

CREDIT AND DEBIT CARD MANDATE



WHO IS THIS FORM FOR?

This form is for plan owners who wish to pay by credit or debit card. You can also use this form to tell us about a new card if your old one is about to expire. Depending on the type of plan you hold, this payment option may not be available for specific payment frequencies, please check your plan literature or contact us before completing.

COMPLETING THIS FORM

In order to comply with the Isle of Man Insurance (Anti-Money Laundering) Regulations 2008, we may require additional source of wealth evidence subject to where the bank that issued your credit or debit card is registered. For further information about country tiers please refer to our source of wealth information document available online at www.rl360.com/sourceofwealth.pdf.

If you need help completing this form please contact our Customer Services Team on +44 (0)1624 681682 or alternatively you can email csc@rl360.com.

WHEN YOU HAVE COMPLETED THIS FORM

Please send the completed instruction to premiums@rl360.com or alternatively you can post this to: Premiums Team, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

IMPORTANT

We are only able to accept credit or debit cards where the card displays one of the logos above and is prefixed with a '3', a '4' or a '5'.

Please note that if you own a Quantum Malaysia or Regular Savings Plan Malaysia, you will not be able to make payments using American Express. If you own a LifePlan Lebanon plan, you will not be able to make payments using American Express or JCB.

We regret that we cannot accept payments from Rand or Zimbabwe dollar denominated cards.

The maximum amount that can be collected by credit card is GBP99,999.99 (or currency equivalent) per payment.

Please make sure you allow 5 working days for your request to be processed.

We will also require 5 working days to process any cancellations or amendments to your card details.

CREDIT CARD PRE-AUTHORISATION

Pre-authorisation is the process of pre-approving payments with your card provider. We carry out this process to make sure that the card's details are correct and working properly prior to collecting your payment.

This process will create a pre-authorisation on your credit card for one unit in the same currency as your plan i.e. GBP1.00/USD1.00/EUR1.00 etc. This amount may not appear on your credit card statement, but will affect the card balance or spending limit until your card provider removes it.

If you have opted to receive text messages from your card provider, you may get a confirmation text for this transaction.

PRIVACY POLICY

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

クレジットカード・デビットカード変更申請書

CREDIT AND DEBIT CARD MANDATE

※書類は全て英語表記で記入してください。
 ※署名は、RL360社の登録サインとなります。必ず直筆でご記入ください。
 ※登録希望のクレジットカード会社へ予め、海外からの決済がある旨お伝えください。

RL360 plan reference **証券番号 例：QNXXXXXX または RSXXXXXX**

Plan owner(s) **契約者氏名 例：TARO NIPPON (必ず英語表記にてご記入下さい)**

I authorise you, until further notice in writing, to collect payments as detailed below:

プランお積立通貨

Payment currency ☐ GBP ☐ USD ☐ EUR ☐ CHF
☐ AUD ☐ HKD ☒ JPY

Payment amount in figures **お積立金額 例：JPY50,000**

Payment amount in words **お積立金額を英語表記で記入 例：FIFTY THOUSAND**

お支払頻度
 Payment frequency ☒ Monthly 月払 ☐ Quarterly 四半期 ☐ Half-yearly 半年 ☐ Yearly 年払い

Payment commencement date (dd/mm/yyyy) **記入必要なし**

Card type **カードの種類** ☐ マスターカード Mastercard/Eurocard ☒ ビザカード Visa ☐ JCBカード JCB ☐ アメリカン・エクスプレス American Express*

* The amount we collect from your card will be 1% higher than your payment to cover additional charges applied by American Express.

Card issued by **カード発行銀行/会社名 例：RAKUTEN Co. Ltd (カード裏面の発行社名を記入下さい)** (name of bank)

Country of card issue **カード発行国 例：JAPAN**

Cardholder's name(s) (must be a plan owner) **カード名義人名 例：TARO SUZUKI (契約者と同じ名義。第三者支払の場合は、第三者身分証明書類、住所証明書類、契約者との関係を示す書類の提出が必要となります)**

Cardholder's address (as held by the card issuer) **契約書登録住所 例：1-2-3-, Nihonbashi, Chuo-ku, Tokyo, Japan Post code: 123-4567 (登録住所と異なる住所の場合、住所更新/変更手続きを行う必要があります)**

カード番号
 Card number **カード有効期限** Expiry date (mm-yy)
 4 2 0 0 - 1 2 3 4 - 5 6 7 8 - 9 0 1 2
 0 3 - 2 3

I understand that RL360 Insurance Company Limited (RL360) will advise me of the amount to be paid and the dates on which payment is due and that RL360 may only change these after giving me prior notice.

I understand that this authority in favour of RL360 will remain in force until such time as I cancel it in writing.

Signature of cardholder(s) **第一義人署名** **第二義人署名 (該当する場合のみ)**
 署名 契約登録署名またはパスポート登録署名

Date (dd/mm/yyyy) **日付**
 2 2 0 2 2 0 2 2

※日付はすべて、日/月/年の順番で記入して下さい。

ご契約登録署名を忘れてしまった場合、または不確実である場合は、書類が受け付け不可となる可能性となりますため、異なった署名の書類を複数ご提出いただくことをお勧めします。