

SCOTTISH WIDOWS PLATFORM

ADVISER FIRM APPLICATION FORM

To enable you to start using the Scottish Widows Platform, please complete the information below.

So we can make a start processing your request you can also email us a scanned copy to: service@scottishwidowsplatform.co.uk.

1 Adviser Firm's contact details

Firm Name:

Network Membership (If applicable):

Service provider: Simply Biz Other

Firm Email Address:

FCA Firm Type:

Firm FCA Authorisation Number:

Firm Regulated Advice Status: Independent Restricted

Firm Legal Entity Identifier (LEI):

Firm Address:

Postcode:

Firm Phone Number:

Firm Fax Number:

2 Adviser Firm bank details

Bank Name*:

Bank Address:

Postcode:

Bank Account Name:

Bank Account Number: | | | | | | | | | | Sort Code: | | | | | | | |

* For Appointed Representative Network firms, payments will be made to the Network.

3 Branch

Branch Name: _____ External Reference Code: _____

Phone Number: _____ Email Address: _____

Address: _____
 Postcode: _____

Use Firm Address:

Address: _____
 Postcode: _____

Phone Number: _____ Email Address: _____

Distribution Channel: _____ Default Advice Type: _____

4 Back office provider settings

Which back office provider do you use if any?

Benchmark	<input type="checkbox"/>	Dynamic Planner	<input type="checkbox"/>	Fairstone	<input type="checkbox"/>	Figure Out	<input type="checkbox"/>
intelliflo office	<input type="checkbox"/>	Iress - Adviser Office	<input type="checkbox"/>	Iress - Xplan	<input type="checkbox"/>	Moneyinfo	<input type="checkbox"/>
Openwork	<input type="checkbox"/>	Time4Advice	<input type="checkbox"/>	Wealthcraft	<input type="checkbox"/>		

Other: _____

Please select which service(s) you require:

Bulk Valuations Bulk Transaction History

Frequency for Bulk Valuation: daily weekly Frequency for Transaction History: daily weekly

if weekly, on which day? (Mon - Fri) _____

if weekly, on which day? (Mon - Sun) _____

5 Super User's contact details

Your Super User is responsible for managing the day to day administration of the Account you have with us on the Scottish Widows Platform. Your Super User is also responsible for registering or removing new financial advisers, administrators or paraplanners and producing reports which can be downloaded from the platform as may be required by the Adviser Firm business.

Name: _____

FCA Regulated Individual Number (if applicable): _____

Job Title: _____

Email Address: _____

Phone Number: _____

Mobile Number: _____

Date of Birth: | D | D | M | M | Y | Y | Y | Y |

Address:
Postcode:

If the Adviser Firm would like to receive promotional emails about the Embark Group's products and services, which we think will be of interest, please tick this box.

The Adviser Firm can unsubscribe from these communications or update the Adviser Firms details at any time.

Details of our data protection policies are published in our Privacy Policy, a copy of which can be found on the Scottish Widows Platform website.

6 Model section

Firm can create model portfolios

Minimum days between rebalance: _____ (0 – 28 days)

Minimum model cash allocation (%): _____ (0 – 100%)

When the model target contains assets that cannot be traded:

For Rebalancing: (please select one of the options below)

Allocate proportion to cash

Allocate proportionally across tradeable assets

For Deposits: (please select one of the options below)

Allocate proportion to cash

Allocate proportionally across tradeable assets

Model Portfolio authorisation required:

Model Creation: Model Update:

Please note: The dropdowns will have no default. If authorisation is required please ensure that users are created with the ability of authorisation.

7 Adviser Remuneration

Disinvestment Options

Firm Disinvestment Strategy:

Least volatile stock (LVS) Last in first out (LFO) Proportional

Remuneration Payment Frequency:

Weekly Day to be paid Monday Tuesday Wednesday Thursday Friday

Monthly Date to be paid (1st to 28th) _____

Quarterly Date to be paid (1st to 28th) _____ Commencement Month _____

Half Yearly Date to be paid (1st to 28th) _____ Commencement Month _____

Annually Date to be paid (1st to 28th) _____ Month _____

For Ongoing Adviser Charging: (please select one of the options below)

Cash Value Percentage of plan value

Ongoing – Annually Date to be paid (1st to 28th) _____ Month _____

Electronic Remuneration Statements

EDI files required: EDi Mailbox ID: _____

8 Adviser Firm declaration

This form must be signed by person(s) authorised to sign on behalf of the Adviser Firm.


Please sign below, ensuring you have read and understood the Scottish Widows Platform Adviser Terms of Business and the Adviser Terms of Use. If you have any questions, please contact the Customer Service Team on the details below.

Declaration

We/I confirm the above information is true and correct and agree to be bound by the Scottish Widows Platform Adviser Terms of Business, which set out the terms and conditions upon which the Scottish Widows Platform will provide platform services to us and our clients.

To be signed by a Director, sole trader, partner or authorised signatory as appropriate.

Signatory 1

Signature: 


Name: _____

Position: _____

FCA Regulated Individual Number: _____

Date: | D | D | M | M | Y | Y | Y | Y |

Signatory 2 (if applicable)


Signature: 

Name: _____

Position: _____

FCA Regulated Individual Number: _____

Date: | D | D | M | M | Y | Y | Y | Y |

 0330 024 2345

 service@scottishwidowsplatform.co.uk

 scottishwidows.co.uk/platform