

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.

顧客情報変更申請書

CHANGE OF ADDRESS/CONTACT DETAILS

※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。
 ※プラン第二名義人がいる場合、**第二名義人の署名**もご記入ください。

Plan number(s)	証券番号 例：RS0001234 または QN0001234 (証券番号がわからない場合は、空欄にしてください問題ございません)	
	Plan owner 1 (or trustee)	Plan owner 2 (or trustee) 該当する場合のみ
Name	プラン名義人氏名 例：TARO NIPPON	第二名義人氏名 例：HANAKO NIPPON
New residential/ registered address and postcode (in full)	新しく登録する住所 例：1-2-3, Nihonbashi, Chuo-ku, Tokyo, Japan Post code: 123-4567	
Date moved to new address (dd/mm/yyyy)	2 3 0 3 2 0 2 0 ※上記住所に引っ越した日 (日/月/年の順にて記入)	
New correspondence address (if different to above)	新しく登録する郵送先住所 (上記と異なる場合のみ) 例：4-5-6, Nihonbashi, Chuo-ku, Tokyo, Japan Post code: 456-7890	
Home telephone ¹	自宅電話番号 例：+81-3-3456-7890	
Work telephone ²	勤務先電話番号 例：+81-3-3456-7891	
Mobile telephone	携帯電話番号 例：+81-80-1234-5678	
Email address	Eメールアドレス 例：n.taro@abc.com	

Online services (for individual plan owners and individual trustees) RL社のオンラインサービスの登録を希望の場合のみ記入して下さい。
 If you wish to access details of your plan online, you must supply us with the following information.

Email address	Eメールアドレス 例：n.taro@abc.com	
Password (you will only use this once)	パスワード 例：ntaro123	
Password hint	パスワードヒント 例：Name	

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)	記入不要
Date moved to new address (dd/mm/yyyy)	
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	Plan owner/Trustee/Authorised Signatory 2
Signature	<div style="border: 1px solid black; padding: 5px;"> 第一義人署名 契約登録署名またはパスポート登録署名 </div>	<div style="border: 1px solid black; padding: 5px;"> 第二義人署名 (該当する場合のみ) </div>
Date (dd/mm/yyyy)	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> <div style="display: inline-block; width: 20px; text-align: center;">2</div> </div> 日付は日/月/年の順で記入して下さい (書類を記入した日付)	
Full name	<div style="border: 1px solid black; padding: 2px;">フルネーム 例: TARO NIPPON</div>	<div style="border: 1px solid black; height: 20px;"></div>
Country of birth	<div style="border: 1px solid black; padding: 2px;">出身国 例: JAPAN</div>	<div style="border: 1px solid black; height: 20px;"></div>
Country or countries of tax residence	<div style="border: 1px solid black; padding: 2px;">納税国 例: JAPAN</div>	<div style="border: 1px solid black; height: 20px;"></div>
Tax reference number (ie TIN/NI)	<div style="border: 1px solid black; padding: 2px;">マイナンバー番号 例: 1234 5678 9012</div>	<div style="border: 1px solid black; height: 20px;"></div>
If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)		
Are you a US Specified Person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Plan owner/Trustee/Authorised Signatory 3	Plan owner/Trustee/Authorised Signatory 4
Signature	<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; height: 30px;"></div>
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。		
Date (dd/mm/yyyy)	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> </div>	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> </div>
Full name	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Country of birth	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
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Tax reference number (ie TIN/NI)	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
If unavailable, provide a functional equivalent (e.g. National Insurance Number, Social Security Number, Resident Card Number)		
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No