

Withdrawal request

If you need any help filling in the regular withdrawal form, please contact our customer support team on **+44 (0)1624 638888**.

Please complete this form and return by one of the following methods:

1. Scan and email to: servicing@rl360.com

2. Post to: RL360 Services, International House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

We will accept emailed or faxed scans of instructions. However, we reserve the right to request original documents in some circumstances, so these must be retained in your records. Where the policyholder is resident in Africa, we will still require original signed instructions.

Important notes

1. The minimum permitted withdrawal is currently GBP200 (USD300/EUR300). Please allow 10 working days for implementation of these instructions.
2. Your withdrawal will be paid from the cash account of your policy. If there is not enough money in the cash account to meet your withdrawal instruction RL360 Services will be unable to make payment. You will need to provide a dealing instruction to RL360 Services to sell some of your funds/assets to raise enough cash to meet your withdrawal requirement.
3. RL360 Life Insurance Company Limited (RL360 Services) will only make payments in the currency of your bond.

RL360 Services, does NOT make payments to third parties. We can only make payments to a bank account in the name of the policyholder(s). Instructions will be accepted from individuals who hold Power of Attorney (which we have details of on our records), however payments will only be made to the policyholder. Where the policy is held in trust, we can make payments to a bank account in the name of the trust or to one of the named trustees.

4. **BACS** - This is for payments being made in GBP to a UK/Channel Island or Isle of Man bank account only. It is free of charge and can take up to 5 working days to be credited to your bank account. The maximum payment limit BACS will allow is GBP 100,000.00.

Telegraphic Transfer (TT) - This can be used for any currency. There is a charge for this service which will be approximately GBP20/EUR25/US30. This charge will be deducted from your policy and will form part of your 5% allowance before the payment is sent. There may also be additional charges applied by the beneficiary bank. Please refer to your own bank for further details.

5. **We recommend that all policy owners take appropriate tax advice before making an encashment from their policy.**
6. There's no need to send us your policy certificate(s) to set up a regular encashment.

Privacy policy

Our full privacy policy can be viewed at www.rl360services.com/privacy or can be obtained by requesting a copy from our Data Protection Officer.

Specified US Person

Specified US Person: Specified US Person means a US citizen or tax resident individual who has a US residential/correspondence address or who either holds a US Passport, a US Green Card 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

If you choose Yes to being a Specified US Person, you will need to provide us with your US Taxpayer Identification Number (TIN) or US Social Security Number (SSN).

If you choose No but you have a US residential/correspondence address, hold a US Passport, a US Green Card or you were born in the US, you will need to provide us with documentary evidence that you are in the process of or have renounced your US Citizenship. RL360 can accept a certified copy of your DS-4083 form (also known as CLN - Certificate of Loss of Nationality) and/or a certified copy of your passport in which you are obtaining new citizenship.

Policyholder details

| | | |
|--|-----------------------|---------------------------------------|
| Policy number | <input type="text"/> | |
| | Policyholder 1 | Policyholder 2 (if applicable) |
| First name(s) | <input type="text"/> | <input type="text"/> |
| Last name(s) | <input type="text"/> | <input type="text"/> |
| Current residential address and postcode (in full) | <input type="text"/> | <input type="text"/> |
| Daytime telephone number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

Trust details (if applicable)

| | |
|-------------------------------------|----------------------|
| Trust name | <input type="text"/> |
| Correspondence address and postcode | <input type="text"/> |
| Daytime telephone | <input type="text"/> |
| Email address | <input type="text"/> |

Company details (if applicable)

| | |
|---|----------------------|
| Company name | <input type="text"/> |
| Correspondence address and postcode (in full) | <input type="text"/> |
| Country of residence for tax purposes | <input type="text"/> |
| Company tax reference number(s) | <input type="text"/> |
| Daytime telephone | <input type="text"/> |
| Email address | <input type="text"/> |
| Global Intermediary Number (FATCA GIIN) | <input type="text"/> |

I hereby request and authorise RL360 Services to pay a withdrawal(s) from my policy in accordance with the details as set out below.

Withdrawals

| | | | | |
|--|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| Amount of payment | <input type="text"/> | | | |
| Currency of payment | GBP <input type="checkbox"/> | USD <input type="checkbox"/> | EUR <input type="checkbox"/> | |
| Withdrawal frequency | Monthly <input type="checkbox"/> | Quarterly <input type="checkbox"/> | Half-yearly <input type="checkbox"/> | Yearly <input type="checkbox"/> |
| The date we will start processing your withdrawal request (dd/mm/yyyy) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Payment instructions

If you are asking us to pay a withdrawal into a bank account that we have not previously made payments to or received payments from, please provide us with a copy of your latest bank statement for this account.

| | | | |
|--|--|----------------------|---|
| Payment method | TT (incurs a charge) <input type="checkbox"/> | OR | BACS (free of charge) <input type="checkbox"/> |
| Bank name | <input type="text"/> | | |
| Bank address and postcode | <input type="text"/> | | |
| Account name | <input type="text"/> | | |
| Branch Swift Code (international) | <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"/> | OR | Bank Sort Code (UK only) <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"/> |
| Account number or IBAN for banks within Europe | <input type="text"/> | Reference (optional) | <input type="text"/> |

Signatures

I understand that any withdrawal(s) will be subject to my Policy Terms and Conditions and that this instruction will replace any previous regular withdrawal instruction held by RL360 Services.

| | Policyholder/Trustee/Authorised Signatory 1 | Policyholder/Trustee/Authorised Signatory 2 |
|------------------------------------|--|---|
| Signature | <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"/> <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"/> |
| Full name | <input type="text"/> | <input type="text"/> |
| Country of birth | <input type="text"/> | <input type="text"/> |
| Country/countries of tax residence | <input type="text"/> | <input type="text"/> |
| Tax Identification Number (TIN) | <input type="text"/> | <input type="text"/> |

If unavailable, provide a functional equivalent (eg National Insurance Number, Social Security Number, resident registration number)

| | | | | |
|--------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Are you a Specified US Person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|

| | Trustee/Authorised Signatory 3 | Trustee/Authorised Signatory 4 |
|------------------------------------|--|---|
| Signature | <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"/> <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"/> |
| Full name | <input type="text"/> | <input type="text"/> |
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| Country/countries of tax residence | <input type="text"/> | <input type="text"/> |
| Tax Identification Number (TIN) | <input type="text"/> | <input type="text"/> |

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| | | | | |
|--------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Are you a Specified US Person? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|

