

## **Application for terms of business**



**Part 1** Basis of the application

For more information refer to **Comp14/A-1220R/B**, top of page 2 I/We wish to apply for terms of business with the Canada Life group of companies

- Canada Life Limited (onshore business, Potters Bar)
- Canada Life Limited – Group Insurance (onshore business, Bristol)
- Canada Life International Limited (offshore business, Isle of Man)
- CLI Institutional Limited (offshore business, Isle of Man)
- Canada Life Platform Limited (onshore business, Potters Bar)
- Canada Life International Assurance (Ireland) DAC (offshore business, Ireland)

Terms of Business required for:

Novation		Please insert old Agency number
Transfer of Agency		Please insert Policy number
New Business		Please insert Quote number
Other		

**Part 2** Financial Action Task Force (FATF) application – Offshore only

If you are authorised and regulated in a FATF member country please provide the following:  
(Not applicable for CLIAI applications)

- A certified copy of the certification of incorporation (if applicable)
- A list of directors’ names, addresses and dates of birth
- An authorised signatory list

**Part 3** Regulatory information

Name of regulatory body

Regulator’s number or equivalent (Example: FCA Number)

Are you a member of a network? Yes  No  If ‘Yes’, which one?

Network membership number

Authorised to hold client money Yes  No

Authorised for discretionary investment management Yes  No

**+**  
Important:  
Insufficient details could lead to a delay in processing.

**Part 4** Bank details

All payments are made by BACS

Please provide details of the account you would like Commission and/or Adviser Charge payments to be made to. Please note that commission and/or adviser charge payments can only be made to accounts in the name of the intermediary.

If you are part of a bulk paying network we will make payments direct. You do not need to complete Part 4.

Name of bank	<input type="text"/>				
Address	<input type="text"/>				
	<input type="text"/>				
Account name	<input type="text"/>				
Sort code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>				
IBAN	<input type="text"/>				

**+**  
Important:  
Insufficient details  
could lead to a delay  
in processing.

**Part 5** Adviser firm details

Name

Trading name (if different)

Company address   
  
 Postcode

Correspondence address (if different)   
  
 Postcode

Your telephone number

Your fax number

Your e-mail address

Your website address

Registration number

Country of registration

Is the firm VAT registered? Yes  No  VAT Registration Number

Has the firm been declined terms of business with any other company/provider? Yes  No

Has the firm been party to legal proceedings, either civil or criminal? Yes  No

Have there been any legal judgments against the firm? Yes  No

Has the firm been subject to disciplinary proceedings by any regulatory body? Yes  No

If 'Yes' to any of the above please provide details

**For Canada Life use only**

New business check

Adviser payments check

New Agency number

**Part 6**

Regulatory number

**Name(s) of member(s) of staff who will act as central administrator for the electronic/online services as noted in section 10.1**

Name

Telephone number

Name

Telephone number

Name

Telephone number

**Person to contact to arrange the e-mailing of statements (where available)**

E-mail address(es) to send  
commission/fee statements to

Name

Telephone number



**Important:**  
Insufficient details  
could lead to a delay  
in processing.

**Part 7** Declaration

This application should be signed in accordance with the firm’s authorised signatory list and those persons signing must make sure they are properly authorised to sign on behalf of the firm named in this application.

**Signatures required**

**Limited company** – two directors or one director and company secretary or one director in the presence of an independent witness.

**Partnership** – A minimum of two partners.

**Sole trader** – The principal in the presence of an independent witness.

I/We agree to provide the Company with such documentary evidence as it/they may require in order to comply with all applicable laws and regulations in the jurisdiction of the Company.

I/We confirm that the information in this application is accurate and hereby apply for terms of business with the Company.

I/We authorise the Company to take up any references as necessary to the granting of the terms of business.

I/We agree that I/we have read and will be bound by these terms of business and any subsequent changes the Company may notify me/us of in the future.

**Authorised signatory 1**

Signature

Name (BLOCK CAPITALS)

Capacity

Date

**Authorised signatory 2**

**Witness**

Signature

Name (BLOCK CAPITALS)

Date

Address (INCLUDING POSTCODE)

Postcode

This application should be returned to the appropriate address below and you should retain a copy for future reference.

## UK business

### Bonds & Annuities

**Canada Life Limited**  
Individual Business  
Canada Life Place  
Potters Bar  
EN6 5BA  
Tel: 0345 722 6232  
Email: Adviserpayments@canadalife.co.uk

### Pensions – The Retirement Account

**Canada Life Platform Limited**  
PO Box 4993  
Worthing  
BN99 4AE  
Tel: 0800 032 7689  
Email: adviserservices.ra@canadalife.co.uk

### Protection

**Canada Life Limited**  
Individual Protection  
3 Rivergate  
Temple Quay  
Bristol  
BS1 6ER  
Tel: 0345 305 7407  
Email: IPP.agency@canadalife.co.uk

**Canada Life Limited**  
Group Insurance  
3 Rivergate  
Temple Quay  
Bristol  
BS1 6ER  
Tel: 0345 223 8000  
Email: groupagency@canadalife.co.uk

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## International business

**Canada Life International Limited**  
Canada Life House  
Isle of Man Business Park  
Douglas  
Isle of Man  
IM2 2QJ  
Tel: +44 (0) 1624 820200  
Email: FMagency@canadalifeint.com

**CLI Institutional Limited**  
Canada Life House  
Isle of Man Business Park  
Douglas  
Isle of Man  
IM2 2QJ  
Tel: +44 (0) 1624 820200  
Email: FMagency@canadalifeint.com

### Canada Life International Assurance (Ireland) DAC

Canada Life House  
Isle of Man Business Park  
Douglas  
Isle of Man  
IM2 2QJ  
Tel: +44 (0) 1624 820200  
Email: FMagency@canadalifeint.com



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COMP14/B - 1220R/B