

LifePlan

Application form for Children's Plan



This *Application Form* should be read in conjunction with the current *LifePlan Brochure* and *Key Features*.

A copy of the completed application and the *LifePlan Terms and Conditions* are available on request. If there is any doubt as to the relevance of any fact it should be included on the application form, as it is important that all information is fully disclosed. If more space is required please continue on a separate sheet of paper and ensure it is signed and dated by each applicant and/or each life assured.

PLEASE NOTE THAT INSUFFICIENT DETAILS MAY DELAY PROCESSING AND ACCEPTANCE

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.

Royal London 360° has adopted a risk-based approach to meet these regulations, categorising all countries that we will accept business from into one of two tiers. Each tier has different source of wealth requirements. We have categorised countries according to their level of compliance with international regulatory standards.

Full details on the source of wealth procedures can be obtained from your financial adviser or can alternatively be downloaded from www.royallondon360.com/sourceofwealth.pdf

Before you return this *Application Form*, please check the following

Please tick:

- Section 1 completed in all cases
- Section 2 completed in all cases
- Section 3 completed if applicable
- Section 4 completed in all cases
- Section 5 completed in all cases
- Section 6 completed in all cases
- Section 7 completed in all cases
- Section 8 completed in all cases
- Section 9 completed in all cases where any questions are answered ‘yes’ and further details are required
- Section 10 does not require completion, but should be read carefully
- Section 11 completed in all cases
- Section 12 completed in all cases
- Source of Wealth (where applicable):

Income from employment - Certified copy of your last three months’ payslips, confirmation of your income from your employer, copy of your recent accounts if you are self employed, or equivalent documentation.

Other income or capital - Relevant certified documentation to verify the source of wealth.

Any other source not listed - Relevant certified documentation to verify the source of wealth.

This form is to be submitted with:

- a signed *Personalised Illustration*
- a completed *Payment Method Form*, or cheque made payable to Royal London 360 Insurance Company Limited
- a certified copy of an identity document that includes a photograph for each applicant and life assured and evidence of their age
- certified documentary evidence of each applicant’s and life assured’s current residential address
- any supplementary forms

Royal London 360 Insurance Company Limited (“the Company”) accepts no responsibility for any payment until it has been received at a registered Royal London 360° office. Provided that no further information is required and subject to acceptance of your application, your policy documents will be issued as soon as possible. In the unlikely event that you have not received your policy documents within 45 days after signing this form, please contact your financial adviser.

Please complete in BLOCK CAPITALS and in black or blue ink throughout. Please delete as appropriate where you see *

Section 1 Applicant details

NOTE: All applicants must complete and sign the Declaration in **Section 11** of this *Application Form*.

	First applicant	Second applicant
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (in full) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other (in full) <input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Family name	<input type="text"/>	<input type="text"/>
First name(s) (in full)	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Town/City	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Date of birth (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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Reason for insurance and relationship to life assured	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Exact occupation and duties

	First applicant	Second applicant
What is your exact occupation?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
What is your company name?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
What is the nature of your business?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Please provide details of the applicants' combined earned/unearned income from all sources including any bonuses.

Currency	<input type="text"/>		
	This year	Last year	Previous year
Earned	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unearned	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have stated annual unearned income please provide details.

Section 2 Life assured (child) details

To be completed by the applicant(s) on behalf of the life assured (child). Life assured - the child to whom the policy will be assigned upon reaching the age of 18.

Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Family name	<input type="text"/>	
First name(s) (in full)	<input type="text"/>	
Nationality	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

Section 3 Correspondence address

If, for any reason, you want correspondence to be sent to a different address you can provide a correspondence address. In the interests of the security of your policy, the company recommends that you carefully select the most reliable addressee and correspondence address and advise the company of any subsequent change of name and address during the course of your policy. However, Royal London 360° accepts no responsibility for the consequences of sending correspondence to this address.

Correspondence address (if different to above)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Town/City	<input type="text"/>
Postcode	<input type="text"/>
Country of residence	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>

Section 4 Benefits

Policy currency (only one currency is allowed in each policy) UK Sterling US Dollars Euros Japanese Yen

Amount of life cover required

Do you require critical illness benefit? Yes No

If 'yes' please state the amount of benefit required

Benefit increase option

Yes No If this option is selected, the automatic premium increase option (Section 5 - Premiums) must be chosen such that regular premiums increase by at least the same rate.

Benefit increase can be on a 5% or 10% simple basis: 5% annually 10% annually

Section 8 Medical questions

8.1 Has the life assured (child) suffered from, or received, medical advice or treatment for any disease(s) of the heart, kidneys, brain or nervous system, or any form of cancer, or any other illness apart from minor childhood ailments or do any familial or congenital conditions exist?

Yes No

If yes, provide full details in Section 9.

8.2 Family history

Please provide details of the life assured's family history in the table below, including details of their current state of health or, if deceased, the cause of death. Of particular importance is if the life assured's father, mother or any brothers or sisters have died or suffered from heart disease, stroke, kidney disease, cancer, multiple sclerosis or diabetes before the age of 65, or suffered from any familial/hereditary disorders.

Please tell us the age at outset if the relative had cancer and the part of the body first affected.

Life assured (child's) relatives

Relatives	State of health (Or if deceased please state cause of death)	Age (or age at death)
Father		<input type="text"/>
Mother		<input type="text"/>
Brothers (number born) <input type="text"/>		<input type="text"/>
		<input type="text"/>
Sisters (number born) <input type="text"/>		<input type="text"/>
		<input type="text"/>
		<input type="text"/>

If more space is required, please continue in Section 9.

Section 10 Important notes

Your answers to the questions on this form will be used to assess the application and you must, therefore, answer them fully and to the best of your knowledge and belief. You must give us any other information which might be relevant and which could influence our decision. If you are unsure whether a particular fact is relevant, you should disclose it. Protection benefits may be forfeited if relevant information is found to have been withheld. Any policy of insurance issued pursuant to this application may be declared void even if the application has been formally accepted by the Company, where facts which are material to this application have been withheld. In such event, all monies paid may be forfeited. Please give careful consideration to the declaration before signing it.

This form should not be used by residents of the USA.

Before the policy comes into force, any change of facts contained in the answers given in this application must be notified to the Company in writing. The Company reserves the right to amend the terms on which your application may have been accepted or to withdraw acceptance in the event of any such change.

Your application is not binding and no policy will exist until the Company has issued a letter of acceptance, all conditions therein have been complied with and your policy schedule has been issued.

Full details of the policy can be obtained by reading LifePlan's *Terms and Conditions* which are available from the Company on request.

Section 11 Declaration for applicant

I/We* being the parent(s)/legal guardian(s)* of (name of Life Assured) wish to apply for LifePlan on his/her* behalf as bare trustee(s).

I/We* confirm that as bare trustees for him/her* all statements made in the application are complete and true to the best of my/our* knowledge and belief.

I/We* consent to the Company seeking information from any Medical Practitioner who has been, or may hereafter be, consulted by the Life Assured in relation to his/her* physical and mental health, and such Medical Practitioner is authorised and directed to divulge to the Company any information he/she* may have acquired with regard to the Life Assured.

I/We* understand that until (name of Life Assured) attains the age of 18 I/we* will act for him/her* as Policy Owner of the LifePlan policy. On the (date of Life Assured's 18th birthday) the Life Assured will assume all the rights and obligations of the Policy Owner as set out in the LifePlan *Terms and Conditions*.

I/We* also agree that this declaration and any relevant statement annexed thereto will be the basis of the policy between me/us and the Company.

I/We* understand that until such time as I/We* assign LifePlan to the Life Assured that the Company will continue to treat me/us* as the legal owner of the policy and that upon the Life Assured's 18th birthday, The Company will not transfer the legal ownership of the policy to the Life Assured without first being instructed to do so and furthermore provided with a suitable deed of assignment.

- 11.1 I/We* declare that I/we* have read and understood the important notes within this application and that all the statements made by me/us*, whether in my/our* handwriting or not, are true and complete to the best of my/our* knowledge and belief and I/we* have disclosed all relevant information concerning this application whether or not covered by the questions in this application form or any supplementary questionnaires which might influence the Company's decision concerning this application including whether to assume risk and the amount of premium(s).
- 11.2 I/We* will disclose to the Company any changes to the information given in this application which occur following the completion of this application but prior to the commencement of the policy.
- 11.3 I/We* agree that all statements, together with any forms, statements, reports or other information completed or supplied by me/us* or any party on my/our* behalf, shall form the basis of the policy with the Company.
- 11.4 I/We* have read and understood the *Brochure* and *Key Features* document and fully understand the charges that may be levied.
- 11.5 I/We* agree to accept a policy in the form and containing the standard terms, conditions and rules ordinarily used by the Company for the type of benefits for which I/we* have applied, and the Company shall not be bound in any way by any representations or undertakings made or given by any person save as contained in the policy as issued. It is further agreed and understood that, notwithstanding any statement made to the contrary by any person, no policy comes into existence and no liability whatsoever will attach to the Company as a result of this application unless and until the first premium has been paid and received by the Company and express written notice of acceptance of risk is issued by the Company.

Section 11 Declaration for applicant continued

- 11.6 I am/We are* not residents of the USA and that to the best of my/our* knowledge and belief I am/we are* not subject to any legislation that would make this application unlawful.
- 11.7 I/We* confirm that on my/our* own initiative I/we* requested and received information about the policy from my/our* financial adviser. On the basis of that information, I/we* hereby apply for this policy. I/We* understand that the policy is offered by the Company which is established in the Isle of Man and as such the Company is subject to the supervisory arrangements of the Isle of Man Government Insurance and Pensions Authority.
- 11.8 I/We* understand that unless I/we* provide a different address for correspondence in Section 3, all correspondence from the Company concerning this application and the policy, if accepted (including acknowledgement of safe receipt by the Company of my/our* premiums, notification of renewal premiums due and of premiums not received by the Company when due) shall be sent to the first named trustee at the permanent address given for that trustee. I/We* remember that any person who is advising me/us* regarding the policy(s) for which I am/we are* applying, is acting for me/us* and not on behalf of the Company.
- 11.9 I/We* understand that personal data provided by me/us* will be held in the files kept by the Company. I/We* agree that data may be transferred internationally, including to my/our* appointed financial adviser and to other entities belonging to the Royal London Group which act as agents for the Company. I/We* understand that I/we* have the right to see certain information held by the Company.

I/We* will disclose to the company any changes to the information given in this application which occur following the completion of this application but prior to the commencement of the policy.

Data Protection Act

In accordance with the Isle of Man Data Protection Act 2002 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 of your policy
- 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 the Royal London Group, 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 Act 2002 entitles you, on payment of a small fee, to obtain a copy of the information we hold on you.

For further information please write to:

Data Protection Officer, Royal London 360°, Royal London House, Isle of Man Business Park, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

	First applicant	Second applicant
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"/>

Section 12 Financial adviser details

Financial adviser's name/ company	<input type="text"/>
Address or stamp	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>
Email address	<input type="text"/>
	<input type="text" value="Adviser's stamp"/>
Adviser ID number	<input type="text"/>
Signature	<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"/>

Credit Card Mandate



Credit/Debit Card Charge Authority

Please delete as appropriate where you see*

N.B. We are only able to accept Credit/Debit card payments where the card displays one of the above symbols and is prefixed with either a '4' or a '5'. American Express is not accepted.

I authorise you, until further notice in writing, to collect payments from my (please tick appropriate box)

Mastercard/Eurocard Visa

with the amounts specified as follows:

Contribution Currency (please tick appropriate box) Sterling US Dollars Japanese Yen Euro

The amount in figures

The amount in words

Name of issuing bank

Country of issuing bank

If the country of the bank that issued your card is not listed as a Tier 1 country, then further source of wealth documentary evidence must be provided. For further information please refer to the source of wealth information available online at www.royallondon360.com/sourceofwealth.pdf.

Frequency (tick one box) monthly quarterly half-yearly annually

Mr/Mrs/Miss*
 (Cardholder's name, initials and address as held by card issuer)

Mastercard/Eurocard/ Visa* Number

Expiry Date (mm/yyyy)

I understand that Royal London 360 Insurance Company Limited ("the Company") will advise me of the amount to be paid and the dates on which payment is due and that the Company may only change these after giving me prior notice.

I understand that this authority in favour of the Company will remain in force until such time as I cancel it in writing to the Company.

Data protection I understand the data supplied will only be used for the purposes of processing my premium payments and that the data supplied will only be passed to people who provide services to the Company that are relevant to the premium collection process. The Isle of Man's Data Protection Act 2002 entitles you, on payment of a small fee, to obtain a copy of the information we hold on you. For further information please write to the Data Protection Officer at the registered office address shown overleaf.

Signature(s)

Date (dd/mm/yyyy)

Note: A handling fee of 1.5% will be levied. This fee will be added to the contribution at the time of collection.

Issued by Royal London 360 Insurance Company Limited. Registered Office:
Royal London House, Isle of Man Business Park, Cooil Road, Douglas, Isle of
Man, IM2 2SP, British Isles. Telephone: +44 (0)1624 681681. Telephone calls may
be recorded. Fax: +44 (0)1624 677336 or Website: www.royallondon360.com.
Royal London 360 Insurance Company Limited is authorised by the Isle of Man
Government Insurance and Pensions Authority. Registered in the Isle of Man
number 053002C. A member of the Association of International Life Offices.

You can count on us
**ROYAL
LONDON**
360

Bank Instruction/Standing Order Letter

Important

We will require the original signed request to be sent by post directly to Royal London 360 Insurance Company Limited, Royal London House, Isle of Man Business Park, Cooil Road, Isle of Man, IM2 2SP, British Isles.

Please delete as applicable where you see*

To the Manager		Bank
Bank Address		
LifePlan reference number		

Banker's Draft

Please prepare a Draft payable to Royal London 360 Insurance Company Limited quoting LifePlan reference number

for exactly the amount detailed.

Amount in figures

Amount in words

Please send the prepared draft immediately by airmail to Royal London 360 Insurance Company Limited, Royal London House, Isle of Man Business Park, Cooil Road, Isle of Man, IM2 2SP, British Isles.

Telegraphic Transfer

Please remit by Telegraphic Transfer, the exact amount detailed below for credit to the account of Royal London 360 Insurance Company Limited.

Amount in figures

Amount in words

Please see over for Standing Order.

Standing Order

Frequency (tick one box) monthly quarterly half-yearly annually

Amount in figures

Amount in words

Data protection: I understand the data supplied will only be used for the purposes of processing my premium payments and that the data supplied will only be passed to people who provide services to the Company that are relevant to the premium collection process. The Isle of Man's Data Protection Act 2002 entitles you, on payment of a small fee, to obtain a copy of the information we hold on you. For further information please write to the Data Protection Officer at the registered office address shown below.

Please debit the amount of the payment, together with any charges/expenses incurred in the transfer, to my/our* account detailed below.

Account name

Bank Swift Code (International) **OR** Bank Sort Code (UK only) - -

Swift Code must be either 8 or 11 digits

Account number (or IBAN number for Euro payments)

Signature(s)

Date (dd/mm/yyyy)

Address

(Please tick the appropriate box for your selected currency)

Sterling Payment
Account Number: 50436739
IBAN Number: IBAN GB24 BARC 2026 7450 4367 39
To: Barclays Bank plc, Barclays House, Victoria Street, Douglas, Isle of Man, British Isles.
Swift Code: BARCGB22, Sorting Code: 20-26-74

Euro Payment
Account Number: 83031100
IBAN Number: IBAN GB06 BARC 2026 7483 0311 00

Japanese Yen Payment
Account Number: 009007014026
To: HSBC, Building 2F, 11-1, Nihonbashi 3-chome, Chuo-ku, Tokyo 103-0027 Japan
Swift Code: HSBCJPJT

US Dollar Payment
Account Number: 050792610
To: Barclays Bank Plc, 200 Park Avenue, New York, NY 10166, USA
ABA Routing Number: 026002574
Swift Code: BARCUS33

Sterling Direct Debit Instruction

Important

We will require the original signed request to be sent by post directly to Royal London 360 Insurance Company Limited, Royal London House, Isle of Man Business Park, Cooil Road, Isle of Man, IM2 2SP, British Isles.

Instruction to your UK Bank or Building Society to pay Direct Debits



Originator's identification number

Name and full postal address of your Bank or Building Society branch

To the Manager Bank

Bank Address

Name(s) of Account Holder(s)

Bank Sort Code (UK only)

Instruction to your Bank/Building Society to pay Direct Debits

This Direct Debit Instruction relates to my LifePlan policy, number

Please pay Royal London 360 Insurance Company Limited Direct Debits from the account detailed in this Instruction, subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Royal London 360 Insurance Company Limited and, if so, details will be passed electronically to my Bank/Building Society.

Data protection: I understand the data supplied will only be used for the purposes of processing my premium payments and that the data supplied will only be passed to people who provide services to the Company that are relevant to the premium collection process. The Isle of Man's Data Protection Act 2002 entitles you, on payment of a small fee, to obtain a copy of the information we hold on you. For further information please write to the Data Protection Officer at the registered office address shown below.

Signature(s)

Date (dd/mm/yyyy)

Escalating contributions will be calculated automatically

Bank and Building Societies may not accept Direct Debit instructions from some types of account

This guarantee should be detached and retained by the Payer.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Royal London 360 Insurance Company Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Royal London 360 Insurance Company Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit by Royal London 360 Insurance Company Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when Royal London 360 Insurance Company Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Issued by Royal London 360 Insurance Company Limited. Registered Office:
Royal London House, Isle of Man Business Park, Cooil Road, Douglas, Isle of
Man, IM2 2SP, British Isles. Telephone: +44 (0)1624 681681. Telephone calls may
be recorded. Fax: +44 (0)1624 677336 or Website: www.royallondon360.com.
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number 053002C. A member of the Association of International Life Offices.

You can count on us
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New Business

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Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.
Tel: +44 (0) 1624 681 578 Fax: +44 (0) 1624 690 578
Email: newbusiness@royallondon360.com

Servicing

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Tel: +44 (0) 1624 681 682 Fax: +44 (0) 1624 677 336
Email: csc@royallondon360.com

Regional Office – Lebanon

Burj Al Ghazal 8th Floor, Fouad Chehab Highway,
Ashrafieh, Tabaris, Lebanon
Tel: +961 (1) 202 183/84 Fax: +961 (1) 202 159
Email: lebanonservice@royallondon360.com

Regional Office – Dubai

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Tel: +971 4813 5383
Email: dubai@royallondon360.com

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Tel: +852 3929 4333 Fax: +852 2169 0181
Email: hongkong@royallondon360.com

Internet

www.royallondon360.com