

Intermediary Registration Form

MetLife
Invicta House
Trafalgar Place
Brighton BN1 4FR

0800 917 2006
aagency@metlife.com

Important information

When you have completed this Registration Form, please return to:

The Agency Management Team, MetLife, Invicta House, Trafalgar Place, Brighton BN1 4FR.

Or by email as a .PDF file to: **aagency@metlife.com**

Which business line(s) are you registering to do business with MetLife?

Wealth Management

Employee Benefits

Individual Protection

Who has been your main contact at MetLife to date (if any)?

The information required in this registration form must be provided by the Intermediary ('you'). All information will be incorporated into, and form part of, the Terms of Business between you and MetLife Europe d.a.c., MetLife Europe d.a.c. acting through its UK branch, and MetLife Pension Trustees Limited (together hereafter referred to as 'MetLife').

Section 1 - Business Details

Business name

Trading name (if different)

Full postal address of main place of business

City

Country

Postcode

Contact name

Email address

Telephone number

FCA Firm reference number

Website

Section 2 - Legal Status

Legal status (please tick whichever is correct)

- Sole Trader
- Partnership
- Limited Company
- Public Limited Company
- Limited Liability Partnership

How many partners do you have?

Please provide your company number

Please provide your company number

Please provide your LLP number

Registered office (if different from the main place of business)

City	Country	Postcode <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>

Section 3 - Information about your firm

Please provide details of any affiliation or network of firms to which you belong, for example in relation to sales and marketing or compliance. Details should include information relating to any organisation that co-ordinates that network. MetLife reserves the right to ask for further information about any such network or association before it will accept business from you.

Number of FCA Approved Persons at your firm

Please indicate whether any of the following has occurred in the last three years:

- a. you have been presented with a petition for bankruptcy, a petition for compulsory winding up or a creditors' voluntary arrangement Yes No
- b. an administrator or receiver has been appointed in relation to your business Yes No
- c. you have had any agencies cancelled or suspended Yes No
- d. you have failed to satisfy a debt adjudged due, or come to a compromise or similar arrangement over a debt with any of your creditors. Yes No

Please provide details of any investigations or disciplinary proceedings undertaken by any regulatory or governmental authority in relation to the Intermediary or any of its registered individuals in the last three years, (please do not include any routine inspections such as ARROW visits or Firm Systematic Framework Reviews).

Section 4 - Bank details

Name of bank

Full postal address

City

Country

Postcode

Account name

Account number

Sort code

Unless otherwise advised, MetLife will pay any remuneration due to you to the above bank account.

How would you like to receive your remuneration statement?

 Post Email

Email address for remuneration statement

If you have ticked Email, what format would you like to receive the remuneration statement?

 PDF CSV PDF & CSV**Section 5 - MetLife online services**

MetLife provides access to online functionality and services known as MetLife Online Services. Use of the MetLife Online Services is governed by the Electronic Services Schedule to the MetLife UK Terms of Business for Authorised Intermediaries as amended from time to time (the "Electronic Services Schedule") and the MetLife Extranet Terms and Conditions of Use ("Terms of Use").

If you or any appointed representative firms for which you have regulatory responsibility use the MetLife Online Services, you will be subject to the terms of the Electronic Services Schedule and Terms of Use in force from time to time and which can be accessed via MetLife's website (www.metlife.co.uk) at:

https://www.metlife.co.uk/content/dam/metlifecom/uk/homepage/helpful-resources/intermediaries/retirementinvestments/workingtogether/electronic_services_schedule_to_the_metlife_toba_intermediaries.pdf and

https://www.metlife.co.uk/content/dam/metlifecom/uk/homepage/helpful-resources/intermediaries/retirementinvestments/workingtogether/website_terms_and_conditions.pdf

MetLife Online Services includes a Super User function which allows an organisation (which includes you, and your appointed representative firms) to control who can access the MetLife Extranet and use the MetLife Online Services on behalf of their organisation. If you wish to use the MetLife Online Services you must appoint at least one Super User to act on your behalf. Please provide the name and details of the individual(s) who you would like to be set up on your behalf. You can change your Super User(s) or appoint new Super User(s) at any time by emailing MetLife at onlineservices@metlife.com.

Super User 1

First Name

Last Name

E-mail address

Telephone number

What is the expected number of users for Online Services?

Super User 2

First Name

Last Name

E-mail address

Telephone number

At least one Super User must be appointed with respect to any of your appointed representative firms

(as applicable). The Electronic Services Schedule authorises MetLife to make contact with your appointed representative firms to obtain details of person(s) to be appointed as Super Users in order that MetLife may set up Super Users at these firms. Super Users will have the authority to set up further users.

Section 6 - Details of ownership

Please complete the details below for each of the following individuals at your firm. Any:

- Executive and Non-Executive Directors of the firm (incorporated companies)
- Partners of the firm (partnerships)
- Owners of the firm (for firms that are not partnerships or incorporated companies)
- Individuals with FCA Approved Person status.

First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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First Name

Last Name

Role

Date of birth

D	D	M	M	Y	Y	Y	Y
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If you need to complete any more information for this section 6, please copy this page and attach it to the form.

Section 7 - Declaration

The Intermediary has read and understood the MetLife UK Terms of Business (which includes the Remuneration Schedule and Electronic Services Schedule) and agrees and acknowledges that any business referred to MetLife by the Intermediary shall be on the terms set out in the MetLife UK Terms of Business, and access and use by the Intermediary and its appointed representative firms of the MetLife Online Services shall be on the terms set out in the MetLife UK Terms of Business and Terms of Use as in force from time to time.

The Intermediary hereby represents to MetLife that in relation to the activity of introducing business to MetLife it is not, directly or indirectly, carrying out the activity as a consequence of the activities of another person which:

- contravene the general prohibition in the Financial Services and Markets Act 2000, namely that no person may carry on a regulated activity in the United Kingdom or purport to do so unless he is an authorised person or an exempt person; or
- in the case of activities provided from an establishment in an EEA State, contravene the registration requirements in the Insurance Mediation Directive;

and you hereby agree to notify MetLife immediately on becoming aware that the above representation is not correct or has ceased to be correct.

Authorised signature(s)

This Registration Form must be signed by an authorised signatory of your firm. This means the signature of a sole trader, one partner if your firm is a partnership/LLP or one director or a person duly authorised by a power of attorney (The duly authorised signatory must be on either the Companies House website or The Financial Services Online Register provided by the FCA).

(If your firm is a company, insert name of Sole trader/Company/Partnership)

Executed on behalf of

Name of signatory

Date

D	D	M	M	Y	Y	Y	Y
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Authorised signature

Title

Are there any of the below business lines that you would like further information on?

Wealth Management

Employee Benefits

Individual Protection

0800 917 2006

metlife.co.uk

Products and services are offered by MetLife Europe d.a.c. which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand.

MetLife Europe d.a.c. is a private company limited by shares and is registered in Ireland under company number 415123. Registered office at 20 on Hatch, Lower Hatch Street, Dublin 2, Ireland. UK branch office at One Canada Square, Canary Wharf, London E14 5AA. Branch registration number: BR008866. MetLife Europe d.a.c. (trading as MetLife) is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our regulation by the Financial Conduct Authority and Prudential Regulation Authority are available from us on request. www.metlife.co.uk