



Options UK

UK Introducer Profile - Regulated Financial Services Firm

Options UK is delighted to be chosen to provide pensions administration services for your clients. In order to assist our due diligence and on-boarding process, please can you complete this form and return it to:

Technical & Compliance Team
Options UK
First Floor, Lakeside House
Shirwell Crescent
Milton Keynes MK4 1GA
Telephone +44 (0) 0330 124 1505

If you have any queries or require any assistance completing this form please contact Options UK, Technical and Compliance Team.

Supporting Documentation

In addition to the completion of this form, please can you provide the following documents:

- Template client agreement
- Charging Structure

Company Information

Details of the individual completing this form

Name	<input type="text"/>
Position	<input type="text"/>
Telephone	<input type="text"/>
Email	<input type="text"/>
Name of Firm	<input type="text"/>
Registered Address	<input type="text"/>
Trading Address (if different to above)	<input type="text"/>
Telephone Number	<input type="text"/>
Company Registration Number	<input type="text"/>
Website Address	<input type="text"/>
Date of Incorporation	<input type="text"/>

Regulated Status

FCA Reference Number

FCA Approval Date

Are you a member of a network?

 Yes

 No

Are you an appointed representative?

 Yes

 No

If so, please provide the name of the company for which you are an appointed representative

Has the Firm or any of its advisers been subject to any FCA supervisory visits, thematic reviews or any other regulatory action in the last two years?

 Yes

 No

If so, please provide details

Is or has the Firm been subject to any on-going FCA review, enforcement action or censure?

 Yes

 No

If yes, please provide details.

How many complaints has the Firm received in the last two years?

What percentage of complaints were upheld?

Business Profile

Please indicate the type of clients you advise and may introduce to Options UK

Individuals

 Yes

 No

Corporates

 Yes

 No

Please indicate the type of pension product you advise on.

SIPP

 Yes

 No

SSAS

 Yes

 No

Workplace Pensions

 Yes

 No

Commercial Property / Land

 Yes

 No

Group Pensions

 Yes

 No

Sharia Pensions

 Yes

 No

Please indicate your average client profile and transfer value.

Do you advise on occupational pension transfers?

 Yes

 No

If applicable, when advising on the establishment of a pension, do you also advise on the underlying investments?

 Yes

 No

Please indicate the type of investments you are looking to utilize.

FCA regulated DFM

Platform

Commercial Property

Quoted Shares

Unquoted Shares

UCIS

Non Standard/Alternative Investments

Systems & Controls

Please can you outline how you monitor the quality and suitability of the advice you provide.

Do you have a Treating Customers Fairly Policy?

Yes

No

Do you have a Conflicts of Interest Policy?

Yes

No

Do you have a Bribery & Corruption Policy?

Yes

No

Do you maintain Professional Indemnity Insurance with a minimum cover of £2 million?

Yes

No

Name of Compliance Officer

Name of Money Laundering Reporting Officer

Pensions Advisers

Please record below the **full names** of the pensions advisers within your firm.

1	
2	
3	
4	
5	
6	

Once this application has been approved internally we will confirm this to you.

Declaration

By signing this declaration you are confirming the accuracy of the information provided and that you have read and agree to our Terms of Business, which allows us to consider establishing a business relationship with your company.

For and on behalf of (Company Name)

Signed

Print Name

Position In Company

Date



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FOR MORE INFORMATION PLEASE CONTACT

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