

Application for Membership to the Equity Release Council

New Member Firms: complete this form plus the individual declaration application in respect of each individual who is to be registered to the membership.

Existing Member Firms: complete the individual declaration in respect of each individual who is to be registered to the membership.

Person to contact reg	arding this application		
Email			
Telephone			
Which membe	rship category a	re you applying	for? (please tick)
1.1 Provider Firm 🗌	1.2 Adviser Firm	1.3 Lawyer Firm 🗌	1.4 Associate Member 🗌
Please state			
Company deta	ils (to be completed by	all firms)	
Company Name			
Trading Name(s) if app	olicable		
Address			
Town		Postcode	
Office Telephone		Website	
Number of Offices	Compar	nies House No	

All firms generating revenue from activity associated with Lifetime Mortgages and Home Reversion Plans should complete this section

2.1	Total number of equity release (ER) cases you handled in your last full financial year
2.2	Total number of equity release cases as a % in last financial year
2.3	Name of your professional indemnity insurance (PI) provider Underwriting not the broker (please supply copy of schedule)
2.4	Amount of PI cover you hold
2.5	Number of claims over the last 3 years regardless of whether they are in connection with equity release (provide details on extra sheet)
2.6	How many complaints related to Later Life Mortgages have you received in the last year?
2.7	How many of these complaints were upheld?
2.8	How many complaints have been referred to the Financial Ombudsman Service in the last year?
2.9	How many of these complaints were upheld?
2.10	Has the firm been removed from any lender panel(s) during the last year? YES NO
2.11	Have you ever been advised by a lender that they would not accept business from you? YES NO I If yes, please provide details

2.12 Please provide your fee structure for your firm _____

All member firms are required to provide specific information, at point of joining and renewing their membership of the Equity Release Council, to determine the appropriate membership fee.

Please provide the required information, as appropriate:

Details of our fees can be view at https://www.equityreleasecouncil.com/join-us/

Member type	Measure	Required information
Adviser firms	Total number individuals currently actively providing equity release advice	
Lawyers & surveyors	The total equity release cases handled in the last full financial year	
Introducers & referral partners	Revenue generated from the equity release market in the last full financial year	
Funders	Total value of assets under management at point of joining or renewal	
Networks	Total number of appointed representatives under management	
Clubs	Total number of members under management	

Provider and Adviser Firms (please complete this section)

3.1 Please provide your regulatory status by ticking the appropriate box

	3.1.1 Directly authorised	3.1.2 Appointed representatives	3.1.3 Restricted
3.2	Your FRN/PRA number		
3.3	Are you a member of a netw If yes, which one?	ork?	YES 🗌 NO 🗌

Note: If you advise on home reversion plans and lifetime mortgages as the Appointed Representative of a firm which is directly authorised by the FCA, enter the name and FRN of your Principal. *Please note your Principal firm must be a member of the ERC for your application to processed.*

- 3.4 Please list the permissions granted to you/your firm (NB supply information at activity name level, as outlined in the FCA register) _____
- 3.5 Details of any FCA/PRA disciplinary action or specific action imposed by the FCA/PRA over the last 3 years (provide details on an extra sheet if necessary) _____
- 3.6 Have you ever been removed from a lenders panel

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- 3.7 Are you a member of any mortgage clubs? If yes, which one(s) _____
- 3.8 Number of ER advisers qualified and active in the ER market at date of application ______ (if individuals subsequently become active as ER advisers you must inform us – For all directly authorised and appointed representative firms - all qualified and active ER advisers must be enrolled and registered with the firm membership)
- 3.9 Have any advisers within the firm been subject to disciplinary action in the last 12 months?
 YES NO If yes, please provide details ______
- 3.10 Please list the names of the qualified ER advisers subject to this application. Each qualified adviser giving advice on ER must complete and sign the individual declaration form, which must be submitted with this application ______
- 3.11 Please tick the advice/customer communication channels employed by your firm

F2F*	Telephone	based**	
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*Face to face advice is where advice is delivered by a qualified adviser who will travel to a client's home or other location of choice and discuss the client's needs allowing any family members to be present and involved in the decision making process.

**Telephone advice is defined as: The provision of regular, significant volumes of telephone advice services, that forms part of the core business model, that are underpinned and supported by an appropriate call centre function that has call recording, storage, audit and supervisory monitoring procedures in place. Any written communications are driven out from the system and are aligned clearly against the contact record.

Lawyers (please complete this section)

- 4.1 Please provide your SRA/CLC ID _____
- 4.2 Details of any SRA or CLC disciplinary action over the last 3 years (provided details on an extra sheet if necessary)
- 4.3 Please list the names of qualified Solicitors/Chartered Legal Executives or Licensed Conveyancers advising on ER subject to this application. Each qualified Solicitors/Chartered Legal Executives or Licensed Conveyancers giving advice on ER must complete and sign the individual declaration application which must be submitted with this application.

YES NO

Associate - Survey firms (please complete this section)

- 5.1 Please provide your RICS registration number ____
- 5.2 Details of any RICS disciplinary action over the last 3 years (provide details on an extra sheet if necessary)
- 5.3 Please list the names of qualified registered chartered surveyor dealing with ER subject to this application. Each qualified registered chartered surveyor giving advice on ER must complete and sign the individual declaration application which must be submitted with this application.

Associate - All other firms (please complete this section)

- 6.1 Describe below what your firm does and its activity in the equity release market
- 6.2 Is your firm regulated by/members of any specific professional body (please give details)
- 6.3 Details of any disciplinary action over the last 3 years (provide details on an extra sheet if necessary)
- 6.4 Please list the names of the individual qualified (if required) or otherwise who will be dealing with ER subject to this application. Each individual giving advice on ER must complete and sign the individual declaration application which must be submitted with this application.

Company declaration (all firms to complete)

7.1 Name/s and position/s of persons/people authorised to apply for membership

Name	
Position	Date
Signature	

Additional information

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