

CHANGE OF ADDRESS/CONTACT DETAILS

WHO IS THIS FORM FOR?

This form is for RL360 Insurance Company Limited (RL360) and RL360 Life Insurance Company Limited (RL360° Services) plan owners. It is for individual, trustee and corporate plan owners of single and regular payment plans who need to notify us of a change to their address or contact details.

Plan owners should also use this form to notify us of any address changes for the lives assured on their plan.

COMPLETING THIS FORM

We can only accept a copy of this instruction if it has been signed by all individual owners, trustees or authorised signatories. Please note we do not require the original copy however we do reserve the right to ask for the original form if we deem this appropriate.

Please complete in BLOCK capitals throughout.

Changes to the details of an individual plan owner (not held in trust)

All plan owners must sign the form. In the case of joint ownership, both owners must sign otherwise the form will be invalid.

Changes to the details of a trust

All trustees must sign the form.

Changes to the details of a company

The appropriate authorised signatories must sign on behalf of the company. Please ensure that the authorised signatory list we hold on file is up-to-date before sending the form.

In all cases the appropriate persons as detailed above must sign the form otherwise we cannot proceed with any changes.

IMPORTANT INFORMATION

Changes to your country of residence may affect the tax treatment of your plan as well as changing the investments which you can hold. We suggest that you speak to your financial and tax advisers in the first instance.

PRIVACY AND COOKIE POLICIES

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

WHERE SHOULD I SEND THE COMPLETED FORM?

Please send the completed form to alterations@rl360.com or alternatively you can post this to:

Alterations Team
International House
Cooil Road
Douglas
Isle of Man
IM2 2SP
British Isles

NOTE

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.

CHANGE OF ADDRESS/CONTACT DETAILS

Plan number(s)		
	Plan owner 1 (or trustee)	Plan owner 2 (or trustee)
Name		
New residential/ registered address and postcode (in full)		
Date moved to new address (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"/>
New correspondence address (if different to above)		
Home telephone ¹		
Work telephone ²		
Mobile telephone		
Email address		

Online services (for individual plan owners and individual trustees)

If you wish to access details of your plan online, you must supply us with the following information.

Email address		
Password (you will only use this once)		
Password hint		

If you require online servicing for your company please download our agreement and registration forms from our website - www.rl360.com/servicing

Company details (if applicable)

Company name	
New registered address and postcode (in full)	
Date moved to new address (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"/>
New correspondence address and postcode (in full)	
Country of residence for tax purposes	
Company tax reference number(s)	
If it is not possible to provide a tax reference number, you must specify the reason here	
FATCA GIIN (if applicable)	

¹ Required for individual plan owners and individual trustees.

² Required for corporate investors.

Plan owner/Trustee/Authorised Signatory 1

Signature

Date (dd/mm/yyyy)

Full name

Country of birth

Country or countries
of tax residence

Tax reference number (ie TIN/NI)

If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)

Are you a US Specified Person?

☐

Yes

☐

No

Plan owner/Trustee/Authorised Signatory 2☐ Yes☐

No

Plan owner/Trustee/Authorised Signatory 3

Signature

Date (dd/mm/yyyy)

Full name

Country of birth

Country or countries
of tax residence

Tax reference number (ie TIN/NI)

If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)

Are you a US Specified Person?

☐

Yes

☐

No

Plan owner/Trustee/Authorised Signatory 4☐ Yes☐

No