

Terms of Business Application Form

HSBC Life (UK) Limited

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				
		ector details of the firm a	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									
Sole	e Trader/Partner 1					D	D	\bigvee	M	Υ	Υ	Υ	Υ		
Part	tner 2					D	D	M	M	Υ	Υ	Y	Y		
Part	tner 3					D	D	M	M	Υ	Υ	Υ	Y		
Part	tner 4					D	D	M	M	Υ	Υ	Υ	Y		
The	= :	ns apply to the firm (includ HSBC Life. Where the ans	_		rs or individual partners in a partner ease also provide further details.	shi	o wh	ere a	pplic	able	e) wh	nich	is		
	HSBC Life & Critic	cal Illness Protection		HSBC	Onshore Investment Bond										
b.	Are you now or have you ever been subject to legal proceedings, whether criminal or civil? (Both Products)														
	Yes			No											
C.	Do you have a Tra	aining and Competency Sc	cheme?	(Both	Products)										
	Yes			No											
d.	Is your firm comp	liant with <u>SYSC 19F.2 IDD</u>	remune	<u>eration</u>	incentives? (Both Products)										
	Yes			No											
e.	Please tell us abou	ut any reportable regulator	ry breac	hes/ev	ents in the past 5 years. (Both Pro	duc	cts)								
f.	Who is ultimately (Both Products)	responsible for ensuring t	hat the	firm ad	theres to Regulatory and Financial (Orin	ne Co	mpli	ance	e req	uire	men	ts?		
g.		opriate quality assurance/s	sales qu	uality pi	rocesses in place (including withou	t lin	nitati	on ad	dequ	ate s	scrip	ting			
	Yes			No											

n.	, ,	ction policies do you ar d to on-board with HSE		0		ng any A	ppointed	Represer	itatives	
i.	What percentage	e of your overall compa	ny income is	generated fro	m protection sales	? (Prote	ction bus	siness or	ıly)	
j.	Is your firm a cal	centre? (Protection b	ousiness only	y)						
	Yes			10						
k.	Have you ever ha	ad an agency/terms of I	ousiness/inde	emnity commi	ssion facility refuse	d or with	ndrawn? (Protection	on busi	ness
	Yes			lo						
4	D 1			ı	.,					
		t details for recei	•	<u> </u>		nission				
		charges for the Onsh	nore Investm	nent Bond are	paid monthly.					
Bus	siness bank detai	ls								
Sor	rt 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	orotection poi	rtals do you use? (Pi	rotection busines	s 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 o	ptions requested (to be agreed with your Bu	siness Development N	lanager and confirme	d by email).	
Indemnity			Non-indemnity				
If applying for	indemnity commis	ssion, a personal guarante	e 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	M	\bowtie	Y	Υ	Υ	Y
Name in CAPITAL								
LETTERS								
Position								

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

For HSBC Life Protection Registration: lifebdmsupport@hsbc.co.uk
For Onshore Bond Registration: bondbdmsupport@hsbc.co.uk
If you are registering for both products: lifebdmsupport@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.