

AGENCY ASSESSMENT AND APPLICATION FORM

IMPORTANT

Please use black ink, BLOCK LETTERS and tick or complete answers as appropriate. 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.

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 Agencies are encouraged to participate in the Vitality Academy, details of which are available on our 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

Telephone number

Website address

Email address

Type of Agency Sole trader ☐ Partnership ☐ Limited Liability Partnership ☐ 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 – CREDITING OF COMMISSION

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

Yes ☐ No ☐

Would you prefer monthly or weekly payment?

Monthly ☐ Weekly ☐

(Note: VitalityHealth commission will be paid weekly on Indemnity terms)

SECTION B – CREDITING OF COMMISSION CONTINUED

Direct Crediting – (Commission is only settled by Direct Credit)

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

Bank name

Name of account to be credited

Bank account number Sort code

Bank address

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

Name of signatory

Position

Signature

Date

SECTION C – ADMIN/SUPPORT STAFF

	Agency Address For any VitalityHealth plan related documents that are delivered to the agency electronically	Commission Administrator For any commission related communication and statements to the agency	Business Changes Contact For notifications of any changes made to the agency details contained here
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone no	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>
Group < 100 employees	<input type="text"/>
Group > 100 employees	<input type="text"/>

SECTION D – BACKGROUND DETAILS CONTINUED

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

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 G.I.)

Yes ☐ No ☐

Are you intending to become:

Directly authorised ☐ An Appointed Representative ☐

SECTION F – 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

Date

D	D	M	M	Y	Y	Y	Y
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Please ensure you attach a copy of a photo ID of the Agency Principal.

Company name

Please return your completed application form to agencyapplications@vitality.co.uk. Alternatively you may send your completed application forms to Vitality Agency and Commissions, Stirling FK9 4UE. A copy of this completed application form is available on request.