

HSBC Life (UK) Ltd Terms of Business Application Form

Please complete this form to apply for an agency with HSBC Life (UK) Limited ('HSBC Life'). This form also includes a section to register individuals for the HSBC Life Extranet facility. This form must be completed by an authorised signatory. We'll primarily use the personal information provided on this form to process your application, and manage our relationship with you. For full details of how we use your information, and your rights in this respect, please see the HSBC Life Intermediary Privacy Notice on https://www.life.hsbc.co.uk/privacy-notice/ or a copy can be supplied on request.

1. Business det	ails
Full Legal/ Registered Name	
Trading Name (if different from above)	
Financial Services Registration Number	
Companies House Number	
Business Entity [Limited Partnership Sole Trader Limited Liability Partnership
Business Address	
Post Code	
Registered Address (if different from above)	
Post Code	
Contact Name (for correspondence and formal notifications etc.)	
Contact Email Address	
Please confirm that the on Companies House	ne ownership / director details of the firm are as recorded Yes No
If no, please provide details of any changes	

2. Business details

For sole traders and partnerships only, please give name(s) and date(s) of birth. When providing us with information about these individuals, please ensure you direct them to our intermediary privacy notice on https://www.life.hsbc.co.uk/privacy-notice/ or a copy can be supplied on request.

Please give name(s), date(s) of birth and state all Sole Trader/Partners nationality. Please provide proof of your identity for all Sole Trader/Partners; e.g. passport. Please note that each Partner must provide Identification.

		Name		Nationality	Date of birth									
Sol	e Trader/Partner 1				L	D	D	M	M	Y	Y	Y	Y	
Par	tner 2					D	D	M	M	Y	Y	Y	Υ	
Par	tner 3					D	D	M	M	Y	Y	Y	Y	
Par	tner 4					D	D	M	M	Y	Y	Υ	Y	
The	HSBC Life & Critical Illness Protection HSBC Onshore Investment Bond													
C.	Are you now or ha	ave you ever been subject to	o legal proce	edings, whether criminal or civil? ((Во	th	Pro	duc	ts)]
	Yes		☐ No											
d.	Do you have a Tra	aining and Competency Sch	eme? (Both	Products)										
	Yes	Yes												
e.	Is your firm compl	liant with <u>SYSC 19F.2 IDD r</u>	<u>emuneration</u>	incentives? (Both Products)										
	Yes		☐ No											
f.	Please tell us abou	ut any reportable regulatory	breaches/ev	ents in the past 5 years. (Both Pro	dı	uct	s)]
g.	Who is ultimately (Both Products)	responsible for ensuring tha	at the firm ad	lheres to Regulatory and Financial (Cr	ime	e Co	mpli	ance	 e rec	quire	mer	nts?	

h.	. Do you have appropriate quality assurance/sales quality processes in place (including without limitation adequate scripting and/or call flows – if applicable)? (Both Products)									
	Yes	□ No								
i.		many protection policies do you anticipate selling in the next 12 months: including any Appointed Representatives s") expected to on-board with HSBC Life? (Protection business only)								
j.	. What percentage of your overall company income is generated from protection sales? (Protection business only)									
k.	Is your firm a call centre? (Protection business only)									
	Yes	☐ No								
l.	Have you ever had an agency/terms of business/indemnity commission facility refused or withdrawn? (Protection business only)									
	Yes	□ No								
4.	4. Bank account details for receipt of adviser charges and/or commission									
Ple	ase note: Adviser	charges for the Onshore Investment Bond are paid monthly.								
Bus	siness bank detai	s								
Sor	t Code	- A/c Number								
Acc	count Name									
Bar	nk Name									
Pos	stcode									

5. HSBC Extranet registration details

Please provide details of each individual to be given access to the HSBC Life Extranet and state whether they need adviser or admin access. This will enable us to provide log-in details for each person.

If you require access for more than four (4) individuals, please add all details onto the Excel attachment in the email correspondence.

Please tick the access level required (adviser, admin or both) as appropriate. If left blank, we will provide adviser access as default. Please note, this section is applicable to both HSBC Life Protection and the Onshore Investment Bond.

When providing us with information about these individuals, please ensure you direct them to our Intermediary Privacy Notice on https://www.life.hsbc.co.uk/privacy-notice/ (or a copy can be supplied on request).

Salutation	Full Name	Telephone Number	Email Address	Job Title	Adviser	Admin	Both					
					_	_	_					
6. Which protection portals do you use? (Protection business only)												
Portal												
UnderwriteMe												
iPipeline												
Iress												
Webline												
7. Commis	ssion (Protect	ion business only)										
If you are a me	ember of a mortga	ge/protection club, please	state which one(s)									
Commission is	paid in accordan	ce with the HSBC Life Terr	ms of Business for Inte	rmediaries and the Co	ommission	Guide.						
that HSBC Life		ugh any panel arrangeme sion directly to that mortg mission.					_					
Commission options requested (to be agreed with your Business Development Manager and confirmed by email).												
Indemnity			Non-indemnity									
If applying for	If applying for indemnity commission, a personal guarantee may be required.											

8. Acceptance of the Terms of Business

Please check the details you have entered in this Application Form are correct to the best of your knowledge.

By completing this Application Form, you represent and warrant that you have the necessary authority and capacity on behalf of your intermediary firm to enter into a contract with HSBC Life.

A contract will not be formed between us unless and until we notify you in writing that your application has been accepted, at which point you will be bound by the HSBC Life Terms of Business for Intermediaries, as amended from time to time.

I, as an authorised signatory for the firm, acknowledge the HSBC Life Terms of Business for intermediaries, as amended from time to time and confirm acceptance of the conditions therein.

Signature	Date	D	D	M	M	Y	Y	Y	Y
Name in CAPITAL LETTERS									
LETTENS									
Position									

Completed forms (or a scanned copy) should be submitted via email to:

For HSBC Life Protection Registration: agencyonboarding@hsbc.co.uk

For Onshore Bond Registration: bondbdmsupport@hsbc.com

If you are registering for both products: agencyonboarding@hsbc.co.uk

Should you have any queries, please do not hesitate to contact us on: Telephone 0333 207 5563

Phone lines are open Monday-Friday, 9am-5.30pm, except holidays.

To help us continually improve our service and in the interests of security, we may monitor and/or record your communications with us.

HSBC Life (UK) Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England (United Kingdom) number 00088695. Registered Office: 8 Canada Square, London E14 5HQ.

Our Financial Services Register number is 133435. HSBC Life (UK) Limited is a member of the Association of British Insurers.