

Commission Account Administration Form

Please complete this form if your organisation is UK-based and is permitted to carry out general insurance business either:

- directly authorised by the FCA or PRA or a professional firm regulated by a Designated Professional Body (DPB) or
- as an appointed representative of an authorised company or network

If none of the above apply to you, please contact us on **01306 873422** before completing this form.

If your company is an appointed representative, please check if your Network or Principal has already accepted our Terms of Business. If not, you should pass this form to them to complete on your behalf.

Please complete the form using BLOCK CAPITALS, ticking boxes as appropriate, and return it in the pre-paid envelope or by email to agency.desk@unum.co.uk. The tinted boxes in sections 1, 2, 3 and 5 must be completed.

If you have any questions about your application, please contact the Agency Department on **01306 873422**.

1. Regulatory details

Legal name of business or organisation

Trading name (if different)

Status
Ltd/PLC LLP Partnership Sole trader Other (please specify)

Company Registered Number (if limited company or limited liability partnership)

Your FCA/PRA Firm
reference number

Principal's Master
Agency number

If not directly authorised,
Name of Principal/Network/DPB

2. Contact details

Principal business contact name

Contact name for accounting/commission enquiries

Address for correspondence

Postcode

Telephone

Fax

Email

This address is: Company head office Main trading location Branch office Home address

3. Address for commission statements (if different from correspondence address)

Address for commission

Postcode

Telephone

Fax

Email

This address is: Company head office Main trading location Branch office Home address

If you are directly authorised but affiliated to a support services provider

Name of provider of support services

4. Bank details for commission payments

For payment by BACS, please provide your bank account details.

Bank

Bank account number

Sort code

Account name

If you prefer to be paid by cheque, please only write the cheque payee's name in the account name box above.

Preferred frequency of commission payments Monthly Fortnightly Weekly

5. Declaration and acceptance of Terms and Conditions

- i) I submit this form on behalf of the identified intermediary and confirm that the information provided is true and complete to the best of my knowledge.
- ii) I have received, read and agree to the Unum Terms of Business Agreement for Authorised Intermediaries (ref UP133A 04/2013) and all the relevant schedules it refers to.
- iii) I authorise Unum to make any enquiries it considers necessary in connection with this application.

Please tick the relevant box below according to your authorisation status

Directly authorised

- iv) I understand that signing this document constitutes a legally-binding contract and agree that the terms and conditions of the agreement will apply to all business the intermediary submits to Unum.
- v) I confirm that I am duly authorised to enter into the agreement on behalf of the Intermediary and to give the administrative instructions required.

Appointed representative

- iv) I agree that the terms and conditions of the agreement will apply to all business the intermediary submits to Unum. I understand that my commission account will not be activated until my Principal has also signed the agreement.
- v) I confirm that I am duly authorised to give the administrative instructions required.

Signed

Date

Name (please print)

Position/Job Title

Terms used in this form have the same meaning as set out in the Terms of Business Agreement for Authorised Intermediaries unless otherwise stated.