

Licensee Application

Please complete this form to apply for a MetLife Distribution Agreement.

Section 1. Licensee details

Licensee name*	AFSL number*	ABN number*	
Principal business address*	Suburb*	State*	Postcode*
Business address (if different to above)	Suburb	State	Postcode
Postal address (if different to above)	Suburb	State	Postcode
Commissions/administration phone*	Commissions/administration email*		

*indicates required

Section 2. MetLife access authorisation

Please provide details of people who have authority to act or make requests on behalf of the Licensee (e.g. to update bank account details, address information, contact information, authorised persons and/or any updates for the Licensee)

Full name*	Mobile*	Email*	Address*	Signature*

Section 3. Additional information

Please tick if you do not wish to receive email confirmations from us (e.g. confirmation of update of Licensee details, changes to the status of an adviser etc.)

Please tick if this application is a result of a transfer of a business

Business name

Section 4. Privacy – Use and disclosure of personal information

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.

MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy

Section 5. Declaration and authority

I/We confirm that:

- the information provided on this form is correct and is signed by an authorised director
- I/We have read and agree to be bound by the Terms of Use & Privacy Policy found on the MetLife website at www.metlife.com.au/privacy
- I/We authorise the employees listed on this form to access MetLife's Adviser platform and the online commission statements (retail only) on behalf of the Licensee.
- I/We will promptly advise MetLife if:
 - there are any changes in details or circumstances with regards to the details identified in this application;
 - any employees of the Licensee cease employment with the Licensee; and/or
 - I/We become aware of any errors in the online commission statements.
- I/We have read and understood the MetLife Privacy Policy, and I/we consent to MetLife collecting, using and disclosing my/our personal information (including sensitive information) for the purposes and in the manner outlined in that Privacy Policy.
- I/We consent to MetLife performing licensing, professional registration, credit or reputational reference checks as part of this application process, and that the result of these checks may affect MetLife's decision to approve this application.

Signed on behalf of Licensee's authorised person (mandatory)

Signature

Print name

Date (dd/mm/yyyy)



Signed on behalf of Licensee's authorised person (optional)

Signature

Print name

Date (dd/mm/yyyy)



Please return the completed form to

Email au_adviseradmin@metlife.com

For assistance with the completion of this form, please call us on 1800 523 523 Monday to Friday 9am – 5pm AEDT.

metlife.com.au

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