

Nomination of Beneficiary

This form can only be used with the following products:
LifePlan, LifePlan Lebanon, Protected Lifestyle and Stratum

Introduction

This form should only be used where the applicant/policyholder wishes to name those to be paid the benefit of their policy in the event of their death.

The applicant/policyholder must be an individual and the sole life assured or in the case of two individual applicants/policyholders both are lives assured and benefits are payable on the second death. This nomination cannot be used by company or trustee policyholders.

The applicant(s)/policyholder(s) can appoint individuals or a corporate entity as a beneficiary, but not a combination of both.

The nomination does not transfer ownership to the beneficiary(s). The nomination will only apply to any policy benefits arising on or after the death of the last surviving policyholder.

Section 1 Definitions

In this Nomination the following words shall have the following meanings and unless the context does not permit the singular shall include the plural and the masculine shall include the feminine and vice versa.

The **Company** means RL360 Insurance Company Limited.

The **Policy** means the policy or policies

a) to be issued pursuant to the application for a policy,
* delete as appropriate

dated (dd/mm/yyyy)

or

b) numbered

The **Applicants/Policyholders** means

and

The **Life Assured** is the same person as the Policyholder.

The **Transfer Date** means where there is a single policyholder, the date of death of the policyholder, or, where there are two policyholders, the date of death of the last of them to die.

Section 1 **Definitions** continued

The **Beneficiaries** means the persons or entity who are entitled to any policy benefits arising on or after the Transfer Date and who are named below.

Please note that, should we be asked to make a payment direct to a beneficiary, we will require suitably certified copies of acceptable identification and address verification evidence for them prior to the payment being made. If you have any queries in respect of these requirements, please contact our Customer Services Centre on +44 (0) 1624 681682 or email csc@rl360.com.

	Beneficiary 1	Beneficiary 2 (if any)
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input style="width: 150px;" type="text"/>	Other (in full) <input style="width: 150px;" type="text"/>
First name(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Last name(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Date of birth (dd/mm/yyyy)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Country and place of birth	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Nationality	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Current residential address and postcode (in full)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Home telephone number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Mobile telephone number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Relationship to Policyholder(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
% share of Policy value	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %

	Beneficiary 3 (if any)	Beneficiary 4 (if any)
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input style="width: 150px;" type="text"/>	Other (in full) <input style="width: 150px;" type="text"/>
First name(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Last name(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Date of birth (dd/mm/yyyy)	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Country and place of birth	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Nationality	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Current residential address and postcode (in full)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Home telephone number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Mobile telephone number	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Relationship to Policyholder(s)	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
% share of Policy value	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> %

Section 1 Definitions continued

	Beneficiary 5 (if any)	Beneficiary 6 (if any)
Sex (please tick)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Title (please tick)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
	Other (in full) <input type="text"/>	Other (in full) <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Last name(s)	<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"/>
Country and place of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Current residential address and postcode (in full)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Home telephone number	<input type="text"/>	<input type="text"/>
Mobile telephone number	<input type="text"/>	<input type="text"/>
Relationship to Policyholder(s)	<input type="text"/>	<input type="text"/>
% share of Policy value	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

Company details (if applicable)

Are you a (please tick): Public registered company Private limited company Unincorporated company

Company name

Permanent registered office address (in full)

Postcode

Correspondence address (in full) - if different to above

Postcode

Contact name

Contact position

Telephone number

Email address

Section 2 Nomination of Beneficiary Provisions

1. This nomination is made by the Applicant/Policyholder.
2. The provisions of this clause shall apply to the Policy.
 - a) Subject to b) below, on the Transfer Date all rights, title and interest in the Policy shall vest in the beneficiary named as Beneficiary in the shares specified.
 - b) The share of any Beneficiary who dies before the Transfer Date shall be divided equally between the Beneficiaries who survive the Transfer Date.
 - c) The nomination shall automatically become null and void if all the Beneficiaries die or cease trading before the Transfer Date or if a subsequent nomination form is submitted prior to the death of the last surviving policyholder.
 - d) This nomination will cease to have effect if the Policy is terminated for any reason prior to the Transfer Date.
 - e) This nomination will only apply to the Policy if it is received by the Company at its Head Office and the Policy is subsequently endorsed before the Transfer Date.
3. The Applicant/Policyholder understands and confirms that:
 - a) This nomination will not give the Beneficiary any rights, title or interest in the Policy until the Transfer Date.
 - b) The Company is under no obligation to determine whether the law governing the distribution of the benefits restricts or prohibits a nomination in the Policyholder's country of residence.
 - c) The payment of the benefits of the Policy arising after the Transfer Date to the Beneficiary will discharge the Company from all liabilities and claims in respect of the Policy and its benefits.
 - d) Where the Beneficiary is under 18, the Company reserves the right to defer benefit payments until a parent or other person with authority to act on behalf of the Beneficiary authorises the payment and will request evidence of such person's authority to act.
4. The Applicant/Policyholder understands that this nomination will not in any way restrict their rights under the Policy including the right to assign or charge the Policy but that any assignment or charge will revoke this nomination. The Applicant/Policyholder undertakes to notify the Company should they assign or charge the Policy in any way so as to give any person an interest of any kind in the Policy.
5. The Applicant/Policyholder requests the Company to vary the contractual terms of the Policy to include these Nomination Provisions.
6. The Applicant/Policyholder requests the Company to issue an endorsement as evidence of this nomination.
7. The Applicant/Policyholder understands that any revocation and new nomination must be made to the Company in writing. Such new nomination will only apply to the Policy if it is complete and is received by the Company before the Transfer Date.

Section 3 Declaration

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group 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.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

In witness whereof the Policyholder has signed this nomination on the Nomination Date shown below in the presence of the witness shown below.

The Applicant(s)/Policyholder(s)

Signature of sole/first Applicant/Policyholder

Date (dd/mm/yyyy)

Signature of second Applicant/Policyholder (if applicable)

Date (dd/mm/yyyy)

In the presence of:

Witness

Signature of witness

Full name

Address

Occupation

Important notes

Completion of this form must be witnessed prior to submitting it to RL360 Insurance Company Limited.

Please note that we are not responsible for determining if the use of this form is appropriate to a policyholder's needs.