

novia



Offshore Bond Application for
Trust/Corporate use including
Additional Investments

Provided by RL360 Insurance Company
Limited (RL360)

Once completed and checked please send to:
Novia Client Services, PO Box 4328, BATH, BA1 0LR.

Please indicate where applicable and ensure that the Declaration is signed. Copies of the Novia Terms & Conditions are available on request, as is a copy of your completed application form(s). The contract could be invalidated by any failure to disclose facts which might influence RL360 Insurance Company Limited's (RL360) assessment of this application. If you have any doubt whether a fact is relevant then you should disclose it. Please ensure that appropriate supporting documents are forwarded in all cases.

PLEASE COMPLETE THIS FORM IN CAPITAL USING BLACK INK.

Guidance Notes

Verification of your Identity and Address

In order to satisfy the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, RL360 are required to check the identity and address of each Applicant. For your convenience, a complete checklist of all requirements can be found at the back of this application form.

Guidelines for Satisfactory Evidence

Verification of Identity

Documents that will be accepted as satisfactory evidence of identity are:

- > A valid 'full' passport
- > A national ID card (carrying a photograph)
- > Where the above documents are not available, two formal documents with appropriate reference numbers will be considered

Verification of Residential Address

To confirm your residential address details the following documentation is acceptable.

- > A utility, rates or council tax bill. Unfortunately, mobile telephone bills are not acceptable as evidence of address
- > An entry in a local telephone directory
- > An extract from the official register of electors
- > A current driving licence (both photographic and printed sections, if applicable)
- > 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 the residential address), where the PO Box shown is also your correspondence address
- > A mortgage statement

Documents for identity and address verification must be the most recent available.

Suitably Certified Copy Documentation

We can accept certification of copy documents by Advisers (IFAs) who hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your Adviser to determine if they can certify your documents.

Where Suitable Certifier status is not held, we will only accept certification by one of the following 'Suitable Certifiers':

- > Notary Public (or equivalent)
- > Lawyer
- > A formally appointed member of the judiciary
- > An employee of RL360
- > A Commissioner for Oaths.

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 his/her name clearly in capitals underneath the signature
- > Record the capacity or position in which they are certifying the document
- > Add their company/official stamp or seal.

The documents which RL360 receives must contain the original certification and stamp. Any costs associated with certifying documentation are at your own expense. We regret that we are unable to accept copies of documents certified by other unconnected parties unless they are one of those persons listed above.

U.S. Specified Person

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.

Failure to provide any of the information requested in this application may delay investment and acceptance.

Initial Investment
 Additional Investment into Bond Number
 N V 1 0 0

Wrap number (for internal use only)

1 Corporate Application – Details of Company/Partnership

If you are an existing Novia Investor, please include your Novia Investor number here

Public Registered Company
 Private Limited Company
 Partnership

Name

If a Public Registered Company, please tell us which stock exchange(s) you are listed on.

Registered address

Company name	<input type="text"/>	County	<input type="text"/>
Street name	<input type="text"/>	Country	<input type="text"/>
District	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Town/City	<input type="text"/>		

Legal Entity Identifier(LEI) number

Country or countries of tax residence

Company Tax Number(s) Registration number

Telephone (inc. area code) Fax number (inc. area code)

E-mail address

What is your reason for applying for this policy?

Please provide evidence as appropriate e.g. a copy of a share redemption certificate where funds originate from sale of shares.

Are there any concurrent proposals being made to another life office, and do you hold any other life assurance or capital redemption investment policies?

Yes No

(if yes, please give details including the name of the company and approximate cash value)

2 Corporate Application – Authorised Signatories (to be completed for all Initial Investments)

Please provide details of all signatories who will have authority to give instructions to us on behalf of the company. We will also require a certified copy of the board resolution giving the signatories authority to act on the company's behalf and an Authorised Signatory List with specimen signatories.

Executive Director/ Partner 1

Mr Miss Mrs Other (in full)

Male Female

Family name

Forename(s) (in full)

Other previous names or alias(es)

Position

Date of birth

Country of birth

Nationality(ies)

Country or countries of tax residence

National Insurance Number

Tax Identification Number (for non UK tax residence)

Are you a US Specified Person? Yes No

Current Residential Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Contact Details

Telephone (Inc. area code)

Fax

Email

Director/ Partner 2

Mr Miss Mrs Other (in full)

Male Female

Family name

Forename(s) (in full)

Other previous names or alias(es)

Position

Date of birth

Country of birth

Nationality(ies)

Country or countries of tax residences

National Insurance Number

Tax Identification Number (for non UK tax residence)

Are you a US Specified Person? Yes No

Current Residential Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Contact Details

Telephone (Inc. area code)

Fax

Email

Please continue on a separate sheet or provide a full list of authorised signatories, if require

2 Corporate Application – Authorised Signatories *continued*

You are authorised to accept instructions from the above authorised signatories as follows:

Any one of them All of them

Other (please specify)

3 Trust Application – Details of Trustee(s)

If you are an existing Novia Investor, please include your Novia Investor number here

i) If Individual Trustee(s)/Nominee(s)

a) Trustee/Nominee 1

Trustee Nominee

Mr Miss Mrs Other (in full)

Male Female

Last name

Forename(s) (in full)

Other previous names or alias(es)

Position

Date of birth

Country of birth

Nationality(ies)

Country or countries of tax residence

National Insurance Number

Tax Identification Number (for non UK tax residence)

Are you a US Specified Person? Yes No

Current Residential Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Length of time at current address YEARS MONTHS

b) Trustee/Nominee 2

Trustee Nominee

Mr Miss Mrs Other (in full)

Male Female

Last name

Forename(s) (in full)

Other previous names or alias(es)

Position

Date of birth

Country of birth

Nationality(ies)

Country or countries of tax residence

National Insurance Number

Tax Identification Number (for non UK tax residence)

Are you a US Specified Person? Yes No

Current Residential Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Length of time at current address YEARS MONTHS



Trust Application – Details of Trustee(s) continued
Trustee/Nominee 1

Previous Address (if less than 3 years)

House number/name, Street name, District, Town/City, County, Country, Post Code

Contact Details

Telephone (Inc. area code), Fax, Email, Signature, Date

a) Trustee/Nominee 3

Trustee/Nominee checkboxes, Mr/Miss/Mrs/Other, Male/Female, Last name, Forename(s), Other previous names or alias(es), Position, Date of birth, Country of birth, Nationality(ies), Country or countries of tax residence, National Insurance Number, Tax Identification Number

Are you a US Specified Person? Yes No

Trustee/Nominee 2

Previous Address (if less than 3 years)

House number/name, Street name, District, Town/City, County, Country, Post Code

Contact Details

Telephone (Inc. area code), Fax, Email, Signature, Date

a) Trustee/Nominee 4

Trustee/Nominee checkboxes, Mr/Miss/Mrs/Other, Male/Female, Last name, Forename(s), Other previous names or alias(es), Position, Date of birth, Country of birth, Nationality(ies), Country or countries of tax residence, National Insurance Number, Tax Identification Number

Are you a US Specified Person? Yes No



Trust Application – Details of Trustee(s) *continued*

Trustee/Nominee 3

Current Residential Address

House number/
name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Length of time at
Current address YEARS MONTHS

Previous Address (if less than 3 years)

House number/
name

Street name

District

Town/City

County

Country

Post Code

Contact Details

Telephone
(Inc. area code)

Fax

Email

Signature

Date

ii) If a Corporate Trustee

Name of Trust

Nature and Purpose of the Trust

Date Trust was established

Legal Entity Identifier(LEI) number

Trustee/Nominee 4

Current Residential Address

House number/
name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Length of time at
Current address YEARS MONTHS

Previous Address (if less than 3 years)

House number/
name

Street name

District

Town/City

County

Country

Post Code

Contact Details

Telephone
(Inc. area code)

Fax

Email

Signature

Date

Trust Application – Details of Trustee(s) *continued*

Registered address

Building number/
name

Street name

District

Town/City

County

Country Postcode

Country of registration

Global Intermediary Identification Number (GIIN)

Contact Details

Telephone (Inc. area code) Fax (inc. area code)

Email

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.

<p>First name <input type="text"/></p> <p>Position <input type="text"/></p> <p>National Insurance Number <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"/></p> <p>First name <input type="text"/></p> <p>Position <input type="text"/></p> <p>National Insurance Number <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"/></p> <p>First name <input type="text"/></p> <p>Position <input type="text"/></p> <p>National Insurance Number <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"/></p> <p>First name <input type="text"/></p> <p>Position <input type="text"/></p> <p>National Insurance Number <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"/></p>	<p>Last name(s) <input type="text"/></p> <p>Shareholding % <input type="text"/></p> <p>Tax Identification Number (for non UK tax residence) <input type="text"/></p> <p>Last name(s) <input type="text"/></p> <p>Shareholding % <input type="text"/></p> <p>Tax Identification Number (for non UK tax residence) <input type="text"/></p> <p>Last name <input type="text"/></p> <p>Shareholding % <input type="text"/></p> <p>Tax Identification Number (for non UK tax residence) <input type="text"/></p> <p>Last name(s) <input type="text"/></p> <p>Shareholding % <input type="text"/></p> <p>Tax Identification Number (for non tax UK residence) <input type="text"/></p>
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Trust Application – Details of Trustee(s) *continued*

Evidence required

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

- > A full list of all directors
- > Suitably certified certificate of incorporation or equivalent document showing date and place 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 of 25% or more

4 Trust Application – Details of the Trust

Name of the Trust

When was the Trust established?

Legal Entity Identifier (LEI) Number

5 Trust Application – Corporate Trustee – Authorised Signatories

Executive Director/Partner 1

Mr Miss Mrs Other
 (in full)

Male Female

Last name

Forename(s) (in full)

Other previous names or alias(es)

Position

Date of birth

Country of birth

Nationality(ies)

Current Residential Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Length of time at Current address

Executive Director/Partner 1

Mr Miss Mrs Other
 (in full)

Male Female

Last name

Forename(s) (in full)

Other previous names or alias(es)

Position

Date of birth

Country of birth

Nationality(ies)

Current Residential Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of residence

Length of time at Current address

Trust Application – Corporate Trustee – Authorised Signatories *continued*

Executive Director/Partner 1

Previous Address (if less than 3 years)

House number/
name

Street name

District

Town/City

County

Country

Post Code

Contact Details

Telephone
(Inc. area code)

Fax

Director/Partner 2

Previous Address (if less than 3 years)

House number/
name

Street name

District

Town/City

County

Country

Post Code

Contact Details

Telephone
(Inc. area code)

Fax

6 Correspondence address (to be completed for all Initial Investments)

Please note that any correspondence we are required to send you will be sent to this address. This will cancel any existing instruction and apply to future correspondence for all product wrappers on this Novia account.

Contact Name
and position
(where applicable)

Street name

District

Town/City

County

Country

Postcode

Is the correspondence address Broker Self Friend/Family

Other (please specify)

7 Details of Parties with a Beneficial Interest

Please include details of all parties with a beneficial interest. For each party specified please indicate the nature and extent of their interest.

Please continue on a separate sheet if necessary. We will also need a certified copy of a valid passport and evidence of the address.

Individuals

Mr Miss Mrs Other
(in full)

Male Female

Last name

Forename(s)
(in full)

Other previous names or alias(es)

Date of birth

Mr Miss Mrs Other
(in full)

Male Female

Last name

Forename(s)
(in full)

Other previous names or alias(es)

Date of birth

Details of Parties with a Beneficial Interest *continued*

Country of birth

 Nationality(ies)

Current Residential Address

House number/
name
 Street name
 District
 Town/City
 County
 Country
 Postcode
 Country of residence

Length of time at
Current address YEARS MONTHS

Previous Address (if less than 3 years)

House number/
name
 Street name
 District
 Town/City
 County
 Country
 Postcode
 Country of residence

Contact Details

Telephone
(Inc. area code)
 Fax
 Nature of
interest

Country of birth

 Nationality(ies)

Current Residential Address

House number/
name
 Street name
 District
 Town/City
 County
 Country
 Postcode
 Country of residence

Length of time at
Current address YEARS MONTHS

Previous Address (if less than 3 years)

House number/
name
 Street name
 District
 Town/City
 County
 Country
 Postcode
 Country of residence

Contact Details

Telephone
(Inc. area code)
 Fax
 Nature of
interest

Details of Parties with a Beneficial Interest *continued*

Corporate Entity or Charity

Name

Current Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of registration

Registration number

Telephone number

Nature of interest

Name

Current Address

House number/name

Street name

District

Town/City

County

Country

Post Code

Country of registration

Registration number

Telephone number

Nature of interest

8 Lives Assured (to be completed for all Initial Investments)

Life Assured 1

Mr Miss Mrs Other (in full)
 Male Female

Last name

Forename(s) (in full)

Date of birth

Country of birth

Nationality(ies)

Life Assured 2

Mr Miss Mrs Other (in full)
 Male Female

Last name

Forename(s) (in full)

Date of birth

Country of birth

Nationality(ies)



Lives Assured continued (to be completed for all Initial Investments)

Life Assured 1 Current Residential Address

House number/name, Street name, District, Town/City, County, Country, Post Code, Country of residence, Telephone, Fax

Life Assured 2 Current Residential Address

House number/name, Street name, District, Town/City, County, Country, Post Code, Country of residence, Telephone, Fax

Life Assured 3

Mr, Miss, Mrs, Other, Male, Female, Last name, Forename(s), Date of birth, Country of birth, Nationality(ies)

Life Assured 4

Mr, Miss, Mrs, Other, Male, Female, Last name, Forename(s), Date of birth, Country of birth, Nationality(ies)

Current Residential Address

House number/name, Street name, District, Town/City, County, Country, Post Code, Country of residence, Telephone, Fax

Current Residential Address

House number/name, Street name, District, Town/City, County, Country, Post Code, Country of residence, Telephone, Fax

Please copy this page to add further lives assured.

9 Payment and Policy Instructions (to be completed for all investments)

The payment currency for your Offshore Bond is GBP only.

Investment amount Minimum initial investment is GBP50,000.

If paying by cheque, please make cheques payable to Novia Financial plc and drawn on an account held in the name of one or more of the applicants. Cheques should be sent together with this form to: Novia Client Services, PO Box 4328, BATH, BA1 0LR.

If you wish to pay by bank transfer, please pay into the RL360 account detailed below. Please make sure your name(s) on the bank transfer is the same as it appears on this application and, if you are an existing client please include both your Novia Investor number and your RL360 policy number or, for new clients, please include your National Insurance number.

Please ensure this application is fully completed and all relevant documentation has been submitted before instructing your bank to transfer any monies.

Bank: Citibank N A (for Initial Investments only)

Account name: RL360 Novia Premium Account
 Sort code: 18-50-08 Account number: 13142000
 Swift code: CITIGB2L IBAN number: IBAN GB09CITI18500813142000

Multiple Policy Facility (for Initial Investments only)

Number of sub-policies required (minimum 1, maximum 100). Please note that in the absence of contrary instructions, sub-policies will be issued. Any additional Investments will be applied to your existing policies.

10 Investment Instruction (a or b to be completed for all Investments)

a. Instructions for Initial Investments only (Additional Investments should be detailed in 11b)

Unless you tell us otherwise, we automatically buy accumulation units/shares. Where accumulation units/shares have been stated but are not available, we will buy income units/shares. Where income units/shares have been stated but are not available, we will buy accumulation units/shares. All purchases are subject to sufficient cleared funds. Please ensure that your investment choices total 100%, otherwise your investment will be held in your Cash Facility until the choices are confirmed.

Name of investment*	Inc/Acc	%
Cash (min 2%)		2
Total		100%

Please ensure you only choose funds that are permissible for this product wrapper.
 *Please write the names in full as listed on the Novia Investments List. The list and fact sheets can be found at www.novia-financial.co.uk/investments/investmentlist/

Do you wish to make the investment choice above your default selection for future investments? Yes No

If Yes, and you wish to have periodic rebalancing, please select frequency. Quarterly Annually

By completing this application you authorise Novia to accept instructions regarding the future application, amendment and removal of rebalancing from the Adviser and/or Firm named in Section 17. For a full explanation of the rebalancing process please read the Novia Terms & Conditions.

Investment Instruction *continued* (a or b to be completed for all Investments)

b. Instructions for Additional Investments only (Initial Investments should be detailed in 11a)

Please choose the appropriate investment and rebalancing options for this investment.

Option 1: Invest into the current default selection of investments for this product

(please note that any existing rebalancing instruction will remain in force on this product)

I wish to invest this immediately into my default selection

Or

I have an existing rebalancing instruction and wish to invest in cash awaiting the next rebalancing date

Option 2: Invest into a New Selection of Investments

Unless you tell us otherwise, we automatically buy accumulation units/shares. Where accumulation units/shares have been stated but are not available we will buy income units/shares. Where income units/shares have been stated but are not available, we will buy accumulation units/shares. All purchases are subject to sufficient cleared funds. Please ensure that your investment choices total 100%, otherwise your investment will be held in your Cash Facility until the choices are confirmed.

Name of investment*	Inc/Acc	%
Cash (min 2%)		2
Total		100%

* Please write the names in full as listed on the Novia Investments List. The list and fact sheets can be found at www.novia-financial.co.uk/information

Your new investment selection will remove any default asset choice. If you wish to create a new default asset choice and rebalancing instruction please complete the following.

11 Regular Withdrawal Instructions

Please complete this section if you would like to receive a regular withdrawal.

The instruction given on this application will replace any previous instruction.

Withdrawals in excess of 5% of your investments made (including additional investments) from an Offshore Bond in any policy year will give rise to a chargeable event and this may result in a tax charge (unless the 5% allowance from previous years has not been used). It may reduce your tax bill to cash in a whole number of policies. Please consult your Adviser for guidance.

The above information is based on our current understanding of HM Revenue & Customs law and practice which is subject to change.

Please complete this section if you would like to receive a Regular Withdrawal.

£ or % of the policy value at the time of withdrawal

Monthly Quarterly Annually Start date** MMYY

* Regular Withdrawals have the option for fixed amount OR % but not both.

** Please note that the start month cannot be more than 12 months from the date of application.

Do you wish to increase your Regular Withdrawals? (Please select one option only)

No increase Increase by the Retail Price Index (RPI) Increase by a fixed % (1%-5% p.a.) %

Payments will be made on the ninth business day of each month and will typically reach your account three business days later for bank accounts, or up to 10 days later for building society accounts, as nominate in Section 12.

12 Bank Details (to be completed for all Initial Investments only)

Please provide details of your Bank/Building Society current account. We will use this account to make any payments to you. Please complete this section even if you are not requesting withdrawal payments at this time.

Name of Bank/Building Society

Account Holder's Name(s)

Branch Sort Code

Account number

Building Society Client number

Payments to building society accounts may take up to 10 working days longer than payments to bank accounts.

If you are making an Additional Investment and wish to change your Bank Details please speak to your Adviser or call Novia Client Services on 0345 680 8000.

13 Source of Funds and Wealth

In order for RL360 to comply with its obligations under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008, the following information **must** be provided by **all** applicants. ALL QUESTIONS MUST BE ANSWERED.

Source of funds

Please provide details of the bank account from which you intend to fund the payment of your policy.

Name of Bank/Building Society

Branch

Street Name

District

Town/City

Bank Swift Code (For all non-GBP and International payments) Swift Code must be either 8 or 11 digits

IBAN (All non-GBP accounts)

Account held for

YEARS

MONTHS

County

Country

Postcode

Account name

Account number

OR
Branch Sort Code
(For UK GBP Payments only)

OR

Account number
(GBP UK Bank only)

If you are funding your Novia policy from more than one bank account, please provide your additional bank details. 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 all countries that they will accept business from into 1 of 3 tiers. Each tier has different source of wealth requirements but business submitted from a UK source currently falls under Tier 1.

Full details on the source of wealth procedures can be obtained from your financial Adviser or can be downloaded from www.rl360wrap.com

You must complete the annual salary question in full, in all cases and for both applicants as applicable. You must also complete all other relevant questions within this section.

First Applicant

Annual salary plus bonuses

Income this year (include currency)

Income last year (include currency)

Occupation

Employer's company name

Nature of business

Second Applicant (if applicable)

Annual salary plus bonuses

Income this year (include currency)

Income last year (include currency)

Occupation

Employer's company name

Nature of business

Source of Funds and Wealth *continued*

First Applicant

Other unearned income

Amount received (include currency)

Received from

Date received

If you are retired please tell us your previous occupation, previous salary, employer and date of retirement.

Previous occupation

Previous salary (if retired)

Employer's company name

Date retired

Second Applicant (if applicable)

Other unearned income

Amount received (include currency)

Received from

Date received

If you are retired please tell us your previous occupation, previous salary, employer and date of retirement.

Previous occupation

Previous salary (if retired)

Employer's company name

Date retired

Please confirm your source of wealth for this application by completing the relevant boxes below.

First Applicant

Savings

Amount received (include currency)

Bank where savings were held

How were savings accumulated?

Pension transfer

Amount received (include currency)

Received from

Date received

Property or asset sale

Amount received (include currency)

Address of property sold or asset type

How long held

Date of sale

Second Applicant (if applicable)

Savings

Amount received (include currency)

Bank where savings were held

How were savings accumulated?

Pension transfer

Amount received (include currency)

Received from

Date received

Property or asset sale

Amount received (include currency)

Address of property sold or asset type

How long held

Date of sale



Source of Funds and Wealth *continued*

First Applicant

Company profits

Profits this year (include currency)

Profits last year (include currency)

Industry

Company sale

Profits this year (include currency)

Company name

Company industry

Date received

Other (such as a lottery win, gift or inheritance)

Amount received (include currency)

Source

Date received

Second Applicant (if applicable)

Company profits

Profits this year (include currency)

Profits last year (include currency)

Industry

Company sale

Profits this year (include currency)

Company name

Company industry

Date received

Other (such as a lottery win, gift or inheritance)

Amount received (include currency)

Source

Date received

Source of Funds and Wealth *continued*

If your single investment is greater than GBP 900,000 or is an Additional Investment amount that brings your total investment amounts to more than GBP 900,000, RL360 will require evidence of your source of funds. Please note that in all cases we reserve the right to request this information.

If source of funds evidence is required, please indicate in the appropriate box in the table below and attach copies of the evidence requested when submitting this application. In all cases copy evidence must be certified as true (see Guidance Notes). **If your single investment (or your total investment amounts following an Additional Investment) is below GBP 900,000, please proceed to the next section of this application.**

Source of Funds	Evidence Required	Please indicate if attached
Income from employment	Certified copy of your last three month's payslips, confirmation of your income from your employer, copy of your recent accounts if you are Self-employed, or equivalent documentation.	<input type="checkbox"/>
Other income or capital	Relevant certified documentation to verify the source of funds.	<input type="checkbox"/>
Lottery or betting win	Certified copy of confirmation letter or cheque confirming the win from the relevant organisation, or equivalent documentation.	<input type="checkbox"/>
Company sale	Certified copy of the sale agreement or equivalent documentation.	<input type="checkbox"/>
Gift	Certified copy of identification for gift donor and suitable documentation to verify source.	<input type="checkbox"/>
Existing investments	Certified copy of a recent investment statement, or equivalent documentation.	<input type="checkbox"/>
Sale of shares	Certified copy of the share redemption certificate(s), or equivalent documentation.	<input type="checkbox"/>
Policy claim	Certified copy of the notification of proceeds letter for the claim, chargeable event certificate, or equivalent documentation.	<input type="checkbox"/>
Compensation Payment	Certified copy of solicitors letter or court order, or other equivalent documentation.	<input type="checkbox"/>
Inheritance	Certified copy of the will, solicitor's letter, or equivalent documentation.	<input type="checkbox"/>
Property/Asset sale	Certified copy of sale agreement or equivalent document.	<input type="checkbox"/>
Any other source not listed above	Relevant certified documentation to verify the source of funds.	<input type="checkbox"/>
Company profits	Certified copy of Profit and Loss accounts for the years stated.	<input type="checkbox"/>

14 Adviser Charge Authorisation

Initial * % **or** *Maximum Initial Adviser Charge is 5% of the initial investment amount.

Ongoing ** % paid monthly **or** £ per annum to be paid Monthly Quarterly Annually

I/We understand this will be paid to my Adviser from the investments specified in Section 10. This instruction will replace any existing instruction for this product. All Adviser Charges taken from the Offshore Bond are considered to be withdrawals for the purpose of the 5% tax deferred allowance.

** The maximum Ongoing Adviser Charge is 2% pa of the policy value at the time of taking the charge. If a higher figure is recorded on this application, the maximum will be applied.

15 Adviser Charge - Switch

Switch (maximum 3%) %

I/We authorise Novia to accept switch instructions from the Adviser and/or Firm named in Section 17 of this form and agree to the fund switch charges as explained in the Novia Terms & Conditions. I/We agree my/our Adviser may retain a charge for each switch as agreed under the terms of my contract with my Adviser.

This instruction will replace any previous instruction made and will become the default for any future switches unless changed by a subsequent application. If a Switch Charge has not been stated in a previous application and this section has not been completed, a charge of 0% will apply.

16 Declaration

The Offshore Bond literature, including the Novia Key Features Document and Novia Terms & Conditions form the basis of the contract you are applying for. For your own protection you should read them carefully, along with the declarations below, before completing the application process. If you do not fully understand any point, please seek clarification from your Adviser.

I/We apply for a Novia Offshore Bond, provided by RL360 and agree to be bound by the Offshore Bond literature.

I/We confirm that, to the best of my/our knowledge and belief, all of the information supplied on this form is true and complete.

I/We appoint as my/our agent.

RL360 is authorised by me/us to disclose all information relating to my/our policy to my/our agent.

I/We shall notify RL360 in writing if there is any change.

Neither I/We, nor any of the Beneficial Owners of the trust/company are resident in the United States†.

I/We confirm that, to the best of my/our knowledge and belief, all of the information supplied on this form is true and complete and that I/We are not subject to any legislation which would make such an investment unlawful.

I/We will advise RL360, in writing immediately of changes to the residence or citizenship of the Settlor(s), Trustee(s), Director(s) or Beneficial Owner(s).

I/We confirm that to the best of my/our knowledge and belief neither I/we, or any beneficiaries of the policy are subject to any legislation which would make such an investment unlawful.

I/We will advise RL360, in writing, immediately on any changes in the Trustees and/or authorised signatories of anyone who acquires a beneficial interest.

I/We have not been, or I am/we are not in the process of being dissolved, struck off, wound up or terminated (Applicable to Corporate/Corporate trustee applicants only).

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 PEP's 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 PEP's associated with this application in the box below.

Where this box is left blank, you are confirming that non PEP's are associated with this policy.

Data Protection Act

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. 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. 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 or can be obtained by requesting a copy from our Data Protection Officer.

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.

Declaration *continued*

I/We confirm that advice leading to the application was received in (give country)

and the application form was signed in (give country)

First Trustee/Authorised Signatory Date

Second Trustee/Authorised Signatory Date

Third Trustee/Authorised Signatory Date

Fourth Trustee/Authorised Signatory Date

Important Note: Copies of the Novia Terms & Conditions are available on request, as is a copy of your completed application. The contract could be invalidated by any failure to disclose facts which might influence RL360's assessment of this application. If you have any doubt as to whether a fact is relevant then you should disclose it.

RL360 regrets that it is unable to accept applications where the advice is received (whether by letter, fax, email, telephone or in person) or the application form is signed in the United States†.

† United States means the United States of America, its territories and possessions, any state of the United States and the District of Columbia.

17 Adviser's Details & Declaration (to be completed for all investments)

Adviser's name

Your RL360 Agent number

Adviser's stamp

Name of regulatory or authorising body eg, FCA

Email address

Data Protection Act

In accordance with the Isle of Man Data Protection legislation by signing this form in the space indicated, you consent to us using the information provided, which may include sensitive personal data such as medical records, for the following purposes:

- > Administration purposes
- > Crime prevention and prosecution of offenders
- > Market research and statistical purposes

The information you have provided may be shared with other companies both inside and outside of RL360, including our reinsurers and financial intermediaries or agents acting on your behalf. It may be transferred outside the Isle of Man and we may be obliged to disclose it to our regulator and to others as demanded by law.

The Isle of Man's Data Protection legislation entitles you to obtain a copy of the information we hold on you.

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. 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.

For further information please write to:

Data Protection Officer, RL360, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Signature

Name

Company

Date

Please refer to the appropriate Checklist to ensure that you have provided all the required information. Please note that failure to provide any of the information requested in this application may result in a delay in investment and acceptance.

18 Checklist (to be completed for all investments)

Please ensure that the following information accompanies this application. Failure to provide all the relevant information will result in a delay in the application being processed. Some of those requirements are necessary under the Isle of Man's Insurance (Anti-Money Laundering) Regulations 2008.

Requirements for Individual Trustees

- Identification evidence as set out on the front page
- Address verification evidence as set out on the front page
- An extract of the trust showing the proper appointment of the trustees
- An extract of the trust showing the nature and purpose of the trust
- Confirmation, and evidence if required, of the source or origin of the trust assets

Requirements for Public Registered Company/Trustees

- Certificate of Incorporation or equivalent and evidence of the registered office address
- The latest annual report and set of accounts
- A list of all the directors and certified copy of relevant identification and address verification for at least two of them, one of whom must be an executive director
- Board resolution or authorised signatory list of officers showing delegated authority and specimen signatures
- An extract of the Trust showing the proper appointment of the Trustees (corporate trustees only)
- An extract of the Trust showing the nature and purpose of the Trust (corporate trustees only)
- Confirmation, and evidence if required, of the source or origin of the trust assets (corporate trustees only)

Requirements for Private Limited Company/Trustees

- Certificate of Incorporate or equivalent and evidence of the registered office address
- The latest annual report and set of accounts
- A list of all the directors and certified copy of relevant identification and address verification for at least two of them, one of whom must be an Executive Director
- Board resolution or authorised signatory list of officers showing delegated authority and specimen signatures
- Main bank account details – name, address, sort code, account number and account name
- Verification of identity of all shareholders holding twenty five per cent or more of the issued share capital as at the date of the application. Where the holder of twenty five per cent or more is a holding company, trust or nominee, we need to verify the identity of the ultimate Beneficial Owner
- An extract of the Trust showing the proper appointment of the Trustees (corporate Trustees only)
- An extract of the Trust showing the nature and purpose of the Trust (corporate Trustees only)
- Confirmation, and evidence if required, of the source or origin of the Trust assets (corporate Trustees only)

Checklist (to be completed for all investments) *continued*

Requirements for Partnerships

- Certified copy of relevant identification and address verification for all authorised signatories with specimen signatures
- Details of nature of partnership/business
- Certified copy of relevant identification and address verification for all Beneficial Owners and/or controllers
- Evidence providing verification of the trading address
- For formal, partnerships, a mandate which confers authority on those who will give instructions
- The latest annual report and set of accounts

Requirements for Partnerships

If payment is to be made directly to the beneficiary, relevant identification and address verification is required.