

Terms of Business Application Form

HSBC Life (UK) Limited

Please complete this form to apply for an agency with HSBC Life (UK) Limited ('HSBC Life'). This form also includes a section to register individuals for the HSBC Life Extranet facility. This form must be completed by an authorised signatory. We'll primarily use the personal information provided on this form to process your application, and manage our relationship with you. For full details of how we use your information, and your rights in this respect, please see the HSBC Life Intermediary Privacy Notice on <https://www.life.hsbc.co.uk/privacy-notice/> or a copy can be supplied on request.

1. Business details

Full Legal/
Registered Name

Trading Name (if
different from above)

Financial Services
Registration Number

Companies
House Number

Business Entity ☐ Limited ☐ Partnership ☐ Sole Trader ☐ Limited Liability Partnership

Business Address

Post Code

Registered Address
(if different from
above)

Post Code

Contact Name
(for correspondence
and formal
notifications etc.)

Contact
Email Address

Please confirm that the ownership / director details of the firm are as recorded on ☐ Yes ☐ No
Companies House.

If no, please
provide details of
any changes

2. Business details

For sole traders and partnerships only, please give name(s) and date(s) of birth. When providing us with information about these individuals, please ensure you direct them to our Intermediary Privacy Notice on <https://www.life.hsbc.co.uk/privacy-notice/> or a copy can be supplied on request.

		Date of birth								
Sole Trader/Partner 1	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Partner 2	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Partner 3	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Partner 4	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

3. About your business

The following questions apply to the firm (including sole traders or individual partners in a partnership where applicable) which is being registered with HSBC Life. Where the answer is 'yes', please also provide further details.

a. Are you now or have you ever been subject to legal proceedings, whether criminal or civil?

b. Are you now or have you ever been the subject of disciplinary proceedings by any regulatory body or professional association?

c. Have you ever had an agency/terms of business/indemnity commission facility refused or withdrawn?

d. Who is ultimately responsible for ensuring that the firm adheres to Regulatory and Financial Crime Compliance requirements?

e. Do you have your own Regulatory/Financial Crime Compliance team and/or do you rely on an external compliance consultancy? If 'yes' to external consultancy, please provide their details:

f. What product are you applying for?

☐ HSBC Onshore Investment Bond

☐ HSBC Life & Critical Illness Protection

4. Bank account details for receipt of adviser charges and/or commission

Business bank details

Sort Code	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	A/c Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Name	<input type="text"/>												
Bank Name	<input type="text"/>												
Postcode	<input type="text"/>												

5. HSBC Extranet registration details

Please provide details of each individual to be given access to the HSBC Life Extranet and state whether they need adviser or admin access. This will enable us to provide log-in details for each person.

If you require access for more than four (4) individuals, please add all details onto the Excel attachment in the email correspondence.

Please tick the access level required (adviser, admin or both) as appropriate. If left blank, we will provide adviser access as default.

Please note, this section is applicable to both HSBC Life Protection and the Onshore Investment Bond.

When providing us with information about these individuals, please ensure you direct them to our Intermediary Privacy Notice on <https://www.life.hsbc.co.uk/privacy-notice/>(or a copy can be supplied on request).

Salutation	Full Name	Telephone Number	Email Address	Job Title	Adviser	Admin	Both
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Which protection portals do you use? (Protection business only)

Portal

UnderwriteMe	<input type="checkbox"/>
iPipeline	<input type="checkbox"/>
Iress	<input type="checkbox"/>
Webline	<input type="checkbox"/>

7. Commission (Protection business only)

If you are a member of a mortgage/protection club, please state which one:

Commission is paid in accordance with the HSBC Life Terms of Business for Intermediaries and the Commission Guide.

Where you submit business through any panel arrangement operated by a mortgage/protection club or similar, you acknowledge that HSBC Life may pay commission directly to that mortgage/protection club in respect of such business and that you shall have no rights in respect of such commission.

Commission options requested (to be agreed with your Business Development Manager and confirmed by email).

Indemnity Non-indemnity

If applying for indemnity commission, a personal guarantee may be required.

8. Acceptance of the Terms of Business

Please check the details you have entered in this Application Form are correct to the best of your knowledge.

By completing this Application Form, you represent and warrant that you have the necessary authority and capacity, on behalf of your intermediary firm, to enter into a contract with HSBC Life.

A contract will not be formed between us unless and until we notify you in writing that your application has been accepted, at which point you will be bound by the HSBC Life Terms of Business for Intermediaries, as amended from time to time.

I, as an authorised signatory for the firm, acknowledge the HSBC Life Terms of Business for Intermediaries, as amended from time to time and confirm acceptance of the conditions therein.

Signature Date

D	D	M	M	Y	Y	Y	Y
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Name in CAPITAL LETTERS

Position

Completed forms (or a scanned copy) should be submitted via email to:

For HSBC Life Protection Registration: lifebdmsupport@hsbc.co.uk

For Onshore Bond Registration: bondbdmsupport@hsbc.com

If you are registering for both products: bondbdmsupport@hsbc.com

Should you have any queries, please do not hesitate to contact us on: Telephone 03456 039164

Phone lines are open Monday-Friday, 9am-5.30pm, except holidays.

To help us continually improve our service and in the interests of security, we may monitor and/or record your communications with us.

HSBC Life (UK) Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered in England (United Kingdom) number 00088695. Registered Office: 8 Canada Square, London E14 5HQ.

Our Financial Services Register number is 133435. HSBC Life (UK) Limited is a member of the Association of British Insurers.