

SCOTTISH WIDOWS PLATFORM

THIRD PARTY INVESTMENT ACCOUNT (TPIA) APPLICATION FORM

This form is to be used by a third-party product provider to open a Third Party Investment Account on the Scottish Widows Platform.

Note: If this is the first time the third-party product provider has opened a Third Party Investment Account on the Scottish Widows Platform, you may also need to complete the Provider Set-Up Form.

1 New account details

Third-Party Details

Provider Name:

Note: A Provider can only open a Third Party Investment Account where they have already signed the Third Party Investment Account Third-Party Provider setup form.

Designation or Current Provider Account Reference

Existing Account Number:

Existing Account Name:

Note: This reference information will be added to the Third Party Investment Account that is opened to assist you in identifying and reconciling the account with your own records.

2 Member/member trustee details

Please provide us with the following information in respect of the member or member trustee.

Title: _____ First and Middle Name(s): _____

Surname: _____

Email Address: _____

Residential Address:

Postcode:

NI Number: _____

Telephone Number: _____

Gender: _____

Country of Tax Residence*:

Date of Birth: _____

Country of Birth: _____

Town of Birth: _____

*Note: Only UK tax residents can open a Third Party Investment Account with Scottish Widows Platform.

2 Member/member trustee details (Continued)

Country of Citizenship: _____ Nationality: _____

A Crown servant or in the armed forces? _____

For information on how we process and manage your client's personal data, please refer to our Group Privacy Notice on our website.

3 Bank details

Where the provider has selected to use individual bank accounts for each member, please provide the members bank account details:

Bank Name: _____

Bank Address: _____

Postcode: _____

Bank Account Name: _____

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

4 Funding the investment

Please provide the details of any initial lump sum investment amount.

All payments from the product provider should be paid via Direct Credit upon receipt of confirmation that the account has been opened. Please ensure that the full reference is completed including the sub account reference, for example EM2001221-001.

Account: 21862465

Sort Code: 23-05-80

Client Reference: e.g. EM2001221-001

If we are unable to match funds to the client's account the funds will be returned.

Amount To Be Paid: _____

5 Investment details

Investments can be made via the Scottish Widows Platform upon receipt of confirmation of account opening.

Income Options

Please choose from one of the following options:

 Retain as Product Cash (any income will be held as cash in the account) Re-Invest (any income will be reinvested into the generating fund)

Note: for investment income from ETIs, receipts will always be held in the cash account.

6 Adviser details

Adviser Name:

Company Name:

FCA Reference:

Registered Office Address:

Postcode:

Is the financial adviser and firm registered to use the Scottish Widows Platform?

 Yes No

If the adviser is not yet registered as an adviser on the Scottish Widows Platform, they should visit scottishwidows.co.uk/platform and complete the registration process before you submit this application.

7 Adviser remuneration (if applicable)

Initial Adviser Fee: % Amount (£):

Ongoing Adviser Fee: % Amount (£):


Please indicate Payment Frequency:

 Monthly Quarterly Yearly**8** Declaration

The Third-Party Product Provider confirms they have received a copy of the Scottish Widows Platform Client Terms and Conditions together with the Scottish Widows TPIA Questions and Answers document, the Client Terms of Use and the Account Charges Guide and consents to terms upon which the Scottish Widows TPIA is offered by the Scottish Widows Platform as set out in these documents.


Where the member detailed in Section 2 acts as a member trustee, they confirm they have also received a copy of the Scottish Widows TPIA Terms and Conditions and the Account Charges Guide.

The Provider and, where applicable, the co-trustee confirm that the information provided in this Third Party Investment Account Application Form is true, accurate and complete.

8 Declaration (Continued)**Third-Party Product Provider Signatory 1**Signature*: 


Name: _____ Position: _____

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

Third-Party Product Provider Signatory 2Signature*: 

Name: _____ Position: _____


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

Co-Trustee Signatory (if applicable)Signature*: 

Name: _____ Position: _____

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

* Original signatures required.

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