

Long-Term Insurance/Protection

Application Form

PLEASE USE BLOCK CAPITALS

1. Name under which you have received authorisation to give advice

INTERMEDIARY FIRM

2. (a) Full business address

(b) Full address for commission statements to be sent if different from above

Postcode

(c) Telephone Number

(d) Fax Number

(e) E-mail Address

For Marketing Information

For Quotations

For General Communications

3. If a wholly owned subsidiary, please provide the Registered name, number and address of the Holding Company

Name

Address

INTERMEDIARY PRINCIPALS, PARTNERS OR DIRECTORS

4. Please provide the following information for all principals, partners or directors.

Name and title

Position in firm

National Insurance Number

Home Address

Name and title

Position in firm

National Insurance Number

Home Address

Name and title

Position in firm

National Insurance Number

Home Address

Name and title

Position in firm

National Insurance Number

Home Address

PROFESSIONAL STANDING

5. Please provide the following information.

Has the applicant, any partner or director at any time:

- | | | |
|---|------------------------------|-----------------------------|
| (a) Been the subject of a receiving order? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Entered into an arrangement with creditors? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Been a director of a company which has been wound up other than for purposes of amalgamation or reconstruction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Been the subject of a court judgement for any outstanding debts? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Had an application refused by any Insurance Company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Been convicted of a criminal offence? (Other than for motoring) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'Yes' to any of these, please give details.

INTERMEDIARY AUTHORISATION

6. (a) Name of the Regulatory Organisation with which the Intermediary is registered

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(b) FSA Number

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COMMISSION REQUIREMENTS

7. (a) Preferred commission terms* Indemnity/Non Indemnity

(b) Name and address of bank (for payment of commission by BACS)

Name

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Address

(c) Bank Sort Code

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(d) Account Number

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(e) Name of Account

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(f) Has the applicant, or any partner or director, or any other business with which they have been associated, previously held agencies with Scottish Mutual Assurance Limited, Phoenix Life Limited or its associated companies? Yes No

If 'Yes', please provide details including previous trading title and FSA number

Previous Trading Title

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FSA Number

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(g) Do you hold Terms of Business Agreements (or Agencies) with other Insurance Societies or Companies? Yes No

If 'Yes', please state with whom. (Such Societies or Companies may be approached for references).

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*Indemnity terms will be considered only after Phoenix Life Limited has conducted appropriate credit references.

DECLARATIONS

I/We have read and agree to the Terms of Business with Phoenix Life Limited (including those companies as defined in the Terms of Business, collectively referred to as "the Company").

I/We agree that the Company may make such relevant searches and checks (including in regard to credit worthiness) on this firm and its owner/principals as it sees fit.

(To be signed by a director, sole trader or all partners, as appropriate).

Signed

Date

Name

Position in Firm

Signed

Date

Name

Position in Firm

Signed

Date

Name

Position in Firm

Signed

Date

Name

Position in Firm