

Intermediary Data Requirements for Additional Offices & Representatives



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

1 Office Details – Please complete this section

Please complete this section in full if you are adding a new office. If you are adding a Representative to an existing office, please complete all the fields marked with an asterisk below.

Additional Office Name*	<input type="text"/>	Key Contact* (Primary contact managing relationship with Cofunds. If Key Contact is a Registered Individual, please complete all details within the Representative Details section below.)	<input type="text"/>
Address Line 1*	<input type="text"/>	Main Office Telephone Number*	<input type="text"/>
Address Line 2*	<input type="text"/>	E-mail	<input type="text"/>
Address Line 3	<input type="text"/>	Main Office Fax Number	<input type="text"/>
Address Line 4	<input type="text"/>	Data Access Security Level*	<input type="text"/>
Address Line 5	<input type="text"/>	Is this a New Office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Postcode*	<input type="text"/>	FSA Number*	<input type="text"/>
Country*	<input type="text"/>		

2 Representative Details

Title	Representative's Surname	Representative's Forenames	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	Data Access Security*	Authorised Signatory Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames	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	Data Access Security*	Authorised Signatory Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames	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	Data Access Security*	Authorised Signatory Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Representative's Surname	Representative's Forenames	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	Data Access Security*	Authorised Signatory Y/N
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTES

*This field is mandatory

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.

IMPORTANT

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.

3 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:

4 Declaration and Authorisation

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.

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 platform 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	

5 Important Notes:

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.
3. If you have any questions please call your Cofunds Account Manager on 0845 604 4001*.

*Telephone calls may be recorded for monitoring purposes.