

Full surrender form

Capital Protection Plan, Health & Wealth Plan and Wealthbuilder Plan

Details on how to fully surrender your plan

If you would like to fully surrender your plan, please complete the attached surrender form.

Please ensure that you read all the important notes on the form.

We are unable to offer any taxation advice and recommend that you speak to your financial adviser before completing this form.

If you have any questions about the surrender of your plan, or would like help completing the form, please contact our customer support team on +44 (0)1624 638888.

In order to surrender your plan, you need to send the following items to us:

1. A fully completed surrender form.
2. The original policy documents.
3. A certified/notarised true copy of your passport as proof of identity.
4. A certified/notarised true copy of a utility bill or bank statement as proof of your residential address.

Please note: It is important that the attached form is fully completed and all the required items provided, otherwise your surrender payment could be delayed.

Once completed please return the original of this form and the above documents to:

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

In some cases we may need further information or items before we can surrender your plan. If this should apply, we will contact you to let you know.

Note

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.

Full surrender form

Policy number	<input type="text"/>	
	Policyholder 1	Policyholder 2 (if applicable)
Full name	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
	Policyholder 3 (if applicable)	Policyholder 4 (if applicable)
Full name	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

I/We request that RL360 Life Insurance Company Limited provides payment from this plan in accordance with the following instructions.

Payment transfer details

Please fill in your bank details for payment of your surrender value.

Currency	<input type="text"/>	
Bank name	<input type="text"/>	
Bank address and postcode	<input type="text"/>	
Account number	<input type="text"/>	
Account name	<input type="text"/>	
IBAN number (if applicable)	<input type="text"/>	
Bank Sort Code	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Branch Swift Code	<input type="text"/>	Swift Code must be either 8 or 11 digits
Routing bank name (if applicable)	<input type="text"/>	
Routing bank account number (if applicable)	<input type="text"/>	
Routing bank Swift Code (if applicable)	<input type="text"/>	

* Please note that all payments made to European countries must include an IBAN (International Bank Account Number). We may be unable to release payment if this has not been completed.

Please give the reason for surrender. This is for our information only and is not a mandatory requirement.

Declaration

I/We agree that payment of the surrender value shall be in full satisfaction and discharge of all claims and demands on RL360 Life Insurance Company Limited, its successors and assigns, under and by virtue of the above mentioned policy. I/We are aware that such payment may be made, less a surrender penalty and market value adjuster and I am/we are willing to proceed on this basis.

Please read the important notes below before signing this form.

	Policyholder/Trustee/Authorised signatory 1	Policyholder/Trustee/Authorised signatory 2
Signed	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Country or countries of tax residence	<input type="text"/>	<input type="text"/>
Tax reference number(s)* (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If it is not possible to provide a tax reference number, you must specify the reason here	<input type="text"/>	<input type="text"/>
	Policyholder/Trustee/Authorised signatory 3	Policyholder/Trustee/Authorised signatory 4
Signed	<input type="text"/>	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Full name	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Country or countries of tax residence	<input type="text"/>	<input type="text"/>
Tax reference number(s)* (ie TIN/NI)	<input type="text"/>	<input type="text"/>
Are you a U.S. Specified Person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
* If it is not possible to provide a tax reference number, you must specify the reason here	<input type="text"/>	<input type="text"/>

If you are signing on behalf of a company or a corporate trustee please provide the county(ies) of tax residency and the company tax number(s) or the FATCA GIIN

Important notes

1. **Payment:** Payment will be made in the plan currency unless specified otherwise. Please note that payment will not be made to a third party. Payments in sterling to a UK bank will be made by direct credit (BACS). All other payments will be made by telegraphic transfer (CHAPS) and will attract a charge of £20 (US\$30; €25). This charge will be deducted from the surrender value before the payment is made. Please note that an exchange rate will apply to all payments requested in any currency other than the plan currency.
2. **Trusts:** If the policy is subject to a trust, this form must be completed and signed by all the trustees. If any changes have occurred relating to the trustees of the trust, certified copies of any Deeds of Appointment, Deeds of Retirement etc should accompany this request if they have not already been previously supplied. Please note signature verification of all new trustees will be required. Payment cannot be made to individual trustees without completion of a trust indemnity form.
3. **Power of attorney:** Instructions will be accepted from individuals who hold a power of attorney. However, payment will be made only to the policy owner(s).
4. **Tax:** You may have to pay extra tax when you cash in all or part of your plan. We recommend you discuss your tax position with a tax specialist or your financial adviser.
5. **Passport Series With-Profits Fund:** If the plan is surrendered, a market level adjuster may be deducted.
7. **Unit price:** Units will be cancelled on the day that we receive the completed surrender form.
8. **Assigned policies/corporate policies:** Surrenders of an assigned plan will require the assignee(s) signature(s) and where the assignee/policy owner is a corporate body (eg company, bank etc) an up to date authorised signatory list must be provided.
9. RL360 Life Insurance Company Limited recommends that all policyholders take appropriate taxation advice before surrendering their policy.