

# Children's Savings Plan Application Form

## The Metfriendly Children's Savings Plan may be appropriate for those:

- Aged 17 and under (or applying on behalf of a child)
- Who wish to commit to save over the long term (on behalf of a child)
- Looking to save £25 per month into a tax-exempt policy
- Willing to accept medium to low risk for potential higher returns (bonuses)
- Who have used the full Junior ISA allowance (£9,000).

## The Metfriendly Children's Savings Plan may not be appropriate for those:

- Aged 18 or above
- Who currently have £25 per month paid into a tax-exempt plan or £300 into qualifying policies on their behalf
- Likely to need access to the savings early (before 10 years)
- Who want a guaranteed return or capital protection.

### Details of Parent/Legal Guardian (delete as applicable)

Mr/Mrs/Ms/Miss	Surname	Forename(s)
First line of home address		Postcode
Date of Birth		<input type="text"/>   <input type="text"/>   <input type="text"/>
Email Address	Preferred Contact No	
National Insurance Number of Parent/Legal Guardian <input type="text"/>		

You should be able to find your NI number on a payslip, Form P45 or P60 or a letter from HM Revenue & Customs, a letter from the DWP, or pension order book.

Here at Metfriendly we take your privacy seriously. We will use your email address to confirm your application. In addition, we will from time to time provide you with relevant information on financial issues relating to the Police and the products and services we provide including special offers, by post. We will not contact you by phone for marketing purposes. If you prefer not to receive this information by post, you can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

If you would prefer to receive relevant information on financial issues and our products and services relating to the Police, by email or text message, please indicate your consent by ticking the box. You can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

Child's Surname	Child's Forename(s)
First line of home address (if different)	Postcode
Date of Birth <input type="text"/>   <input type="text"/>   <input type="text"/>	
National Insurance Number of Child, if available <input type="text"/>	

**Child's Eligibility:** If the child is eligible for this plan through someone OTHER than the Parent/Legal Guardian please give details here.

Name	Relationship to Child
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Tick to confirm that you have enclosed a copy of the child's birth certificate and that you as parent/guardian have signed it on the reverse to confirm that it is a true copy (always required)

The following details should be given for the applicant or eligible relative of the child.

Constabulary	Warrant/Payroll No
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**Your answers to the following questions will help ensure this product meets your savings needs. If you are in any doubt whether this Children's Savings Plan meets your or the child's savings needs, then please call us on 01689 891454 or email [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk).**

1. Do you want to gift a premium of £25 per month for 10 years to the child named on this application? Yes  No
2. Are you aware that penalties apply on early surrender and that the child may get back less than you have paid in (especially during the early years)? Yes  No
3. Are you willing to accept medium to low risk to achieve potentially higher bonuses? Yes  No
4. Is the child named as a beneficiary on a tax-exempt plan elsewhere? Yes  No
5. Are you aware that the parent/legal guardian will be the registered point of contact until the child reaches age 16? Yes  No
6. Are you aware the child will have access to the plan from age 16? Yes  No

For your own benefit and protection, you should read the **Key Information Document** and **product particulars** relating to this plan. A copy of these will be available during meetings with Metfriendly representatives or on the product page of the website when selecting this product online. In addition, a copy will also be posted to you once your Children's Savings Plan is set up. If you do not understand any of the points, please ask for further information.

### Confirming Your Identity

To process your application Metfriendly will refer to Credit Reference Agencies to confirm your identity. This search will leave a 'footprint' on your credit file, which is required to record that the check has taken place. This footprint is not the same as a credit check footprint and has no negative impact on your file. Please read the following:

### ID Declaration

I understand that you will undertake a search with a Credit Reference Agency to verify my identity. To do so, the Credit Reference Agency may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in future to assist other companies for verification purposes. A record of the search will be retained. The Credit Reference Agency may disclose that information, and the fact a search was made to its other customers for the purposes of assessing the risk of giving credit, to prevent fraud, money laundering and to trace debtors. A record of the search will be retained by the Credit Reference Agency.

### Important Note

This note should be read carefully before signing the Parental Declaration. If the Parental Declaration below does not apply to the child in every respect, please delete the non-applicable part(s) before signing and include any relevant information (especially medical information) on a separate piece of paper. A full copy of the terms and conditions of this policy and the proposal form are available on request.

### Parent/Legal Guardian Declaration

I wish to pay a premium of £25 per month on behalf of the child named overleaf and I authorise the deduction from my salary or bank account of all premiums due.  **OR** The Payer specified below will be paying for this Plan.

1. On behalf of the child, I hereby apply for a Children's Savings Plan and accept the terms and conditions as described within the product literature and elsewhere within this application.
2. I request that the child becomes a Member of Metfriendly in accordance with the provisions of its Rules (unless already a Member) and I agree on behalf of the child to abide by Metfriendly's Rules at all times (a copy of the Rules appears on metfriendly.org.uk and is available in printed form upon request).
3. To the best of my knowledge and belief, the child is in good health and free from any mental/physical illness or condition.
4. This child is not in breach of the premium limit for qualifying policies.
5. The child does not hold any other tax-exempt savings plans.

Signed	Date	Promotional Code
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### Details of Payer (if different from parent/legal guardian).

If not a current Member of Metfriendly, please tick to confirm that you have enclosed your proof of ID and home address, and that you have signed the reverse of the copies to confirm they are a true copy of the original.

Mr/Mrs/Ms/Miss	Surname	Forename(s)		
First line of home address			Postcode	
		Date of Birth	<input type="text"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Email Address		Preferred Contact No		

Here at Metfriendly we take your privacy seriously. We will use your email address to confirm your application. In addition, we will from time to time provide you with relevant information on financial issues relating to the Police and the products and services we provide including special offers, by post. We will not contact you by phone for marketing purposes. If you prefer not to receive this information by post, you can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

If you would prefer to receive relevant information on financial issues and our products and services relating to the Police, by email or text message, please indicate your consent by ticking the box. You can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

I wish to pay **£25 per month** on behalf of child named. Relationship to Child

### Payer Authority

I authorise the deduction from my salary (serving members only) or bank account of all premiums due. (If you wish to pay us by Direct Debit please call us or email [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk).)

Signed	Date
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**OUR DATA PRIVACY STATEMENT** We need the information you provide in order to set up the contract between you and us. We will share your data with our mailing house partners (see our privacy notice) to send you legally required documents such as your annual benefit statement and invitation to our Annual General Meeting. Your data will only be kept for such a time needed to perform this task. Where possible, we use external information to verify your identity to keep our records up to date on home address changes. We use a third-party provider to deliver our marketing emails. We gather statistics around email open rates and clicks using industry-standard technologies. For more information, please see our privacy notice at [metfriendly.org.uk/privacy](http://metfriendly.org.uk/privacy)

**How did you hear about Metfriendly?**

I am a Member  Newsletter  I received a letter  Brochure stand  Intranet  Received an email   
Personal recommendation  Internet search  X  LinkedIn  Facebook  I spoke to a Metfriendly representative   
I saw an advert - please state which publication  Other - please state

Publication/Other

**Contact Details**

Metfriendly, Central Court, Knoll Rise, Orpington, BR6 0JA  
Phone: 01689 891454 Email: [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk)

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**Metfriendly is a trading name of the Metropolitan Police Friendly Society Limited.**

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