

# AGENCY ASSESSMENT AND APPLICATION FORM

- Please ensure you tick or complete answers as appropriate.
- Please complete this form using black ink in BLOCK CAPITALS.
- If you make a mistake please initial your correction.

## ABOUT THIS FORM

This assessment form helps us understand more about your business and your clients, which will help us to provide you with the best service possible.

If you are an Appointed Representative, you do not need to complete this application. Instead, contact your network to request an agency code from them.

We require proof of your agency to complete the application. This will be a copy of identification of the Agency Principal and proof of bank details. This can be a bank statement, paying in slip, cancelled cheque or a letter from your bank.

This form seeks to elicit:

- Your company's structure
- The profile of the business you sell
- Your company's regulatory status

Vitality will use the information you give us to assess your application and may disclose the information which you provide to a third party in order to carry out appropriate background checks, including credit checks. The results of these checks will be taken into consideration before Vitality agrees to issue its Terms of Business\* to you.

Vitality will also use the information you provide on this form as the basis for agreeing:

- The sales support required
- Any other requirements needed to sustain a profitable relationship

\*Please note that there are two Terms of Business documents, one for VitalityHealth and VitalityLife and another for VitalityInvest.

By completing this form, you accept Vitality's Terms of Business and we will use the information you have provided on this form, along with any other information you provide to us, for administering your clients plans.

We will also use this information for regulatory fraud prevention purposes (which may include the disclosure of your information to regulators).

Vitality will provide details of its fraud policy in its Terms of Business\*, which intermediaries must follow.

All Health and Life Agencies must participate in the Vitality Academy, details of which are available on the website.

We will use your information to keep you informed about other products and services that may interest you and your customers.

The following pages should be completed and signed by you as a representative of your company to verify that the facts are correctly stated. Your Vitality Business Consultant/ Account Manager will be available to offer guidance.

## SECTION A – IDENTIFICATION DETAILS

Full title of Agency

Trading Name

Address

	Postcode
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Telephone number

Website address

Email address

Type of firm

Sole trader ☐

Partnership ☐

LLP ☐

Limited Company ☐

Company registered number

If your Agency is affiliated to any network or service provider, please provide details below

Agency number of the above network or service provider

What is the connection between the Agency and the above connected agency?

## SECTION B – AGENCY REMUNERATION (VITALITYLIFE)

Do you wish to be paid on indemnity terms? (subject to approval)

Yes ☐ No ☐

Would you prefer monthly or weekly payment?

Monthly ☐ Weekly ☐

Direct crediting – (Remuneration is only settled by direct credit)

Please arrange for my/our payments to be credited directly to the account below

Bank name

Name of account to be accredited

Bank address

Bank account number  Sort code

**Please ensure that you attach proof of bank details to be used**

Name of signatory

Position

Signature

Date

☐ Please use the same banking details for all lines of business

## SECTION B – AGENCY REMUNERATION (VITALITYHEALTH)

**Note: VitalityHealth commission will be paid weekly on Indemnity terms**

Direct crediting – (Remuneration is only settled by direct credit)

Please arrange for my/our payments to be credited directly to the account below

Bank name

Name of account to be accredited

Bank address

Bank account number  Sort code

**Please ensure that you attach proof of bank details to be used**

Name of signatory

Position

Signature

Date

D	D	M	M	Y	Y	Y	Y
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## SECTION B – AGENCY REMUNERATION (VITALITYINVEST)

These are the fees you have agreed with your clients and which your clients have agreed will be paid through their VitalityInvest plans

Would you prefer monthly or weekly payment?

Monthly ☐ Weekly ☐

Direct crediting – (Remuneration is only settled by direct credit)

Please arrange for my/our payments to be credited directly to the account below

Bank name

Name of account to be credited

Bank address

Bank account number  Sort code

Please ensure that you attach proof of bank details to be used

Name of signatory

Position

Signature

Date

## SECTION C – ADMIN/SUPPORT STAFF

	REMUNERATION ADMINISTRATOR For any remuneration related communication and statements to the agency	BUSINESS CHANGES CONTACT For notifications of any changes made to the agency details contained here
NAME		
DATE OF BIRTH		
EMAIL ADDRESS		
CONTACT PHONE NO		

## SECTION D – BACKGROUND DETAILS

1. Please indicate your core business areas:

Income Protection ☐ Insurance ☐ Investment ☐ Mortgages ☐ Pensions ☐ PMI ☐  
Savings ☐ Tax ☐ Other

2. Please give details of your PMI portfolio size

TYPE OF CLIENT	NO. OF CLIENTS
INDIVIDUAL CLIENTS	
GROUP < 100 EMPLOYEES	

3. Please list details of registered individuals (If you have more than five registered individuals please attach their details on a separate sheet)

TITLE	FIRST NAME	LAST NAME	DATE OF BIRTH	TELEPHONE NUMBER	EMAIL ADDRESS	LINE OF BUSINESS	INDIVIDUAL REFERENCE NUMBER

## SECTION E – FINANCIAL CONDUCT AUTHORITY REGULATION

1. If you are registered with the Financial Conduct Authority (FCA), what is your FCA registration number? (may also be referred to as firm reference number)

2. If you are not registered with the FCA, please complete below:

Have you submitted your FCA registration request? (including authorisation to sell general insurance and investments ) Yes ☐ No ☐

Are you intending to become: Directly authorised ☐ An Appointed Representative ☐

## SECTION F - FCA PERMISSIONS

Please read through the table below which details the FCA permissions required per Line of Business in order to provide financial advice. Firms are responsible for ensuring that they have the required permissions for the business they are selling and advice they are giving. You will require the relevant FCA permissions in order to be set up with a Vitality agency code.

FCA PERMISSION	REQUIRED FOR VITALITYINVEST SIPP PRODUCTS	REQUIRED FOR VITALITYINVEST ISA PRODUCTS	REQUIRED FOR VITALITYHEALTH INSURANCE	REQUIRED FOR VITALITYLIFE INSURANCE
<b>AGREEING TO CARRY ON A REGULATED ACTIVITY</b>	✓	✓	✓	✓
<b>ARRANGING (BRINGING ABOUT) DEALS IN INVESTMENTS (REGULATED ACTIVITY)</b>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> <li>- Personal pension scheme</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Non-Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Non-investment insurance contracts</li> </ul> </li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Non-Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Non-investment insurance contracts</li> </ul> </li> </ul>
<b>MAKING ARRANGEMENTS WITH A VIEW TO TRANSACTIONS IN INVESTMENTS</b>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> <li>- Personal pension scheme</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Non-Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Non-investment insurance contracts</li> </ul> </li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Non-Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Non-investment insurance contracts</li> </ul> </li> </ul>
<b>ADVISING ON INVESTMENTS (EXCEPT ON PENSION TRANSFERS AND PENSION OPT OUT)</b>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> <li>- Personal pension scheme</li> </ul>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> </ul>	✓	✓
<b>ADVISING ON PENSION TRANSFERS/ OPT-OUTS</b>	✓ <ul style="list-style-type: none"> <li>• Customer Type               <ul style="list-style-type: none"> <li>- Retail (Investment)</li> </ul> </li> <li>• Investment Type               <ul style="list-style-type: none"> <li>- Life Policy</li> <li>- Unit</li> </ul> </li> <li>- Personal pension scheme</li> </ul>	X	X	X

## SECTION G – DECLARATION

Please sign below to confirm that this form has been completed accurately to the best of your knowledge and belief

Print name

Position

Signature

D	D	M	M	Y	Y	Y	Y
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**Please ensure you attach a copy of a photo ID of the director or proprietor**

Company name

Please return your completed application form to [agencyapplications@vitality.co.uk](mailto:agencyapplications@vitality.co.uk). Alternatively you may send your completed application forms to Vitality Agency and Commissions, Sheffield S95 1DB. A copy of this completed application form is available on request.

**If you choose to send this information to us by email, there are some security measures that you should consider. To find out more about these measures, please visit [vitality.co.uk/data-protection](https://vitality.co.uk/data-protection). If you're unsure if you can securely send us an email, it is always safer to send the documents to us by post.**