

Registering an Adviser

Name of business

Equity Release and Mortgage products

This registration form should be completed by firms who are already registered with Canada Life Home Finance and wish to register an additional adviser.

It is for advisers who wish to recommend our mortgage products, including Lifetime Mortgages.

All sections of this form are mandatory. Our Terms of Business can be found at www.canadalife.co.uk

| Name of Firm (FCA authorised name) | | | | | | |
|---------------------------------------------------------------------|-----|------------------|--|--|--|--|
| FCA Firm reference number (as it appears on the FCA register) | | | | | | |
| | | | | | | |
| 2 Advi | ser | | | | | |
| | | | | | | |
| Adviser | | Name | | | | |
| Telephone number | | umber | | | | |
| Correspondence address (if different to registered address) | | ddress dress) | | | | |
| Unique email address | | ddress | | | | |
| Administrator email address | | | | | | |

| 2 Adviser (cor | ntinued) | | | | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| | | | | | | |
| adviser on and a regulated mor | s box to confirm this is qualified to advise rrange (bring about) rtgage contracts and release transactions | | | | | |
| Firm has complete | x to confirm that the d satisfactory fit and necks on this adviser | | | | | |
| this adviser h | s box to confirm that nolds an appropriate in equity release as rescribed by the FCA | | | | | |
| adviser has review | to confirm that this ed our products and tures on our website | | | | | |
| | | | | | | |
| 3 Declaration | | | | | | |
| By signing this declaration, the Firm hereby declares that the information provided is true and correct. | | | | | | |
| Signed by | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Print name | | | | | | |
| Job title | | | | | | |
| Date | | | | | | |
| | | | | | | |
| Contact u | S | | | | | |
| Please send your co | ompleted form to: | | | | | |
| By email hf-applications@cana | adalife.co.uk | | | | | |
| If you have any que | ries: | | | | | |
| Call our team 0800 068 0212 | | | | | | |
| Visit our website www.canadalife.co.u | k II | | | | | |
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