

# Friends Life Group

Intermediary Application Form

**FriendsLife**

# Friends Life Group Intermediary Application Form

Please complete all relevant sections of the form in **BLACK INK** and **BLOCK CAPITALS**.

This intermediary application form should be used by intermediaries who wish to submit business in respect of any products provided by companies within the Friends Life group referred to in this Friends Life group intermediary application form. The Friends Life group comprises for the purposes of this intermediary application form, of any one or more of the following companies, which are all private companies limited by shares and authorised and regulated by the Financial Service Authority. They are registered in England with a registered office address of Pixham End, Dorking, Surrey, RH14 1QA;

Friends Life Assurance Society Limited, registered number 776273  
Friends Life Company Limited, registered number 3291349  
Friends Life Services Limited, registered number 3424940  
Friends Provident Life Assurance Limited, registered number 782698  
Friends Provident Life and Pensions Limited, registered number 4096141  
Friends Provident (London and Manchester) Assurance Limited, registered number 4599 and  
Bupa Health Assurance Limited, registered number 2774803

Friends Life Individual Protection products are provided by Bupa Health Assurance Limited, which is now part of the Friends Life group. The Bupa name is a trademark of the Bupa group and is being used under licence.

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**This section is mandatory and must be completed.**

## 1. About you

a. Contact name

b. Contact address including postcode\*

  

\* If you have been at the above address for less than five years, please give all previous addresses in the last five years (use a separate sheet if necessary).

  

c. Full trading name

Sole trader

Partnership

PLC

Ltd Co

LLP

d. Trading address including postcode\*

  

\* If you have been at the above address for less than five years, please give all previous addresses in the last five years (use a separate sheet if necessary).

  

Tel no

Fax no

Email address

Website address

Type of premises (please tick)

Private

Office

Shop front

Other

## 2a. Membership details/FSA authorisation to advise on or arrange pure protection contracts

This section is mandatory and must be completed.

Please provide details of your Financial Services Authority Registration, or your membership of a Designated Professional Body (if more than one please go to section 14).

FSA Registration number	<input type="text"/>
Date of registration	<input type="text"/>
or Name of Designated Professional Body	<input type="text"/>
Designated Professional Body number	<input type="text"/>
Date of registration	<input type="text"/>

## 2b. Do your FSA permissions include insurance mediation activities in respect of non investment insurance contracts?

YES  NO

## 3. Networks

'Network' means a firm which has five or more Appointed Representatives - or as otherwise defined in the FSA Glossary definition of Network.

Are you part of a network? YES  NO  If "NO", please ignore the rest of this question.

If "YES", please state the name of the network.

Are you directly authorised by the FSA? YES  NO  If "NO", please complete section 4.

## 4. Appointed representative

Are you an Appointed Representative (as defined in the FSA Glossary) of an authorised principal firm? YES  NO

If "YES"

Please provide the names of your Principal Firms, and their FSA registration number(s).

  

Please provide your trading name as it appears on the FSA register.

Please provide your FSA registration number.

Have your Principals delegated their permission for you to conduct insurance mediation activity? YES  NO

## 5. Products

Please indicate below the type of business you will be submitting to the Friends Life group. This will form the basis on which your agency is set up so please ensure this is correctly completed.

Individual Protection business only

Tick this box if the **only** business you will submit is individual protection business (ie any or a combination of life, critical illness or income protection business).

All Friends Life group individual business

Tick this box if the business you will submit includes individual protection business **and** other types of business (ie investments, pensions and SIPPS).

## 6. Principals / Partners

We want to ensure that when we contact your business, we always speak to the right people and offer information on the products most relevant to them.

Please provide full name and position in the company (using separate sheet if necessary) of any principals, partners (within a partnership) and client contact staff.

Please let us know the details of any other branches you may have, their product specialities and the name, phone number and position of the main contact.

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## 7. Additional information

**This section is mandatory and must be completed.**

**Have you, or any of the directors/controllers of the firm ever:** (please tick)

Become subject to an adverse finding, whether past or pending, by a regulatory, trade, professional, public, industry or consumer body, or by any tax or government authority?

YES  NO

Been the subject of any bankruptcy or insolvency proceedings?

YES  NO

Had refused, suspended, withdrawn, or made subject to a non standard conditions or restrictions any licence, permission or authorisation to do any type of business?

YES  NO

Been a defendant in any civil proceedings, or party to any arbitration in relation to any financial business or the subject of any criminal proceedings?

YES  NO

Ceased trading in circumstances in which one or more of your/their creditors did not receive full payment?

YES  NO

Been disqualified from acting as a director of a company, or from acting on the management or conduct of affairs of any company, partnership or unincorporated association?

YES  NO

Been convicted of a criminal offence, other than motoring, (1974 Rehabilitation Act applies)?

YES  NO

Been charged with any offence involving violence, fraud, or other dishonesty?

YES  NO

Had an application to represent an insurance office refused, or a previous agency cancelled?

YES  NO

***If the answer to any of these is yes, please provide details below, using the additional space in section 14 if necessary.***

## 8. Professional Indemnity (PI) Insurance

Please state the name of the person(s) responsible for the firm's compliance with regulatory responsibilities, including Money Laundering Regulations 2007, the Proceeds of Crime Act 2002.

Name  Status

Name  Status

If applicable, please state name of money laundering reporting officer

Do you hold professional indemnity insurance for the selling of protection business? YES  NO

Does the cover meet the relevant regulatory requirements? YES  NO

Date of most recent visit by the Financial Services Authority.

Have all actions recommended been addressed? YES  NO

## 9. Bank/Building Society Details

**This section is mandatory and must be completed.**

Please give the name and address of the bank into which to pay commission

Name

Address   
  
Postcode

Account Name

Account Number  Sort Code

## 10. Declaration

**This section is mandatory and must be completed.**

Friends Life policies and products are provided by companies within the Friends Life group.

I/We declare that the information given is correct, and that all information relevant to this application has been disclosed. I/We hereby apply for a commission agreement in the UK for the introduction of business to one or more of the companies within the Friends Life group. I/We understand that, if successful, this application together with the relevant Friends Life group Commission Policy/Terms of Business for Independent Intermediaries, (which may change from time to time) will constitute the terms of business (the commission agreement) between me/us and the Friends Life group. Intermediaries must maintain P.I. cover in accordance with the levels prescribed by the Financial Services Authority.

I/We authorise the Friends Life group to make such other enquiries as deemed necessary in consideration of this application. I/We understand that the commission agreement, if granted, may be terminated by either party without reason subject to the relevant and applicable Friends Life group Commission Policy/Terms of Business. The commission agreement will in any event be kept under review and may be terminated if the volume and standard of business is not acceptable to the Friends Life group.

When operating as an independent intermediary, I/We undertake to maintain in force professional indemnity insurance cover in accordance with FSA Regulation, and to inform the Friends Life group immediately if these requirements are no longer complied with. I/We agree that the insurer(s) providing the professional indemnity cover shall be free to pass information on my/our cover to the Financial Services Authority and the Association of British Insurers.

I/We understand that information supplied to the Friends Life group will become part of the data held by the Friends Life group in accordance with the Data Protection Act 1998. Access to such data may be granted by the Friends Life group to others on a strictly confidential basis in the course and for the purposes of the efficient administration of the Friends Life group policies and products.

I/We confirm that we have read and understood the applicable FSA Regulations and/or ABI Codes of Practice and agree to comply with them/it. I/We have provided a copy of the applicable FSA Regulations and/or ABI Codes to any sub agents/employees who recommend the Friends Life group policies and products on my/our behalf and will ensure their adherence to the above.

Signature   
Name of Signatory

Position held   
Date

Signature   
Name of Signatory

Position held   
Date

Note: Parties to sign

- A partnership, all parties to sign (append extra sheet if required);
- A company, signature must be by at least two directors.
- A limited liability partnership, signature must be by at least two of its members.

## 11. Additional Information

Please use this space to provide additional information in respect of any of the preceding sections.

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## 12. Financial references



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