Intermediary Business Agreement Application form

| Your business details | | | | |
|---|-------------|-------------|----------|-----|
| Your business trading name | | | | |
| Your registered company name (if different from your business name) | | | | |
| FCA registered business address | | | | |
| | | | Postcode | |
| Your office phone number (including STD code) | | | | |
| Your business type | Sole trader | Partnership | Limited | LLP |
| Company registered number | | | | |
| Your FCA reference number | | | | |
| Does your firm have any appointed representative firms that require an agency? | Yes | No | | |
| Does your firm use a service provider (for back office / compliance support)? | Yes | No | | |
| If yes, please specify | | | | |
| Your contact name for your AIG Life Limited account | | | | |
| Your contact email address for your AIG Life Limited account | | | | |
| Your commission statement email address (if different from your contact email address above) | | | | |

| Commission payments | | | | | | | | |
|--|-----|--|----|--|--|--|--|--|
| Do you wish to apply for indemnity commission terms? If yes, AIG may contact you to request financial information | Yes | | No | | | | | |
| Commission terms may already have been negotiated with your service provider and will be set out in the letter of confirmation which we will send to you. The terms we offer are only available at the discretion of AIG Life Limited. If applying for indemnity, a Personal Guarantee | | | | | | | | |

is required.

| Payment by Direct Credit | | | | | |
|--------------------------|--|------|----------|------|--|
| Bank name | | | | | |
| Bank address | | | | | |
| | | | Postcode | | |
| Account name | | | | | |
| Sort code | | | | | |
| Account number | | | | | |

Directors/partners

Please provide the names of every director, partner, principal or company secretary for the firm.

| First name and initials | Surname | Date of birth dd/mm/yy | | | | уy | Position in firm |
|-------------------------|---------|------------------------|--|--|--|----|----------------------|
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AIG system access

Please provide the names of every adviser and administrator who requires access to the AIG online application system.

If you need systems access for more users than the space below allows, please send us a separate list when submitting this form. Access types. Adviser – submit business in their name only. Admin – submit business on behalf of any adviser at the firm.

Adviser/Admin – submit business in their name and on behalf of any adviser at the firm.

Please note the firm must have at least one adviser registered in order to submit business.

| First name | Surname | Email address | Contact number | Access Type (Adviser, Admin, Adviser/Admin) |
|------------|---------|---------------|----------------|--|
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Intermediary Application Form

By completing this Application Form in respect of the Intermediary Business Agreement, you consent to us conducting a credit check on your business and/or any of the persons named as directors, partners/principals and company secretary, and you represent and warrant that you have the necessary authority and capacity on behalf of your intermediary firm to enter into a contract with AIG.

You acknowledge that the information you provide in this form will be used by AIG in considering your application for a trading relationship. You will be bound by the Intermediary Business Agreement upon notification to you by AIG that your application has been accepted. Please therefore ensure that any relevant users are given the opportunity to read the Intermediary Terms of Business, and enter your name below to confirm that you have read and accepted our Intermediary Terms of Business on behalf of your firm and all relevant users.

Acceptance of Terms

I/We hereby acknowledge receipt of the Intermediary Business Agreement and confirm acceptance of the conditions therein.

I/We hereby apply to AIG Life Limited for the initial commission due in respect of certain classes of policy introduced by me/us to be advanced before the full amount of the premiums on which the commission is due have been paid.

| Acceptance of terms and conditions for and on behalf of the applicants ¹ | | | | | | | | | |
|---|---------------|--|--|--|--|--|--|--|--|
| I/We accept | Date dd/mm/yy | | | | | | | | |
| Name | Position held | | | | | | | | |

1: In the case of

a) a Partnership, one Partner to enter their details above

b) a Company, one Director named on Page 2 to enter their details above

Important – Use of your information

All information supplied will be used by us to assess your application, maintain records and (if successful) administer your agency. We may share information as set out in the terms of business. More details of how your information will be used can be obtained from us.

If you are an individual intermediary, you have the right to stop us from contacting you or providing your details to any other organisation for research and marketing purposes by notifying us in writing. You also have the right to ask for details about the information that we hold on you, for which we are entitled to charge a fee.

By completing and returning the Intermediary Business Agreement Application form you confirm you have read and accepted our intermediary terms of business and that you want to apply for an agency with us. A contract will not be formed between us unless and until we notify you in writing that your application has been accepted.

Submission

Please download, complete, attach and email the form to: agency@aiglife.co.uk

CLICK TO OPEN EMAIL



www.aiglife.co.uk

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