

# True Potential Offshore Bond

Application Form

### Information and Completion Notes

- Section 1**                    **Your Policy Requirements**  
In this section, tell us how you would like your policy to be set up.

**You need only complete one of these sections depending on the type of applicant that you are**

- Section 2**                    **Your Details**  
In this section, tell us about yourself.

- Section 3**                    **Individual Trustee Applicant Details**  
In this section, as individual trustees, tell us about yourself and the trust.

- Section 4**                    **Corporate Applicant Details**  
In this section, tell us about your company.

- Section 5**                    **Corporate Trustee Applicant Details**  
In this section, tell us about your company and the trust.

- Section 6**                    **Your Lives Assured**  
In this section you can name the lives assured that you want on your policy.

- Section 7**                    **Your Source of Funds and Wealth**  
In this section, tell us how you will be funding your policy and how your wealth was accumulated. It is important that you complete this section so that Isle of Man anti-money laundering requirements can be met.

- Section 8**                    **Your Investment Requirements**  
In this section, tell us which investments you would like to link your policy to.

- Section 9**                    **Your Regular Withdrawals**  
In this section, you will find details of how to instruct for regular income payments to be taken from your policy. Regular withdrawals are optional and can be set up at a later date if required.

- Section 10**                    **Your Additional Notes**  
In this section, we provide you with space for additional notes relating to your application. If you haven't been able to fit something in the boxes provided, write it here.

- Section 11**                    **Your Declaration**  
In this section you must agree to the terms and conditions of the policy and sign where appropriate. It is important that you fully understand the policy being offered before signing.

- Section 12**                    **Your Adviser's Declaration**  
This section is for your financial adviser to complete.

- Section 13**                    **Your Choice of Payment Methods**  
This section details the various ways in which you can make payment.

- Section 14**                    **Your Application Checklist**  
This section provides you with a handy checklist. This will help you make sure that you have completed and provided everything needed in order to process your application.

**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 14 - Your application checklist before submitting your application, to make sure that you provide everything needed to process your application. You can request a copy of your completed Application Form at any time along with the Terms and Conditions. You should be aware that your contract with RL360 Insurance Company Limited (RL360) could be brought to an end if you fail to state any facts which might influence the assessment of your application. If you have any doubt as to whether a fact is relevant, then you should disclose it.

*U.S. Specified Person means a U.S. citizen or tax resident individual, who either holds a U.S. Passport, a U.S. Green Card, has a U.S. residential/correspondence address or who was born in the U.S. and has not yet renounced their U.S. citizenship. More information on U.S. FATCA can be found at [www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA](http://www.irs.gov/Businesses/Corporations/Foreign-Account-Tax-Compliance-Act-FATCA).*

*Once you have completed and signed the application you should send it along with all requested additional information to True Potential Investments LLP, Gateway West, Newburn Riverside, Newcastle upon Tyne, NE15 8NX.*

**Verification of your identity and current residential address**

In order to satisfy the Isle of Man’s Insurance (Anti-Money Laundering) Regulations 2008, RL360 are required to check your identity and current residential address. Documents to evidence your identity must be the most recent available to you. Documents to evidence your current residential address must be the most recently issued and ideally not more than 3 months old. All copy documentation provided should be suitably certified

**Documents that can be accepted as satisfactory evidence of identity**

- A valid ‘full’ passport
- A national ID card (carrying a photograph)
- Where the above documents are not available, please contact True Potential (contact details shown on page 19)

**Documents that can be accepted as satisfactory evidence of your current residential address**

- A current driving licence
- A utility, rates or council tax bill. Mobile telephone bills are not acceptable
- An entry in a local telephone directory
- An extract from the official register of electors
- A state pension, benefit book or other government produced document showing benefit entitlement
- 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 your current residential address), where the PO Box shown is also your correspondence address
- A mortgage statement

**Suitably Certified Copy Documentation**

RL360 can accept certification of copy documents by your financial adviser, assuming they hold established Terms of Business and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to determine if they can certify your documents.

Where Suitable Certifier status is not held, RL360 will only accept certification by one of the following ‘Suitable Certifiers’

- A Notary Public (or equivalent)
- A Lawyer
- An accountant who is a member of an institution or other professional organisation imposing on its members a requirement to abide by AML obligations or who is regulated by a regulatory organisation
- A Member of the Judiciary
- An employee of RL360

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 their name clearly in BLOCK CAPITALS underneath their signature
- Record the capacity or position in which they are certifying the document
- Add their company name or official stamp or seal

The documents which we receive must contain the original certification and stamp.

*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 RL360 accepting your application and issuing your policy.*

**Section 1 - Your Policy Requirements**

True Potential Account Number

**Premium**

Please remember the minimum initial premium is £50,000.

Initial Premium

**Sub-policies**

Please state your required number of sub-policies. The minimum number of sub-policies is 1 and the maximum is 100. If you do not state the number of sub-policies, then your policy will be issued using the maximum.

Number of sub-policies

## Section 2 - Your Details

You should provide us with verification of your identity and current residential address (see page 2 for details).

	<b>First Applicant</b>	<b>Second Applicant (if applicable)</b>
Sex (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (Please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (In full)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (In full)
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"/> <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"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality/Nationalities	<input type="text"/>	<input type="text"/>
Country or countries of residence for tax purposes	<input type="text"/>	<input type="text"/>
National Insurance Number*	<input type="text"/>	<input type="text"/>

\* Where you do not have an National Insurance Number, please provide your Tax Identification Number or functional equivalent instead.

Are you a U.S. Specified Person? (as per the definition of US Specified Person on Page 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current residential address and postcode (in full)	<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"/>
Country	<input type="text"/>	<input type="text"/>
Length of time at current address	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

### Your Previous Details

Previous names or aliases	<input type="text"/>	<input type="text"/>
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### Correspondence Details

Please note that any correspondence that needs to be sent to you will be sent to the address you provide here. If no correspondence address is supplied the current residential address of the first applicant will be used.

Address and postcode for correspondence	<input type="text"/>
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Is this address for (please tick)	<input type="checkbox"/> You	<input type="checkbox"/> Your IFA	<input type="checkbox"/> A friend	<input type="checkbox"/> A family member
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## Section 3 - Individual Trustee Applicant Details

### Details of the Trust

Name of the trust	<input type="text"/>
Date trust was established (dd/mm/yyyy)	<input type="text"/>
Nature and purpose of the trust	<input type="text"/>
Correspondence address and postcode	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

### Trustee Details

#### Trustee 1

#### Trustee 2

Sex (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (Please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
	<input type="text"/> Other (In full)	<input type="text"/> Other (In full)
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"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality/Nationalities	<input type="text"/>	<input type="text"/>
Country or countries of residence for tax purposes	<input type="text"/>	<input type="text"/>
National Insurance Number*	<input type="text"/>	<input type="text"/>

\* Where you do not have an National Insurance Number, please provide your Tax Identification Number or functional equivalent instead.

Are you a U.S. Specified Person? (as per the definition of US Specified Person on Page 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Length of time at current address	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
<b>Your Previous Details</b>		
Previous names or aliases	<input type="text"/>	<input type="text"/>

### Section 3 - Individual Trustee Applicant Details (Continued)

#### Trustee Details

#### Trustee 3

#### Trustee 4

Sex (Please tick)

Male  Female

Male  Female

Title (Please tick)

Mr  Mrs  Miss

Mr  Mrs  Miss

Other (In full)

Other (In full)

First name (s)

Last name (s)

Date of birth (dd/mm/yyyy)

Country and place of birth

Nationality/Nationalities

Country or countries of residence for tax purposes

National Insurance Number\*

\* Where you do not have an National Insurance Number, please provide your Tax Identification Number or functional equivalent instead.

Are you a U.S. Specified Person?  
(as per the definition of US Specified Person on Page 3)

Yes  No

Yes  No

Current residential address and postcode (in full)

Length of time at current address

Years  Months

Years  Months

Home telephone number

Mobile telephone number

Email address

Previous names or aliases

#### Evidence Required

As an individual trustee applicant the following information is required before processing your application

- Suitably certified identity and current residential address documentation for each trustee
- 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)	Protectors(s)	Beneficiaries (where named)
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date of death	<input type="checkbox"/> *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\* for settlor(s) no longer alive.

## Section 4 - Corporate Applicant Details

### Type of Company

**Public Limited Company**

Please tell us which stock exchange you are listed on

**Private Limited Company**

**Limited Liability Partnership**

**Partnership**

Please tell us the nature of your business

**Charity**

Country of registration

Registration number

### Company or Charity Details

Company or charity name

Registered address and postcode (in full)

  

Country or countries of tax residence

Company tax reference number(s) or functional equivalent

Contact name

Contact position

Telephone number

Email address

Is the Company or Charity a US Specified Person?

Yes

No

Where the answer is yes, please complete an RL360 AEOI Entity Self-Certification Form.

### 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

  

Is this address for (please tick)

Your company

Your IFA

Your solicitor

Other

### Meeting of the Board

At a meeting of the board held on the (dd/mm/yyyy)

at (insert office address)

  
  

it was agreed that we have the capacity to make this investment.

## Section 4 - Corporate Applicant Details (Continued)

### 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

	<b>Executive Director/Partner 1 (must be completed)</b>	<b>Executive Director/Partner 2 (must be completed)</b>
Sex (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (Please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (In full)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (In full)
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"/>
Country/Countries of residence for tax purposes	<input type="text"/>	<input type="text"/>
Nationality/Nationalities	<input type="text"/>	<input type="text"/>
National Insurance Number*	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Where you do not have an National Insurance Number, please provide your Tax Identification Number or functional equivalent instead.

Current residential address and postcode (in full)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Position within Company/Charity	<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 - 1 from category 'A' and 1 from category 'B')

Number of signatories required	<input type="text"/>
Special instructions	<input type="text"/>

### Shareholders and Beneficial Interest

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

First Name(s)	Last Name(s)	Position	Shareholding (%)	Are they a U.S. Specified Person?	Country/Countries of residence for tax purposes.	Tax reference no. (ie TIN/NI)

## Section 5 - Corporate Trustee Applicant Details

### Details of the Trust

Name of the trust	<input type="text"/>
Date trust was established (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"/> <input type="text"/>
Nature and purpose of the trust	<input type="text"/>

### Corporate Trustee Details

Corporate trustee name	<input type="text"/>
Global Intermediary Identification Number (FATCA GIIN)	<input type="text"/>
Registered address and postcode (in full)	<input type="text"/> <input type="text"/> <input type="text"/>
Contact name	<input type="text"/>
Contact position	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

### 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	<input type="text"/> <input type="text"/>
Is this address for (please tick)	<input type="checkbox"/> Your company <input type="checkbox"/> Your IFA <input type="checkbox"/> Your solicitor <input type="text"/> Other

### 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)	Executive Director/Partner 2 (must be completed)
Sex (Please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Title (Please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (In full)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="text"/> Other (In full)
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"/> <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"/>
Current residential address and postcode (in full)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Position	<input type="text"/>	<input type="text"/>

## Section 5 - Corporate Trustee Applicant Details (Continued)

### 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 - 1 from category 'A' and 1 from category 'B')

Number of signatories required	<input type="text"/>
Special instructions	<input type="text"/>

### Shareholders and Beneficial Interest

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

First Name(s)	Last Name(s)	Position	Shareholding (%)

### 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 2 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.

#### 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)	Protectors(s)	Beneficiaries (where named)
First name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current residential address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date of death	<input type="checkbox"/> *	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

\* for settlor(s) no longer alive.

**Section 6 - Your Lives Assured**

The first applicant is a life assured.

The second applicant is a life assured.

You may have up to six lives assured on your policy, inclusive of any applicants chosen as lives assured. At least one life assured must be younger than age 75 when the policy starts. Please complete the details of any additional lives assured below.

**Life Assured 1**

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)

Current residential address and postcode (in full)

**Life Assured 2**

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)

Current residential address and postcode (in full)

**Life Assured 3**

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)

Current residential address and postcode (in full)

**Life Assured 4**

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)

Current residential address and postcode (in full)

Section 6 - Your Lives Assured (Continued)

Life Assured 5

Life Assured 6

Sex (Please tick)

Male  Female

Male  Female

Title (Please tick)

Mr  Mrs  Miss

Mr  Mrs  Miss

Other (In full)

Other (In full)

First name (s)

Last name (s)

Date of birth (dd/mm/yyyy)

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Current residential address and postcode (in full)

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

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

## Section 7 - Your Source of Funds and Wealth

In order for RL360 to comply with their obligations under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, you must answer the following questions fully.

### Source of Funds

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

Bank name	<input type="text"/>
Bank address and postcode	<input type="text"/> <input type="text"/> <input type="text"/>
Account holder's name	<input type="text"/>
Account sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account number or IBAN	<input type="text"/>
Swift code (International)	<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"/>
Account held for	<input type="text"/> Years <input type="text"/> Months

If you are funding your policy from more than one bank account, please provide your additional bank details in Section 10 - Your additional notes. Please also provide your reasons for doing this.

### 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 into 1 of 3 tiers all the countries from which business can be accepted. Each tier has different source of wealth requirements. Full details on the source of wealth procedures can be obtained from your adviser or can be downloaded from [www.rl360.com/sourceofwealth.pdf](http://www.rl360.com/sourceofwealth.pdf) If the sections below do not accurately represent your source of wealth, please use Section 10. You must complete the annual salary question in all cases and for both applicants as applicable.

Annual Salary Plus Bonuses	First Applicant	Second Applicant (If Applicable)
Income this year	<input type="text"/>	<input type="text"/>
Income last year	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's company name	<input type="text"/>	<input type="text"/>

**Other Unearned Income** (If you are retired please tell us your previous occupation, previous salary, employer and date of retirement.)

Amount received	<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"/> <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"/>
Previous occupation	<input type="text"/>	<input type="text"/>
Employer's company name	<input type="text"/>	<input type="text"/>
Previous salary	<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"/> <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"/>





## Section 11 - Your Declaration

### Literature

I confirm that I have read a copy of the True Potential Offshore Bond product literature including the Information Booklet, Key Features Document and Key Information Document.

### My Application

By signing this application I agree to my policy being governed by the True Potential Offshore Bond Terms & Conditions. I confirm that all of the information I have provided in this application, along with any supporting forms, questionnaires, statements, reports or other information are true and complete.

### Availability

I am not resident in the USA. I confirm that to the best of my knowledge and belief, I am not subject to any legislation that would make my investment unlawful.

### Adviser

I have appointed  (company name) to act as my adviser.

I agree to RL360 disclosing all information relating to my policy to True Potential and to my appointed adviser. I will let RL360, via True Potential, know in writing if I decide to change my appointed adviser.

### 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.

### Investment

I am aware that RL360 does not provide investment advice and that any published acceptable investment list should not be considered a recommendation. I am aware that all investment dealing and transactions will be performed via True Potential Investments LLP, and will be subject to their term and conditions.

### Corporate, Corporate Trustee and Individual Trustee Applications

I confirm that we have the necessary powers to take out this policy and enter into a contract with RL360. I can confirm that the company has the capacity to enter into the contract applied for and has not been and is not in the process of being dissolved, struck off, wound up or terminated. I agree that we will notify RL360, via True Potential, in writing immediately when any of our directors, list of authorised signatories or trustees change. I agree that we will provide evidence of identity and current residential address when asked for it. I also acknowledge that an up-to-date authorised signatory list can be requested at any time. I am aware that a bank reference can be requested at any time.

### Data Protection

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](http://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](mailto: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](http://www.rl360.com/privacy) or can be obtained by requesting a copy from our Data Protection Officer.

### Cancellation Rights

I am aware that I have the right to cancel my policy and obtain a refund of the premium paid to RL360 less any reduction as a result of investment performance, by giving written notice. I agree to provide RL360 with signed notice within 30 days of receiving the cancellation notice should I wish to cancel the policy.

### Legal

I 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 may be brought in relation to the policy.

### Linked Investments

A Linked Investment can be any type of investment that is allowable under regulation and that is acceptable to RL360. It is linked to your policy and used to determine its value. Linked Investments are owned by RL360, not you. As policyholder you own the value of the policy, however, RL360 remains the beneficial owner of the underlying Linked Investments. A Linked Investment may be referred to as a Security or a Fund under the True Potential Investments LLP Terms and Conditions.

I am aware that my application is made with a view to my policy initially being linked to an account held on the True Potential Platform service provided to me. I understand that RL360 has entered into arrangements with True Potential and SEI (who are the custodian of the Linked Investments) to allow the Linked Investments allocated to my policy to be held and managed in this way.

I agree to comply with the True Potential Investments LLP Terms and Conditions and to use the True Potential Platform in relation to my policy in accordance with any requirements of RL360. I am aware that SEI exclude the liability for losses incurred to Linked Investments and permit SEI to appoint nominees and subcustodians who may not be subject to the same degree of regulation and may operate in jurisdictions that do not afford the same legal protections; sub-custodians may impose exclusions upon their own liability and RL360 will not have direct personal rights against such persons, which may make it more difficult to recover any losses.

I understand that Linked Investments allocated to my policy may be mingled with investments allocated to other clients of SEI or its sub-custodians. Notwithstanding this, I agree to the Linked Investments allocated to my policy being held and dealt with in this way and accept that RL360 is not responsible for any loss or liability suffered by me in respect of the performance or nonperformance by any person of duties arising under the True Potential Investments LLP Terms and Conditions.

I agree to tell RL360 straight away if I seek to terminate my True Potential Platform with True Potential, or if I become aware of any reason why it may be terminated. I also understand that the arrangements between RL360 and True Potential and/or SEI may be amended or terminated at any time and that this may mean changes will be made by RL360 to the way in which my policy is managed; I understand that charges may be levied by RL360 for administrative work involved if there is any change in these arrangements. I understand that RL360 may make amendments to the True Potential Offshore Bond Terms and Conditions of my policy in these circumstances.

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.

### Final Agreement

I agree to the following documents forming the basis of the contract between me and RL360:

- this Application Form
- the Terms and Conditions
- the Policy Schedule
- any Endorsements to the Policy Schedule
- any other communication, signed by an RL360 authorised signatory, that evidences a change in the contract between you and RL360

I am aware that some aspects of my policy will operate as defined in the True Potential Investments LLP Terms and Conditions. I accept that RL360 can bring the contract to an end if I have failed to detail any facts that may influence the decision to accept this application. I am aware that RL360 cannot accept applications where the advice is received (whether by letter, fax, email, telephone or in person) or the Application Form is signed in the USA.

**Section 11 - Your Declaration (Continued)**

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

**Applicant/Trustee/Authorised Signatory 1**

**Applicant/Trustee/Authorised Signatory 2**

Signed



Date (dd/mm/yyyy)

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**Applicant/Trustee/Authorised Signatory 3**

**Applicant/Trustee/Authorised Signatory 4**

Signed



Date (dd/mm/yyyy)

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**Section 12 - Your Adviser's Declaration**

**This Section is to be Completed by Your Financial Adviser.**

Company name

RL360 adviser number

Name of regulatory or authorising body (e.g. FSA)

Regulatory number (if applicable)

Financial Adviser's stamp (if this does not state an address, please complete company address details too)

Full name

Work telephone number

Mobile telephone number

Email address

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

Date (dd/mm/yyyy)

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## Section 13 - Your 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, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP. Your cheque must come from the bank account you have detailed in Section 7. Please note that cheques can take up to six working days to clear.

### Bank Transfer (BACS or Telegraphic Transfer)

If you are paying into your policy by bank transfer please instruct your bank to quote your name and policy number as a reference. Please make your payment to RL360 Insurance Company Limited through the appropriate bank below.

Currency	Bank Name	Protectors(s)	Sort Code	SWIFT code
GBP	HSBC	GB15 MIDL 40193893961230	40 19 38	MIDLGB22

## Section 14 - Your Application Checklist

This handy checklist will help make sure you have completed and provided everything needed to process your application.

### For Individual Applicants

#### For Verification of Your Identity

Your passport or national ID card bearing your photograph(s)

#### For Verification of Your Current Address

Your latest bank statement(s), credit card statement(s), or utility bill(s) or other document(s) as listed in the completion notes shown on page 2

### For Individual Trustee Applicants Please Provide

all of the evidence requested in Section 3

### For Corporate Applicants Please Provide

all of the evidence requested in Section 4

### For Corporate Trustee Applicants Please Provide

all of the evidence requested in Section 5

### For all Applications

#### To Confirm Policy Details

You have completed Section 1 in full

#### For Source of Funds and Wealth

You have read our source of wealth requirements (<http://www.rl360.com/sourceofwealth.pdf>) and completed Section 7. If you need to supply additional evidence use the list below to help

Source of Wealth	Evidence Required	Please tick if attached
Income from employment	Certified copy of your last three months' payslips, confirmation of your income from your employer, copy of your recent accounts if you are self employed, or equivalent documentation.	
Other income or capital	Relevant certified documentation to verify the source of wealth.	
Lottery or betting win	Certified copy of confirmation letter or cheque confirming the win from the relevant organisation, or equivalent documentation.	
Company sale	Certified copy of the sale agreement or equivalent documentation.	
Gift	Certified copy of identification for gift donor and suitable documentation to verify source.	
Policy claim	Certified copy of the notification of proceeds letter for the claim, chargeable event certificate, or equivalent documentation.	
Compensation payment	Certified copy of solicitors' letter or court order, or other equivalent documentation.	
Property sale	Certified copy of sale agreement or equivalent document.	
Inheritance	Certified copy of the will, solicitors' letter, or equivalent documentation.	
Any other source not listed above	Relevant certified documentation to verify the source of wealth.	

**To Complete**

You have signed your declaration in Section 11

**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 RL360 accepting your application and issuing your policy.**



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November 2018