

Intermediary Data Requirements Form



This form should be used to set up a new Intermediary firm on Cofunds. It will authorise all listed Registered Individuals to place business for collective investments through the Cofunds platform. If your firm already has a current Sales Agreement with Legal & General you will also automatically be authorised to place business for life investments through the Cofunds platform.

Please indicate whether you have a current Sales Agreement in place with Legal & General Yes No

The information requested in this form needs to be fully and accurately completed, in black ink, by the Intermediary Firm and sent to Cofunds. Cofunds will create a unique Cofunds Authorisation Code for each Registered Individual listed on this form, which they must have in order to conduct business with Cofunds. Your Agreement with Cofunds will take effect when you receive confirmation of your Authorisation Code.

Please complete this form in BLOCK CAPITALS and return to: Intermediary Data Services Team, Cofunds Limited, PO Box 1103, Chelmsford CM99 2XY

1 Your Network or Group Details

Group or Network Name*
(Please enter the full name of Network or Company)

Key Contact*
(Primary contact managing relationship with Cofunds at Network or Group Level)

2 Your Firm's Details

Your Firm's Name*
(Please enter the full name of Company or Partnership)

Main Telephone Number*

Registered Company Number
(Not relevant if your Firm is a Partnership)

Email

Address*
(Firm's head office address)

Main Fax Number

Authorised to hold client money* Yes No

Postcode*

FSA Number*

Country*

Client Ownership Level**

Key Contact*
(Primary contact managing relationship with Cofunds at Firm level and Authorised Signatory. **Key contact must also complete details in section 4.**)

Back Office Administrator*
(i.e. First Software or equivalent)

Number of clients your firm currently has Current assets under management

Does your firm have broadband internet access? Yes No

Does your firm currently use fund supermarkets? Yes No

If yes, which ones? Please specify

3 Commission Bank Account Details – Please note only one bank account can be used

Bank/Building Society Name*

Account Name*

(All commission payments will be made to this account. This could be the Firm's bank account or the Network's bank.)

Account Number*

Address*

Sort Code*

Roll Number*

Postcode*

4 Complete this section for all offices that have Representatives (including the main office)

Should you have additional representatives please photocopy as appropriate.

Your Firm's Name*
(Please enter the full name of Company or Partnership)

Main Telephone Number*

Registered Company Number
(Not relevant if your Firm is a Partnership)

Email

Address*
(Firm's head office address)

Main Fax Number

Data Access Security Level*

Postcode*

Authorised to hold client money* Yes No

Country*

FSA Number*

Key Contact*
(Primary contact managing relationship with Cofunds at Firm level and Authorised Signatory. If Key Contact is a Registered Individual, please complete all details in the Representative Details section below.)

Back Office Administrator*
(i.e. First Software or equivalent)

4 Complete this section for all offices that have Representatives (continued)

Please complete all requested information for each representative.

Title	Representative's Surname	Representative's Forenames (full name)	Date of birth	Registered Individual Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Daytime Telephone No	Mother's maiden name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Data Access Security*†	<input type="text"/>	Authorised Signatory Y/N	<input type="text"/>	IR Number***
			<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames (full name)	Date of birth	Registered Individual Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Daytime Telephone No	Mother's maiden name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Data Access Security*†	<input type="text"/>	Authorised Signatory Y/N	<input type="text"/>	IR Number***
			<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames (full name)	Date of birth	Registered Individual Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Daytime Telephone No	Mother's maiden name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Data Access Security*†	<input type="text"/>	Authorised Signatory Y/N	<input type="text"/>	IR Number***
			<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames (full name)	Date of birth	Registered Individual Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Daytime Telephone No	Mother's maiden name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Data Access Security*†	<input type="text"/>	Authorised Signatory Y/N	<input type="text"/>	IR Number***
			<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames (full name)	Date of birth	Registered Individual Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Daytime Telephone No	Mother's maiden name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Data Access Security*†	<input type="text"/>	Authorised Signatory Y/N	<input type="text"/>	IR Number***
			<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames (full name)	Date of birth	Registered Individual Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address		Daytime Telephone No	Mother's maiden name	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Data Access Security*†	<input type="text"/>	Authorised Signatory Y/N	<input type="text"/>	IR Number***
			<input type="text"/>	<input type="text"/>

5 Online Investor Access

Clients of Intermediary firms registered on the Cofunds platform will have the ability to view their investment portfolio online via the Cofunds website.

If you would like to opt-out of this service for ALL your clients, please tick this box:

6 Declaration and Authorisation

Declaration:

I/We confirm that the details set out in this form are correct and that I/we have read and understand the "Intermediary Agreement with Cofunds". I/We agree to use Cofunds according to the Terms set out in this Agreement.

I/We understand that I/we will be authorised to place business for collective investments via Cofunds, but will need to have a current Sales Agreement in place with Legal & General in order to also be enabled to place business for Legal & General Life Investments via Cofunds.

I/We agree to be bound by the "Cofunds Website Terms and Conditions", which can be accessed from the bottom of every page of the Cofunds website at www.cofunds.co.uk.

Signed by a duly authorised person for and on behalf of

Name of Firm	
Signature	Date

Print Name of Signatory
Job Title

7 Notes

* This field is mandatory

** **Client Ownership Level** – Please complete this section only if you are a Network or are directly authorised by the FSA. This section allows Cofunds to know when a new client record should be created upon receipt of an application from an existing client. Upon Cofunds' receipt of an application, where the client is an existing client, but the application quotes a representative Intermediary code that conflicts with the existing application, Cofunds will create a new record for that client (with exceptions outlined below). Select level 1, 2, 3 or 4 as below:

1. except if the new Intermediary code exists within the same Group as the existing Intermediary code. If so, the client will remain with the existing Intermediary code.
2. except if the new Intermediary code exists within the same Company as the existing Intermediary code. If so, the client will remain with the existing Intermediary code.
3. the new Intermediary code exists within the same Office as the existing Intermediary code. If so, the client will remain with the existing Intermediary code in all circumstances.
4. create a new client in all circumstances.

*** **Individual Reference Number** – This is your 8 digit code provided to you by the Financial Services Authority.

†**Data Access Security Level:** Please indicate the level of data access that each representative may have to Client Information.

The Data Access Security Levels available are:

Level 1 – Access to all customers associated to a Network (Highest Level – This level is for networks with central administration offices).

Level 2 – Access to all customers associated to all Branches of a Company.

Level 3 – Access to all customers associated to a Branch Office.

Level 4 – Access to only customers of a Registered Individual.

'Network' or 'Group' details: The address and contacts generally used for the highest level correspondence.

Authorised Signatory – Company Level: The only person from whom Cofunds will accept instructions from on changes to Company Structure. The bank account must be held by the Intermediary Company regulated by the FSA. All commission will be paid to this account.

Commission:

1. Standard commission rates for collective investments will be paid except where the Fund Manager has informed Cofunds of certain specific arrangements with your firm.
2. Standard commission rates for Life Policies will be paid except where special terms have been agreed between Legal & General and your firm.

IMPORTANT

Representatives: This includes all those who you wish to be authorised to use any aspect of the Cofunds' service, including director, managers and other administration staff.

Registered Individuals: Please indicate which Representatives are Registered Individuals (RIs).

Authorised Signatory: This includes all those who may instruct Cofunds to make changes to your address, bank account and other static data.

Should you require any assistance in completing this form please contact our Sales Support Desk on 0845 604 4001 (calls may be recorded for monitoring purposes).

