

Change of address/contact details

Who is this form for?

This form is for individual, trustee and corporate policyholders of single and regular premium policies who need to notify us of a change to their address or contact details.

Completing this form

We can only accept original written instructions by post that have been signed by all individual policyholders, trustees or authorised signatories.

Please complete in BLOCK capitals throughout.

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

All policy 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 policy 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.

Where should I send the completed form?

Please return this form to:

RL360° Services
RL360 House
Cooil Road
Douglas
Isle of Man
IM2 2SP
British Isles

Change of address/contact details

Policy number(s)

Policyholder 1 (or Trustee)

Policyholder 2 (or Trustee)

Name

New residential/registered address and postcode (in full)

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

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"/>
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New correspondence address (if different to above)

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

Home telephone ¹

Work telephone ²

Mobile telephone

Email address

Global Intermediary Identification Number (FATCA GIIN) ³

Policyholder/Trustee/Authorised Signatory 1

Policyholder/Trustee/Authorised Signatory 2

Signature

Date (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"/>
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Country and place of birth

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Policyholder/Trustee/Authorised Signatory 3

Policyholder/Trustee/Authorised Signatory 4

Signature

Date (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"/>
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Country and place of birth

Country of residence for tax purposes

Tax reference number (ie TIN/NI)

Notes

- ¹ Required for individual policyholders and individual trustees.
- ² Required for corporate investors.
- ³ Required for corporate trustees.