

SECTION IV
VOTING FORM

SECTION A:
RELIANCE NATIONAL INSURANCE COMPANY (EUROPE) LIMITED
VOTING FORM

GUIDANCE NOTES FOR COMPLETION OF THIS SECTION OF THE VOTING FORM ARE ON PAGE 134.

I/We (note 1)

(Enter the name of the Policyholder including all former names)

of (note 1).....

(Enter the address of the Policyholder)

with contact telephone number of (note 1)

(Enter the telephone number of the Policyholder)

being a Policyholder of Reliance National Insurance Company (Europe) Limited (RNICE) for

€

(Enter the total net amount of the Scheme Claim for voting purposes only) (note 2) hereby notify the Company that I/We (tick one box only):

☐

(a) will attend and vote in person at the Scheme Meeting;

OR

(b) hereby appoint as my/our proxyholder to act for me/us at the Scheme Meeting:

☐

(i) the chairman of the Scheme Meeting; **OR**

☐

(ii) Name:

Email:

Telephone:

(Enter name, email and telephone number for proxyholder (other than the Chairman) who will be attending and voting at the virtual Scheme Meeting on behalf of the Policyholder) (note 3)

to vote in the Scheme Meeting as follows:

FOR the Scheme	AGAINST the Scheme	ABSTAIN	AT DISCRETION (where the proxy is not the chairman) (note 4)
..... Signature Signature Signature Signature

(note 4)

The following persons shall be entitled to attend the virtual Scheme Meeting on behalf of me/us as a Policyholder:

Name:
Email:
Telephone number:

Name:
Email:
Telephone number:

Name:
Email:
Telephone number:

Enter the names of each person entitled to attend the virtual Scheme Meeting on behalf of the Policyholder.
A person not listed above may not be permitted access to the Scheme Meeting (note 5).

PLEASE ACCEPT THIS VOTING AS OUR CLAIM FORM IN THE SCHEME

(note 6): ☐

If you are the duly authorised representative of the Scheme Creditor or the duly authorised agent and/or attorney of the Scheme Creditor, enter the capacity in which you have signed this Voting Form (for example or, partner or agent and/or attorney) below. A signature on this form shall constitute the giving of a warranty that the signatory has been duly authorised by the relevant Scheme Creditor to sign the form on its behalf.

Authorised signatory:

Name:
Position/Capacity:
Telephone Number:
Email:

Person to contact in the event of a query in respect of this ~Voting Form:

Name: (note 7)
Position/Capacity:
Telephone Number:
Email:

Please provide bank account details into which payment should be made (note 8):

Account Number:

IBAN:

BIC:

SWIFT:

Attn:

Reference:

For completion by Reliance National Insurance Company (Europe) Limited (RNICE):

Admitted to vote

Scheme Claim in the sum of:

€.....

(For voting purposes only)

**GUIDANCE NOTES
FOR THE COMPLETION OF SECTION A: VOTING FORM**

Note 1. Please enter the name and address of the Policyholder in block capitals, and the telephone number in figures. The name, address and telephone number of the Policyholder must be legible. If the person completing this Voting Form is the duly authorised agent and/or attorney of a number of Policyholders, it must complete a separate Voting Form in respect of each Policyholder and provide evidence (which must be satisfactory to the chairman of the Scheme Meeting) of its authority to submit this form on the Policyholder's behalf (for example a deed of assignment or a letter of authority). Failure to provide such evidence of authority may invalidate this Voting Form. Please note that where there are a number of companies within a group who are each Policyholders, each company must complete a separate Voting Form, as a group submission is not permissible.

Note 2. Enter the estimated amount of the Policyholder's net claim against the Company for voting purposes.

Note 3. Tick one box as appropriate. Tick box (a) if the Policyholder is an individual and will be attending, and voting at, the Scheme Meeting in person. Tick box (b)(i) if the Policyholder wishes to appoint the chairman of the Scheme Meeting to vote as its proxy at the Scheme Meeting. Where the chairman has been appointed as a Policyholder's proxy, the Policyholder may still attend the Scheme Meeting. Tick box (b)(ii) if the Policyholder wishes to appoint a person other than the chairman to attend the Scheme Meeting and vote as its proxy at the Scheme Meeting. Such alternative proxy's name must be inserted in the space provided and will be the only person permitted to vote at the Scheme Meeting on behalf of the Policyholder. If a person other than the chairman is appointed as the Policyholder's proxy, that person must attend the Scheme Meeting.

Note 4. If the Policyholder appoints the chairman as its proxy, the Policyholder must indicate how it wishes the chairman to vote on its behalf by signing either the box marked "FOR THE SCHEME" or the box marked "AGAINST THE SCHEME" and the chairman will vote on the Policyholder's behalf accordingly. If the Policyholder appoints the chairman as its proxy and votes in either the box marked "ABSTAIN" or the box marked "AT DISCRETION", the chairman will abstain from voting on the Policyholder's behalf. If the Policyholder appoints a person other than the chairman as its proxy, the Policyholder must indicate how it wishes such other person to vote on its behalf by signing in the appropriate box. If the Policyholder does not sign in any of the boxes, this Voting Form will not operate as a valid appointment of a proxy and consequently no vote will be cast.

Note 5. Please provide the names and contact details of those persons who will be authorised to attend the Scheme Meeting on behalf of the Policyholder. A person who is not listed in this section may not be permitted entry into the Scheme Meeting.

Note 6. If the Policyholder wishes the Company to use the information contained in this Voting Form as its Claim Form, please tick this box. If a Policyholder wishes to pursue this option, it should ensure that it has read and complied with Claims Methodology. The Claims Methodology describes the approach that Policyholders and the Company are expected to follow in valuing Scheme Claims and are set out in Schedule 1 of the Scheme Document.

Note 7. If the person signing this Voting Form is the duly authorised representative of Policyholder which is a corporation or a partnership or other unincorporated body or person, that person should enter their name, the capacity in which they have signed this Voting Form (for example, or, partner, agent and/or attorney) and their contact details. Please note that, if the person signing this form is a duly authorised representative of a number of companies, partnerships or other unincorporated bodies or persons, a separate Voting Form should be completed for each such corporation, partnership or other unincorporated body or person.

Note 8. Please provide details of the valid account into which payment should be made. Not all sections will be relevant to a Policyholder's account. Please provide any additional details that will be relevant.

SECTION B:
SCHEME CLAIMS VOTING VALUATION (FOR
VOTING PURPOSES ONLY)

Description	Unpaid and Outstanding Claims (Euro)
Gross claim for voting purposes	
Less: set-off amounts	
Claim for voting purposes	

If any claims supporting schedules (see SECTION C) have been completed, these should be attached to and included in support of the Voting Form. Failure to supply suitable supporting information in the form of completed claim supporting schedules may result in your vote being rejected or receiving a lower value than you assert.

All amounts entered on the Voting Form must be stated in Euros (EUR).

The value to be attributed to each Policyholder's claim for voting purposes will be determined by the chairman of the Scheme Meeting on the basis of the information provided by the Policyholder on the Voting Form and the information available from the Company's existing records. The chairman shall convert any claim submitted to him in a currency other than Euros into € Euro, converted at the rate of exchange for that particular currency at the Bank of England Spot Rate on the date of the Scheme Meeting. Account will be taken of any known set-off amounts.

The chairman of the Scheme Meeting may refer certain votes to an Independent Vote Assessor as described in the Explanatory Statement. The Independent Vote Assessor will prepare a report for submission to the Court on the reasonableness of the voting values used.

The chairman of the Scheme Meeting may, for voting purposes only, reject a claim in whole or in part, if he considers that it does not constitute a fair and reasonable assessment of the sums owed to the Policyholder by the Company. It is therefore important that Policyholders complete and return a Voting Form and provide supporting information for their valuation of their claim to which the chairman of the Scheme Meeting may refer in assessing its reasonableness.

Where a claim is rejected in whole or in part for voting purposes, the chairman will advise the Policyholder of his decision, prior to the Scheme Meeting where possible or, in any event, afterwards prior to the Court hearing to sanction the Scheme. The sanction hearing is anticipated to take place on 22 July 2024, but any change in such date shall be notified on the Website.

The admission of a claim for voting purposes does not constitute an admission of the existence or amount of any liability of the Company and will not bind the Company or Policyholders. Any such estimate will only be used for voting purposes at the Scheme Meeting, unless a Policyholder elects to use its Voting Form as the basis for its Scheme Claim, subject to the Policyholder providing appropriate supporting evidence to the Company.

SECTION C

SCHEME CLAIMS - SUPPORTING SCHEDULE

(i) CURRENCY EURO

(1) Insurance Policy reference number (where applicable)	(2) Claim Reference (As advised by Premia)	(3) Claimant Name (Deceased / Family Name)	(4) Date Of Loss	(5) Agreed Claim Value not settled by Company EUR	(6) Outstanding Claim Value EUR	(7) Set-off EUR	(8) Net Value EUR
(9) Claims (Euro) total							
(10) Continuation sheets total (in the same currency)							
(11) Total for this page plus any continuation sheets (in the same currency)							

**SCHEME CLAIMS - SUPPORTING SCHEDULE
CONTINUATION SHEET**

(i) CURRENCY EURO

(1) Insurance Policy reference number (where applicable)	(2) Claim Reference (As advised by Premia)	(3) Claimant Name (Deceased / Family Name)	(4) Date Of Loss	(5) Agreed Claim Value not settled by Company EUR	(6) Outstanding Claim Value EUR	(7) Set-off EUR	(8) Net Value EUR
	(9) Claims total (Euro)						

SECTION C

SCHEME CLAIMS - SUPPORTING SCHEDULE AND CONTINUATION SHEET GUIDANCE NOTES

Additional copies of the claims supporting schedule and continuation sheets may be obtained from the Website at reliance-national-insurance-company-europe.co.uk or by contacting the Company by email or telephone as follows:

Contact: Barry Toolan
Mobile: +44 20 4566 5673
Email: RNICEScheme@Premiare.uk

- (1) **Insurance Policy reference number**
Specify the Insurance Policy reference number in relation to each of the policies under which you have claims against the Company in the Scheme. Your insurance broker, intermediary or other agent should be able to assist you in confirming or identifying Insurance Policies and reference numbers. Please insert the Insurance Policy reference numbers onto the claims supporting schedule using a separate line for each open claim for each Insurance Policy.
- (2) **Claim Reference Number**
Reference allocated by Premia (or previously service provider Armour). Please contact Premia for guidance on claim reference number.
- (3) **Claimants Name (Deceased / Family Name)**
Full name/s of claimant/s
- (4) **Date Of Loss**
Date event occurred.
- (5) **Agreed Claims not settled by the Company**
Specify the amount of any claim which has been agreed and has not been settled by the Company.
- (6) **Outstanding Claims**
Specify your estimated value of any claim which is outstanding arising under each Insurance Policy.
- (7) **Set-off amounts total**
Enter the amounts to be deducted by way of set-off (deductibles or known recoverable amounts).
- (8) **Claims total (EUR)**
Apply the Exchange Rate from box (ii) above to the totals in box (13), to convert the claims total into a USD total.
- (9) **Continuation sheet total (EUR)**
If any continuation sheets have been used, insert here the total claim values in USD from all continuation sheets.
- (10) **Total for this page plus any continuation sheets (EUR)**
Aggregate the claims total (EUR) and the continuation sheet total (EUR) to arrive at a total value, where applicable, under columns (5), (6), (7) and (8). Transfer these amounts to the corresponding lines on the Voting Form at Section C and Section B.