



# 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

Please give the full names and home addresses of up to three directors/partners of the company/firm. If you are a sole trader, please give your full name and home address.

1. Name in full	2. Name in full
Private address	Private address
Postcode	Postcode
3. Name in full	
Private address	
Postcode	

## 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

Sort code

Bank/Building society reference

**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)

Authorised signatory

Director/Partner/Sole Trader (delete as appropriate)

Date

**Please return to: Monument Life Insurance dac, IPB Admin, Bishop's Square, Redmond's Hill, Dublin 2, D02TD99, Ireland.**