

Intermediary Registration Form

MetLife
PO Box 1411
Sunderland
SR5 9RB

0800 917 2006
aagency@metlife.com

Important information

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

The Agency Management Team, MetLife, PO Box 1411, Sunderland, SR5 9RB.

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

Postcode

Email address

Telephone number

FCA Firm reference number

Website

Section 2 - Legal Status

Legal status (please tick whichever is correct)

Sole Trader	Please provide your date of birth
Partnership	How many partners do you have?
Limited Company	Please provide your company number
Public Limited Company	Please provide your company number
Limited Liability Partnership	Please provide your LLP number

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

Postcode

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 Financial Conduct Authority 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 supervisory inspections).

Section 4 - Bank details

Name of bank

Full postal address

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).

To ensure that we add individuals accurately, please state the correct user access on the next page:

Support access – provides access to view all business under your firm

Standard access – provides access to just this user's policies under your firm

Please list below any agents you wish MetLife to set up within our Online Service Platform

Full Name	Unique E-mail address	User Type Standard or Support	Individual FCA# (if applicable)	Tick if applicable		
				Individual Protection	Employee Benefits	Wealth Management

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 Financial Conduct Authority Approved Person status.

First Name	First Name
Last Name	Last Name
Role	Role
Date of birth	Date of birth
First Name	First Name
Last Name	Last Name
Role	Role
Date of birth	Date of birth
First Name	First Name
Last Name	Last Name
Role	Role
Date of birth	Date of birth

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

You have read and understood the MetLife UK Terms of Business (which includes the Remuneration Schedule and Electronic Services Schedule) and agree and acknowledge that any business referred to MetLife by you shall be on the terms set out in the MetLife UK Terms of Business, and access and use by you and your 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.

You represent to MetLife that in referring business to MetLife it is not, directly or indirectly, carrying out the activity as a consequence of the activities of another person which:

- a. 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
- b. in the case of activities provided from an establishment in an EEA State, contravene the registration requirements in the Insurance Distribution Directive;

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

You confirm that your firm is authorised to use the MetLife Online Services and MetLife Extranet. If you no longer have a genuine business need to access MetLife Online Services and MetLife Extranet, your firm's access may be suspended with immediate effect. If Permitted Users cease to work for your firm, you are under an obligation to notify MetLife. MetLife will not be liable for a loss as a result of negligent or improper use of MetLife Online Services and MetLife Extranet, or for a failure to notify us that your Permitted Users have ceased to work for your firm.

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 either active on the Companies House website or The Financial Services Online Register provided by the Financial Conduct Authority).

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

Executed on behalf of

Name of signatory

Date

Authorised signature

Title

0800 917 2006

metlife.co.uk

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