

Commission Account Administration Form (CAAF)

Please complete this form if You are a UK-based business or organisation and are permitted to carry out insurance business as an intermediary directly authorised by the Financial Conduct Authority (FCA) or Prudential Regulation Authority (PRA) or as a professional firm regulated by a Designated Professional Body and either:

- You wish to enter into an agreement with us in order to sell our products yourself, or
- You wish to enter into an agreement with us in order to sell our products via your appointed representative.

If none of the above apply to You, please contact us, UNUM Limited, on 0113 868 6584 to find out if You are entitled to complete this form. If You are an appointed representative of an authorised firm (Principal), please check if your Principal has already accepted our Terms of Business. If not, you should pass this form to them to complete themselves.

Please complete the form using BLOCK CAPITALS, ticking boxes as appropriate, and return it to:

Agency Department Unum Limited Milton Court Dorking Surrey RH4 3LZ

or by email to agency.desk@unum.co.uk.

If you have any questions about your application, please contact the Agency Department on **0113** 868 6584.

Defined terms used in this form shall have the meaning given to them in the Terms of Business, which can be viewed <u>here</u>.

You must read the Terms of Business and the Quote before completing this form (the CAAF) as, once we confirm to You in writing (which includes, without limitation, confirmation by email) that we accept the completed CAAF, an agreement between You and us is formed.

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1. Regulatory details

Your Legal name		Tradin	Trading name (if different)			
Status						
Ltd / PLC LLP	Partnership	Sole trader				
Other (please specify)						
Company Registered Numb	er (if limited company	or limited liabilit	y partnership)			
Your FCA Firm reference nu	mber					
2. Contact details						
Main business contact name	Contac	Contact name for accounting / commission enquiries				
Address for correspondence	е					
Telephone		Fax				
Email						
This address is:						
Company head office	Main tradin	g location	Branch office	Home address		

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3. Address for commission s	tatements (if d	ifferent	from correspo	ndence address)
Address for commission				
Telephone		Fax		
Email				
This address is:				
Company head office	Main trading location	n	Branch office	Home address
lf you are directly authorised but affili Name of provider of support services	ated to a support se	rvices prov	vider	
4. Bank details for commiss For payment by BACS, please provide		nt dotails		
Bank	de your bank accou		ount number	_
Sort code		Account r	name	
Preferred frequency of commission pa	ayments			
Monthly Fortnightly	Weekly			

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