details continued

| | Executive Director/Partner 1 (must be completed) | Director/Partner 2 (must be completed) |
|--|---|---|
| Current residential address and postcode (in full) | <input type="text"/> | <input type="text"/> |
| Country | <input type="text"/> | <input type="text"/> |
| Position | <input type="text"/> | <input type="text"/> |

Authorised signatories

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

Number of signatories required

Special instructions

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.

| First Name(s) | Last Name(s) | Position | Shareholding (%) |
|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Evidence required

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

For the company

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

Section 1 Corporate trustee applicant details continued

For the trust

- Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

| | Settlor(s) | Protector(s) | Beneficiaries (where named) |
|-----------------------------|----------------|--------------|--------------------------------|
| First name | ✓ | ✓ | ✓ |
| Last name | ✓ | ✓ | ✓ |
| Date of birth | ✓ | ✓ | ✓ |
| Current residential address | ✓ | ✓ | ✓ |
| Occupation | ✓ | x | x |
| Date of death | ✓ [#] | x | x |

[#] for settlor(s) no longer alive.

Section 2 Type of policy

Please tick only one: Life assurance ☐ (go to Section 3)

Capital redemption ☐ (go to Section 4)

Section 3 Life or lives assured details

Please remember you only need to complete this section if you choose a life assurance policy.

Is the first applicant to be a life assured? Yes ☐ No ☐

Is the second applicant to be a life assured? Yes ☐ No ☐

You may have up to six lives assured on your Oracle policy, inclusive of any applicants chosen as lives assured. At least one life assured must be age 65 or younger when the policy starts. Please complete the details of any additional lives assured below.

Life assured 1

| | | |
|--|--|--|
| Sex (please tick) | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Title (please tick) | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> Miss <input type="checkbox"/> |
| | Other (in full) <input type="text"/> | |
| First name(s) | <input type="text"/> | |
| Last name(s) | <input type="text"/> | |
| Date of birth (dd/mm/yyyy) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Nationality | <input type="text"/> | |
| Current residential address and postcode (in full) | <input type="text"/> | |
| Country | <input type="text"/> | |

Life assured 2

| | | |
|--|--|--|
| Sex (please tick) | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Title (please tick) | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> Miss <input type="checkbox"/> |
| | Other (in full) <input type="text"/> | |
| First name(s) | <input type="text"/> | |
| Last name(s) | <input type="text"/> | |
| Date of birth (dd/mm/yyyy) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Nationality | <input type="text"/> | |
| Current residential address and postcode (in full) | <input type="text"/> | |
| Country | <input type="text"/> | |

Life assured 3

| | | |
|--|--|--|
| Sex (please tick) | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Title (please tick) | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> Miss <input type="checkbox"/> |
| | Other (in full) <input type="text"/> | |
| First name(s) | <input type="text"/> | |
| Last name(s) | <input type="text"/> | |
| Date of birth (dd/mm/yyyy) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Nationality | <input type="text"/> | |
| Current residential address and postcode (in full) | <input type="text"/> | |
| Country | <input type="text"/> | |

Life assured 4

| | | |
|--|--|--|
| Sex (please tick) | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| Title (please tick) | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> Miss <input type="checkbox"/> |
| | Other (in full) <input type="text"/> | |
| First name(s) | <input type="text"/> | |
| Last name(s) | <input type="text"/> | |
| Date of birth (dd/mm/yyyy) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Nationality | <input type="text"/> | |
| Current residential address and postcode (in full) | <input type="text"/> | |
| Country | <input type="text"/> | |

Section 3 Life or lives assured details continued

| | Life assured 5 | Life assured 6 |
|--|--|--|
| Sex (please tick) | Male <input type="checkbox"/> Female <input type="checkbox"/> | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Title (please tick) | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> |
| | Other (in full) <input type="text"/> | Other (in full) <input type="text"/> |
| First name(s) | <input type="text"/> | <input type="text"/> |
| Last name(s) | <input type="text"/> | <input type="text"/> |
| Date of birth (dd/mm/yyyy) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Nationality | <input type="text"/> | <input type="text"/> |
| Current residential address and postcode (in full) | <input type="text"/> | <input type="text"/> |
| Country | <input type="text"/> | <input type="text"/> |

Section 4 Policy requirements

Policy currency

Please tick only one:

GBP ☐ USD ☐ EUR ☐ CHF ☐ AUD ☐ HKD ☐ JPY ☐

Premium amount

Please remember the minimum premium is GBP20,000. Please refer to the *Key Features* for currency equivalent minimums.

Sub-policies

Please state your required number of sub-policies. The minimum number of sub-policies is 1 and the maximum is 100.

Number of sub-policies

If this is left blank, we will issue your policy with the maximum number of sub-policies.

Section 5 Choice of investment funds

If you wish to use an investment adviser, you should complete the *Investment Adviser Appointment* form on page 17.

Please list your choice of funds below. There are no limits to the number of funds you can hold in your policy subject to the minimum investment level of GBP500 per fund. Please refer to the *Key Features* for currency equivalent minimums.

Please ensure that the percentages invested total 100% of the premium.

Note: If you require more room then please use the space provided in Section 8 – Additional information.

[illegible]

Section 6 Source of funds and settlors' source of wealth

In order for us to comply with our obligations under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, you must answer the following questions fully.

Source of funds for the trust

Please provide us with the details of your bank account that you will use to fund your Oracle policy.

| | | | |
|---|----------------------------|-----------------------------|---|
| Bank name | <input type="text"/> | | |
| Bank address and postcode | <input type="text"/> | | |
| Account holder's name | <input type="text"/> | | |
| Branch Swift Code (for all non-GBP and International payments) Swift Code must be either 8 or 11 digits | <input type="text"/> | OR | Bank Sort Code <input type="text"/> - <input type="text"/> - <input type="text"/> (for UK GBP payments only) |
| IBAN (all non-GBP accounts) | <input type="text"/> | OR | Account number <input type="text"/> (GBP UK Bank only) |
| Account held for | Years <input type="text"/> | Months <input type="text"/> | |

If you are funding your Oracle policy from more than one bank account, please provide your additional bank details in Section 8 - Additional information. Please also provide your reasons for doing this.

Settlors' 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 maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

RL360° has adopted a risk-based approach to meet these regulations, categorising all countries that we will accept business from into 1 of 3 tiers. Each tier has different source of wealth requirements. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of wealth procedures can be obtained from your financial adviser or can be downloaded from www.rl360.com/sourceofwealth.pdf.

You must complete the relevant questions in full in all cases based on how the settlors accumulated their wealth. Please use Section 8 if you require more space for details.

| | Settlor 1 | Settlor 2 (if any) |
|--|--|--|
| Annual salary plus bonuses | | |
| Income this year (include currency) | <input type="text"/> | <input type="text"/> |
| Income last year (include currency) | <input type="text"/> | <input type="text"/> |
| Occupation | <input type="text"/> | <input type="text"/> |
| Employer's company name | <input type="text"/> | <input type="text"/> |
| Nature of business | <input type="text"/> | <input type="text"/> |
| Other unearned income | | |
| Amount received (include currency) | <input type="text"/> | <input type="text"/> |
| Received from | <input type="text"/> | <input type="text"/> |
| Date received (dd/mm/yyyy) | <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, salary, employer and date of retirement. | | |
| Previous occupation | <input type="text"/> | <input type="text"/> |
| Salary (include currency) | <input type="text"/> | <input type="text"/> |
| Employer's company name | <input type="text"/> | <input type="text"/> |
| Date retired (dd/mm/yyyy) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |

Section 6 Source of funds and settlors' source of wealth continued

Where your source of wealth for this application is from any of the following, please provide details.

Savings

Settlor 1

Settlor 2 (if any)

Amount received
(include currency)

Bank where savings
were held

How were savings
accumulated?

Pension transfer

Amount received
(include currency)

Received from

Date received (dd/mm/yyyy)

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

Company sale

Amount received
(include currency)

Company name

Company industry

Date received (dd/mm/yyyy)

Other (such as a lottery or betting win, gift or inheritance. For inheritance please state from who.)

Amount received
(include currency)

Source

Date received (dd/mm/yyyy)

RL360° reserves the right to request further documentary evidence of source of wealth should it be considered necessary.

Section 7 Regular withdrawals

If you do not wish to set-up regular withdrawals on the Oracle policy at this stage, then please continue to Section 8 - Additional information.

Please remember that the minimum regular withdrawal is GBP250 or currency equivalent. Your regular withdrawals will be paid in your policy currency.

How do you want to take your withdrawals?
(choose only one)

As fixed amount ☐ Tell us the amount

OR

As a percentage ☐ Tell us the percentage of your total initial premium %

Withdrawal frequency

Monthly ☐ Quarterly ☐ Termly ☐ Half-yearly ☐ Yearly ☐

Date of first withdrawal
(dd/mm/yyyy)

Payment method

BACS ☐ TT ☐

BACS payments require up to three days to clear and can only be used for GBP payments to a UK bank account. A GBP20 (or currency equivalent) charge applies to payments made by TT.

If you would like withdrawals to be paid back to the same bank account as detailed in Section 6 - Source of funds and settlors' source of wealth, please tick below. Otherwise please specify the bank account you wish to use to receive withdrawals. Payments can only be made to bank accounts in the trust's name, as the applicant.

Please use the bank account details in Section 6 ☐

OR

Bank name

Bank address and postcode

Account holder's name

Branch Swift Code

(for all non-GBP and International payments)

Swift Code must be either 8 or 11 digits

OR

Bank Sort Code - -

(for UK GBP payments only)

IBAN

(all non-GBP accounts)

OR Account number

(GBP UK Bank only)

Account held for

Years Months

Section 8 Additional information

If you have no additional notes, please continue to Section 9 - Corporate trustee declaration.

Section 9 Corporate trustee declaration

Oracle literature

We confirm that we have read a copy of the Oracle product literature including the *Brochure*, *Key Features*, *Terms and Conditions* and *Investment Guide*.

Our application

By signing this application we agree to our policy being governed by the Oracle *Terms & Conditions*. we confirm that all of the information we have provided in this application, along with any supporting forms, questionnaires, statements, reports or other information are true and complete.

We confirm that we have the necessary powers to take out this policy and enter into a contract with RL360°.

We also confirm that our company has not been, and is not in the process of being, struck-off, dissolved, wound-up or terminated.

We agree that we will notify RL360° in writing immediately when any of our directors, list of authorised signatories or trustees change. We agree that we will provide evidence of identity and current residential address when asked by RL360°. We also acknowledge that RL360° can ask for an up-to-date authorised signatory list at any time.

We are aware that RL360° is authorised to obtain a bank reference at any time.

Availability

We confirm that to the best of our knowledge and belief, we are not subject to any legislation that would make our investment into Oracle unlawful.

Financial adviser

We have appointed (company name) to act as our financial adviser.

We agree to RL360 Insurance Company Limited (RL360°), disclosing all information relating to our Oracle policy to our appointed financial adviser. We will let RL360° know in writing if we decide to change our appointed financial adviser.

Investment

We are aware that RL360° does not provide investment advice, is not responsible for managing funds and does not determine whether or not funds are suitable for us. We understand that Oracle offers access to a range of funds and that these are managed by external companies. We accept that ultimate responsibility for fund selection lies with us and our appointed adviser; if funds perform poorly and as a consequence our policy drops in value, We accept this is not the fault of RL360°.

We request that RL360° allocate our premium to the funds detailed in Section 5 of this application. In order for RL360° to do this we confirm the following:

- a) We agree to RL360° acting on instructions received from us or our appointed adviser, and we will read the documentation issued by the fund manager for each fund prior to selecting it for our policy.
- b) We are aware that some funds may have terms and conditions that could:
 - i) restrict RL360° from realising a cash value when requested and prevent RL360° paying out benefits from the policy in a timely fashion.
 - ii) result in RL360° having to pay back some or all of the sale proceeds if an adjustment has to be made after the payment. If RL360° is required to make such a repayment and the policy value is too low to cover it, or we have surrendered the policy, we agree to compensate RL360° for any loss that it has suffered as a result.
- c) We accept that RL360° has the right to sell funds linked to the policy without requiring our permission. RL360° may do this if it decides that a fund may have harmful legal or tax consequences under law.
- d) We are aware that there may be fees to pay when RL360° sells one or more of the funds linked to the policy. Any fees due when selling a fund should be detailed by the fund manager in the fund documentation.
- e) We confirm that we are aware of the fees that we must pay in relation to our chosen funds.

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.

Section 9 Corporate trustee declaration continued

Cancellation rights and refund of investment

We understand that we have the right to cancel our policy and obtain a refund of any amount paid to RL360° less any market value adjustment, by giving written notice. Such notice needs to be signed by us and received directly by RL360° at its head office within 30 days of the policy issue date.

Data Protection

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

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

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Legal

We agree to the policy being governed by Isle of Man law and to the Isle of Man Courts having the right to decide any case that maybe brought in relation to the policy.

Final agreement

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

- this *Application Form*
- the *Terms and Conditions*
- the Policy Schedule
- any Endorsements to the Policy Schedule

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

We confirm that this application was signed in (give country)

| | | |
|-------------------|--|--|
| | Authorised Signatory 1 | Authorised Signatory 2 |
| Signed | <input type="text"/> | <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"/> |
| | Authorised Signatory 3 | Authorised Signatory 4 |
| Signed | <input type="text"/> | <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"/> |

Section 10 Financial adviser’s details

This section is to be completed by your financial adviser.

The RL360° adviser number can be obtained from your regional office.

| | |
|---|----------------------|
| Company name | <input type="text"/> |
| Adviser number | <input type="text"/> |
| Name of regulatory or authorising body | <input type="text"/> |
| Regulatory number (if applicable) | <input type="text"/> |
| Financial Adviser's stamp (if this does not state an address, please complete company address details too) | <div></div> |
| Full name | <input type="text"/> |
| Online services username (if registered) | <input type="text"/> |
| Work telephone number | <input type="text"/> |
| Mobile telephone number | <input type="text"/> |
| Email address | <input type="text"/> |

(Your email address will only be used for admin queries)

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.

| | |
|--------|-------------|
| Signed | <div></div> |
|--------|-------------|

| | | | |
|-------------------|-------------|-------------|-------------|
| Date (dd/mm/yyyy) | <div></div> | <div></div> | <div></div> |
|-------------------|-------------|-------------|-------------|

Section 11 Choice of payment methods

Your premium can be paid using any of the following methods.

Cheque

Please send your cheque, made payable to RL360 Insurance Company Limited to RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP.

Your cheque must come from the bank account you have detailed in Section 6.

Please note that GBP cheques can take up to five working days to clear. Other currency cheques may take considerably longer to clear.

Telegraphic transfer

If you are paying into your policy by telegraphic transfer please instruct your bank to quote your name as a reference.

Your payment must come from the bank account you have detailed in Section 6.

Please make your payment to RL360 Insurance Company Limited through the appropriate bank below.

| Currency | Swift code | IBAN | Sort code | Account number | Bank name | Account name |
|----------|------------|-----------------------------|-----------|----------------|------------------|--------------|
| AUD | CITIGB2L | GB45 CITI 1850 0813 1419 34 | 18-50-08 | 13141934 | Citibank, London | RL360 |
| CHF | CITIGB2L | GB26 CITI 1850 0813 1418 88 | 18-50-08 | 13141888 | Citibank, London | RL360 |
| EUR | CITIGB2L | GB20 CITI 1850 0813 1418 02 | 18-50-08 | 13141802 | Citibank, London | RL360 |
| GBP | CITIGB2L | GB34 CITI 1850 0813 1420 35 | 18-50-08 | 13142035 | Citibank, London | RL360 |
| HKD | CITIGB2L | GB10 CITI 1850 0813 1416 91 | 18-50-08 | 13141691 | Citibank, London | RL360 |
| JPY | CITIGB2L | GB26 CITI 1850 0813 1415 00 | 18-50-08 | 13141500 | Citibank, London | RL360 |
| USD | CITIGB2L | GB54 CITI 1850 0813 1415 78 | 18-50-08 | 13141578 | Citibank, London | RL360 |

Bank address

The bank address for all the above accounts is: Citibank, Citigroup Centre, Canada Square, Canary Wharf, London, E14 5LB, UK.

Section 12 Application checklist

This checklist will help make sure you have provided everything we need to process your application.

Verification of identify – must be provided for all directors/partners named in Section 1.

Please send a suitably certified copy* of their passport or National Identity Card showing their photograph(s) – If you are unable to provide either of these please provide a reason why and contact us to discuss other acceptable documents before sending in your application.

Directors/partners

☐ We have provided identification (please tick to confirm)

If you are unable to provide ID please confirm why below:

Verification of current residential address **must** be provided.

Please send a suitably certified copy* of at least one of the following documents for each director/partner named in Section 1.

| Please tick which documents you are sending us | Acceptable document |
|--|---|
| <input type="checkbox"/> | Latest bank account or credit card statement |
| <input type="checkbox"/> | Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable |
| <input type="checkbox"/> | Current driving licence |
| <input type="checkbox"/> | Proof of ownership or rental at current residential address |
| <input type="checkbox"/> | Mortgage statement |
| <input type="checkbox"/> | Tax assessment document |
| <input type="checkbox"/> | State pension, benefit book or other government produced document showing benefit entitlement |
| <input type="checkbox"/> | Extract from official register of electors |
| <input type="checkbox"/> | Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the applicant |
| <input type="checkbox"/> | Entry in local telephone directory. |

Confirmation of policy details

Please make sure you have completed Section 4 and have included an original signed illustration.

☐ We have provided policy details (please tick to confirm).

☐ We have included an original signed illustration (please tick to confirm).

Section 12 Application checklist continued

Evidence required

As a corporate trustee applicant, please tick to confirm that you have supplied the following:

| Please tick which documents you are sending us | Acceptable document |
|--|---|
| <input type="checkbox"/> | A full list of all directors |
| <input type="checkbox"/> | Suitably certified certificate of incorporation or equivalent document showing date and place of incorporation |
| <input type="checkbox"/> | A copy of the latest annual report and accounts |
| <input type="checkbox"/> | Suitably certified documentation verifying registered address of the company |
| <input type="checkbox"/> | Suitably certified identity and address documentation for at least 2 directors, one of whom must be an Executive Director |
| <input type="checkbox"/> | A full list of authorised signatories (including board resolution for public limited companies) showing officers from whom we can take instructions and including specimen signatures |
| <input type="checkbox"/> | Suitably certified identity and address documentation for all shareholders with a beneficial interest of 25% or more. |

Additional evidence

☐ Suitably certified copy of the trust deed and any subsequent deed(s) of appointment or retirement.

If not shown in the trust deed we will require details for each of the following:

| | Settlor(s) | Protector(s) | Beneficiaries (where named) |
|-----------------------------|----------------|--------------|-----------------------------|
| First name | ✓ | ✓ | ✓ |
| Last name | ✓ | ✓ | ✓ |
| Date of birth | ✓ | ✓ | ✓ |
| Current residential address | ✓ | ✓ | ✓ |
| Occupation | ✓ | x | x |
| Date of death | ✓ [#] | x | x |

[#] for settlor(s) no longer alive.

* Suitably Certified Copy Documentation

Your financial adviser can certify your copy documents, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify your documents, we will accept certification by one of the following 'Suitable Certifiers'.

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360°
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents.

If you cannot have your documents certified by one of the above, please contact us.

Investment Adviser Appointment

Who is this form for?

This form is for applicants of Oracle who wish to appoint an investment adviser to their policy. Investment advisers may act on a non-discretionary or discretionary basis. This is your choice and an agreement that you must make with your investment adviser.

Completing this form

By completing this form you will be requesting the appointment of a company to act as an investment adviser to your policy. They will have the power to place dealing instructions on your behalf.

We can only accept original written instructions that have been signed by all authorised signatories. Please complete in BLOCK capitals throughout.

Section 1 Investment adviser appointment

Applicant(s) to complete

We wish to appoint

Investment adviser company name

to act in the capacity of an investment adviser to our policy

Application dated (dd/mm/yyyy)

We understand that our investment adviser will be able to act on our behalf, subject to the terms and conditions set out in Section 2 below, to advise on and change the funds to which the value of our policy is linked. We authorise RL360 Insurance Company Limited (RL360°) to release all relevant information relating to our policy to our investment adviser when requested.

We understand that RL360° is not responsible for any loss or liability incurred to our policy as a result of advice given, or negligence by, our appointed investment adviser. We also understand that RL360° is not responsible for the performance of any investments linked to our policy.

We confirm that all communications in relation to investment instructions should be directed to our investment adviser.

Please confirm on what basis you wish your investment adviser to be appointed, non-discretionary or discretionary, by ticking the appropriate box below.

☐ We confirm that our investment adviser will be acting on a non-discretionary basis. Dealing instructions may only be forwarded to RL360° after we have been consulted by our investment adviser. Our investment adviser has confirmed that they have the necessary regulatory authorisations in order to perform this role. We understand that RL360° is not required to obtain proof that we have been consulted by our investment adviser, prior to acting on any instructions received.

☐ We confirm that our investment adviser will be acting on a discretionary basis. Dealing instructions may be forwarded to RL360° without our prior consultation. Our investment adviser has confirmed that they have the necessary regulatory authorisations in order to perform this role.

We authorise RL360° to take an advice fee from our policy in line with the following:

A percentage

% per year, taken quarterly as a percentage of our policy value.

(the fee should not be more than 1% per year)

Section 1 Investment adviser appointment continued

We are aware that for as long as we have an appointed investment adviser we will be unable to access online dealing facilities.

We confirm that should we change our investment adviser, or bring this agreement to an end in the future, we agree to inform RL360° in writing (originals only), immediately.

We acknowledge that RL360° has the right to reject the appointment of our investment adviser at its discretion.

| | Authorised Signatory 1 | Authorised Signatory 2 |
|--|--|--|
| Signed | <input type="text"/> | <input type="text"/> |
| Full name | <input type="text"/> | <input type="text"/> |
| Trust or Company name (if applicable) | <input type="text"/> | <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"/> |

| | Authorised Signatory 3 | Authorised Signatory 4 |
|--|--|--|
| Signed | <input type="text"/> | <input type="text"/> |
| Full name | <input type="text"/> | <input type="text"/> |
| Trust or Company name (if applicable) | <input type="text"/> | <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"/> |

Section 2 Investment adviser details and conditions

Investment adviser to complete

| | |
|--|----------------------|
| Full name | <input type="text"/> |
| Online services username (if registered) | <input type="text"/> |
| Company name | <input type="text"/> |
| Adviser number | <input type="text"/> |
| Investment adviser company address | <input type="text"/> |
| Email address | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Fax number | <input type="text"/> |
| Name of regulatory or authorising body (if applicable) | <input type="text"/> |
| Regulatory number (if applicable) | <input type="text"/> |
| Category of authorisation and relevant permitted activity | <input type="text"/> |

Section 2 Investment adviser details and conditions continued

If you do not have Terms of Business with RL360°, please contact your Regional Sales Manager before submitting this form.

In accepting the appointment of investment adviser to the above stated policy, we agree to the following terms and conditions:

1. All instructions relating to the purchase, sale or switching of investments will be in respect of the range agreed by RL360° as being eligible for the policy.
2. All instructions should be provided to RL360° in a format as agreed by RL360°.
3. RL360° will purchase, sell or switch investments at the open market price as available at the time of placing an instruction.
4. RL360° has the right to accept or reject any instruction from the investment adviser at its own discretion.
5. RL360° has the right to request evidence of the investment adviser's discussions with the Policyholder where the investment adviser is acting on a non-discretionary basis. It is the duty of the investment adviser to maintain these records.
6. The investment adviser must maintain such authorisation as is necessary to act as an investment adviser under the legislation and regulation in the country in which advice is given.
7. RL360° and the Policyholder cannot be held responsible for any future tax liability, that may accrue to the investment adviser, as a result of a failure to levy tax where it later transpires that it should have been charged. The investment adviser is responsible for deciding whether or not the service they are providing is subject to the levy of any additional taxes.
8. The investment adviser must notify RL360° in writing, immediately, should their authorisation change, cease or the regulator takes or threatens disciplinary action.
9. RL360° has the right to remove the investment adviser from the policy, without specifying a reason, and on giving one month's written notice to the Policyholder and the investment adviser.
10. The investment adviser may resign their appointment by giving one month's written notice to the Policyholder and RL360°.
11. This investment adviser appointment shall cease immediately upon the death, bankruptcy, dissolution or insolvency of the investment adviser, or any composition with creditors, or if the investment adviser is in breach of any regulatory requirement, or it becomes illegal for the investment adviser to act in this capacity.
12. This appointment and agreement shall be subject to, and interpreted in, accordance with the laws of the Isle of Man.

Please submit a current certified copy of your company's Authorised Signatory list with this form. If you have an additional list for persons authorised to sign dealing instructions, please also submit a certified copy with this form.

If your company is not regulated in the UK, Isle of Man, Channel Islands, Hong Kong or Gibraltar, please provide identification and address verification for each person on the Authorised Signatory list.

Investment adviser

Signed

Date (dd/mm/yyyy)

To get in touch, call or email our Contact Centre.

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E csc@rl360.com

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