

# CERTIFIED SIGNATURE FORM

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## **WHO IS THIS FORM FOR?**

This form is for plan owners to complete where the signature we hold on file does not exist or differs from the plan owner's present signature.

## **COMPLETING THIS FORM**

Your financial adviser can certify that they have witnessed your signature on this form, if they hold established Terms of Business with us and, where appropriate, have been granted Suitable Certifier status. Please consult your financial adviser to check if they can certify your documents.

If your financial adviser cannot certify this for you, we will accept certification by one of the following 'Suitable certifiers':

- A Notary Public (or equivalent)
- A lawyer or advocate
- A formally appointed member of the judiciary
- An employee of RL360
- A Commissioner for Oaths
- A registrar or other civil or public servant authorised to issue or certify copy documents.

If you cannot have this form certified by one of the above, please contact us.

The certifier must:

- Sign and date the form in the relevant section.
- Print their name clearly in BLOCK CAPITALS
- Record the capacity or position in which they are certifying they have witnessed your signature.
- Add their company name or official stamp or seal.

The documents which we receive **must** be originals with original signatures and contain the original certification and stamp.

If you need help completing this form please contact our Customer Services Team on +44 (0)1624 681682 or alternatively you can email [csc@rl360.com](mailto:csc@rl360.com).

## **WHEN YOU HAVE COMPLETED THIS FORM**

Please send the original signed form by post to:

RL360  
International House  
Cooil Road  
Douglas  
Isle of Man  
IM2 2SP  
British Isles.

## **PRIVACY AND COOKIE POLICIES**

Our full privacy and cookie policies can be viewed at [www.rl360.com/privacy](http://www.rl360.com/privacy) or can be obtained by requesting a copy from our Data Protection Officer.

**YOUR DETAILS**

RL360 plan number

Your full name

Your role(s)/relationship(s) on the plan

In order to amend our records, please sign in the three spaces below and arrange for this to be certified by a suitable certifier.

**SUITABLE CERTIFIER**

I certify that I have witnessed the above named person sign this document and that this is the signature they made.

Full name

Capacity

Company stamp (if this does not state an address, please company address details too)

Signed

Date (dd/mm/yyyy)