



Monument Life Insurance dac Intermediary Agency Account application



Please use this form to provide details of changes relating to the ongoing payment of commission in relation to business written before 31 December 2012.

Application details

Name of applicant	
Trading name (if different from above)	
Name of person to contact	
Business address	Telephone number(s)
	Fax
Postcode	Email

Details of all directors/principals

1. Name in full	2. Name in full
NI number	NI number
Date of birth	Date of birth
Private address	Private address
Postcode	Postcode

If there are more than two directors/principals, please complete their details on a photocopy of this page and ensure it is returned with the application.

Authorisation details

FCA number of your firm	Date of authorisation
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Payment currency for commission

All commission payments made on your Intermediary Agency Account will be paid in GBP.

Authorisation for payment of ongoing commission that is due in relation to business written before 31 December 2012 (this section must be completed).

Trading name

Full address

Postcode

I/We authorise you to make payment of commission to the bank account detailed below.

I/We understand that you reserve the right to withdraw this facility. Any changes in bank account details will be notified to you in writing.

Bank/Building society name

Full address

Postcode

Account number

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Sort code

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Bank/Building society reference

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Declaration

For the purposes of this declaration, all references to the Product Provider will be to Monument Life Insurance dac.

I/We hereby apply for an Intermediary Agency Account with the Product Provider.

I/We agree that the Product Provider may share relevant data given on this form and data concerning the conduct of my/our Intermediary Agency Account with any other companies within the Monument Re Group.

I/We understand that the Product Provider may share information with any other databases for regulatory or administrative purposes.

I/We acknowledge and accept that all business will be transacted under the Terms of Business issued by the Product Provider from time to time and undertake to repay to the Product Provider any commission due in accordance with the Terms of Business.

I/We understand that ongoing commission that is due in relation to business written before 31 December 2012 will be credited directly to my/our bank/building society account and that the Product Provider reserves the right to withdraw this facility.

I/We authorise the Product Provider to take up references and make such enquiries as may be necessary to consider this application.

I/We agree to the Product Provider seeking information from any company, firm or organisation shown in this application and duly authorise the giving of such information.

I/We acknowledge receipt of the Terms of Business attached and agree to be bound by its terms.

Completed by (block capitals)

First authorised signatory

Date

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Completed by (block capitals)

Second authorised signatory

Date

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In the case of a partnership, at least two partners should sign this application form for and on behalf of the partnership. In the case of a company, this application form should be signed by two authorised signatories for and on behalf of the company.

Please return to: Monument Life Insurance dac, Regus Manchester Business Park, 3000 Aviator Way, Manchester, M22 5TG, UK