

# Granting an intermediary authority or appointment of intermediary form

## What is this form for?

Use this form to either grant authority for an intermediary to access information about your products or to appoint a new intermediary to service your products. This action only applies to products held on the Aegon Platform.

## How to complete this form

Please complete this form by typing in the boxes below, including the signature boxes and emailing it to [aegoncofundsadministration@aegon.co.uk](mailto:aegoncofundsadministration@aegon.co.uk). Our email system and the way we deal with data is internally secure. However, we're unable to ensure the security of emails before they reach us. Please consider this when sending us sensitive information. If you disclose information about a third party as part of this application, please ensure that you have their permission and have informed them of the purposes of the collection of this information before doing so.

If you'd like a large print, braille or audio CD version of this document, please contact us on 0345 604 4001 (call charges will vary) or email [aegoncofundsadministration@aegon.co.uk](mailto:aegoncofundsadministration@aegon.co.uk). We're always here to help so if you need some additional support from us please let us know.

## I wish to either:

Grant authority to an intermediary to access information about my products

Appoint a new intermediary to service my products

## 1 Customer details

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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National Insurance number

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You should be able to find your National Insurance number on a payslip, from a P45 or P60, or a letter from HM Revenue & Customs (HMRC).

Permanent residential address

Postcode

Email address

We'll use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you have consented to this.

## 2 Aegon General Investment Account (Aegon GIA) joint holders

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### Second account holder

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Permanent residential address

Postcode			

National Insurance number

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You should be able to find your National Insurance number on a payslip, from a P45 or P60, or a letter from HM Revenue & Customs (HMRC).

I don't have a National Insurance number

Email

We'll use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

### Third account holder

Mr/Mrs/Miss/Ms/Other - please specify

Full forname(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Permanent residential address

Postcode			

National Insurance number

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You should be able to find your National Insurance number on a payslip, from a P45 or P60, or a letter from HM Revenue & Customs (HMRC).

I don't have a National Insurance number

Email

We'll use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

## 2 Aegon General Investment Account (Aegon GIA) joint holders – continued

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### Fourth account holder

Mr/Mrs/Miss/Ms/Other - please specify

Full forename(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Permanent residential address

Postcode

National Insurance number

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You should be able to find your National Insurance number on a payslip, from a P45 or P60, or a letter from HM Revenue & Customs (HMRC).

Email

We'll use your email address to contact you about your plan. We might also use it to keep you informed about our products and services but only where you've consented to this.

### 3 Intermediary details

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We are unable to process your request to appoint the below intermediary if they are not set up on the Aegon Platform. Therefore, please ensure that they complete the Intermediary application form and email it to us <https://intermediary.aegon.co.uk/content/dam/common/documents/adviser-app-form-aegon-platform.pdf>

Company name

Network name (if applicable)

Company FCA number

Phone number

Intermediary name

Intermediary FCA number

Registered address

Postcode

Email

### 4 Product details

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Please provide details of the products that this authority applies to.

Product number(s)

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Product number(s)

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Product number(s)

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Product number(s)

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Product number(s)

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Product number(s)

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## 5 Declaration

In this declaration, 'I' and 'me' refers to the customer(s) named in section 1 and section 2, if applicable, of this form and 'you' refers to Cofunds Limited as the provider of the Aegon GIA and Aegon ISA, unless the context is in respect of the Aegon SIPP, in which case 'you' refers to Scottish Equitable plc.

### 5.1 Where I am granting authority to an intermediary to access information about my products:

I acknowledge and agree that by granting authority to the party named in section 3 of this form you will give that named party access to information about the products listed in section 4 of this form, and I further agree to you providing such information as and when the named party requests it. I acknowledge and agree that the authority granted by me will remain in force until I notify you in writing that the party named in section 3 of this form no longer has authority to receive information from you.

### 5.2 Where I am appointing a new intermediary to service my products:

I agree to the appointment of the party named in section 3 of this form to act as the servicing intermediary for the products listed in section 4 of this form. I acknowledge and agree to you sending all correspondence to the party named in section 3 of this form for as long as they remain the appointed servicing intermediary for the products listed in section 4 of this form. I request that you act on the instructions received from the party named in section 3 of this form in so far as the terms and conditions of the products listed in section 4 of this form allow. I acknowledge and agree that the authority granted by me will remain in force until I notify you in writing that the party named in section 3 is no longer the servicing intermediary for the products listed in section 4 of this form.

### 5.3 In all cases

I declare that I have authority from the parties named in this application to proceed and for electronic searches of the parties named in this application to be undertaken. Those same parties have been made aware of this declaration. Any personal data supplied in this form will only be processed as set out in Aegon's privacy policy (<http://www.aegon.co.uk/support/faq/privacy.html>).

#### Customer signatures - for a joint Aegon GIA all registered holder(s) signature(s) required.

You should sign and date this form by typing your full name in the signature box below and typing the date in the date box or by using any other electronic signature method we have agreed, in writing with your intermediary, to accept. Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Customer/primary joint holder signature (type name here)

X	X
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Date

D	D	M	M	2	0	Y	Y
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Second account holder signature (type name here)

X	X
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Date

D	D	M	M	2	0	Y	Y
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Third account holder signature (type name here)

X	X
---	---

Date

D	D	M	M	2	0	Y	Y
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## 5 Declaration – continued

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Fourth account holder signature (type name here)

X	X
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Date

D	D	M	M	2	0	Y	Y
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