

# Ten Year Savings Plan Application form

Unless you are a serving officer or staff member in the Metropolitan or City police OR a current member of Metfriendly, please send us a proof of ID (copy of passport or driving licence) and address (a recent utility bill). You should sign the back of the copies to confirm that they are a true copy of the original.

Warrant/Payroll No (if applicable)				
Mr/Mrs/Ms/Miss	Surname			
Forename(s)				
Date of Birth	Gender	<input type="checkbox"/> M <input type="checkbox"/> F	Height	Weight
Nationality*		Country of Birth*		
Occupation				
Home Address				
			Postcode	
Residence for tax purposes*	<input type="checkbox"/> UK Only	<input type="checkbox"/> Other Country/Territory (specify below)		
Daytime Tel No		Mobile No		
Preferred Email Address				
Do you have a National Insurance No?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, you must enter it here				

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

- I apply for a £25 per month Tax-Exempt Savings Plan (TESP) and I confirm that I do not pay into any other friendly society's TESP and/or
- I apply for the Standard Savings Plan, paying £  (min £25) per month

If you are/were NOT in the police service, please give the name of the partner or relative who is/was

Your relationship to them

\*Only if applying for the Standard Savings Plan

**The following details must be given for either the applicant, or the applicant's partner/relative named opposite as applicable:**

Rank/Grade	Warrant/Pay No
Station/Branch/Constabulary	
Work Despatch Address	

I confirm I have read the Key Features associated with this product, available by request or viewable at [www.metfriendly.org.uk/tenyearsavings/keyfeatures](http://www.metfriendly.org.uk/tenyearsavings/keyfeatures) ■

**Please tick Yes or No to each question**

- 1. Do you smoke (includes e-cigarettes), or have you done so in the last 12 months?
- 2. Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you awaiting the result of such a test?
- 3. Are you currently receiving any treatment or prescribed drugs or undergoing any medical investigation?
- 4. During the last three years have you suffered from any serious illness or undergone any operation? (Injuries and minor illnesses such as colds and flu may be ignored if you have made a full recovery.)
- 5. Has any proposal on your life ever been declined, postponed or accepted on special terms?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU ANSWERED YES TO ANY QUESTION, THEN PLEASE GIVE DETAILS BELOW. If further medical details are required we will write to you. All information will be treated in the strictest confidence.**

A copy of the terms and conditions of the proposed plan and also a copy of the completed proposal form will be made available on request.

## Qualifying policies question

There is a £300 per month limit on all qualifying policies. Qualifying policies are life assurance policies with a special tax status – which the Ten Year Savings Plan is. This means that the proceeds are free of tax for the beneficiary. We need confirmation that you do not exceed this limit. If you are unsure whether you are the beneficiary of any other qualifying policies, or you have any other questions, please call us and we will be able to assist you.

Are you the beneficiary under another qualifying policy:

- a. issued on or after 6 April 2013 or;
- b. issued before that date but in relation to which a premium limit event has occurred (see HMRC website for definition)? **Yes**  **No**

### Declaration

1. I apply to join the appropriate Table and agree to abide by the rules of Metfriendly.
2. To the best of my knowledge and belief, I am in ordinary good health and free from mental/physical illness or condition except where stated, and all the details provided are correct.
3. I am not in breach of the premium limit for qualifying policies (£300 per month) at the date of signing.
4. I authorise the deduction from my salary/bank account of all such premiums that may become due (those paying by Direct Debit should download a Mandate form at [www.metfriendly.org.uk/ddi](http://www.metfriendly.org.uk/ddi)).

Signature of applicant

Signature

Date

If you wish your plan to start from a particular month, please write it here:

NB New members please remember to enclose proof of identity.

**IMPORTANT – If you are the partner/spouse of a salaried police service member and they wish to pay premiums on your behalf via salary deduction, please ensure they also countersign below.**

Signature of payer (if different to applicant)

Signature

Date

**DATA PROTECTION ACT** Any information you provide will be held by the Metropolitan Police Friendly Society to administer your contracts. We will NOT disclose such information to third parties (except those who assist us in administering your contracts) unless legally required to do so. We may from time to time use it to inform you by letter or e-mail about any products and services which may be of interest to you. If you do not wish to receive such information, please tick this box.

**When completed this form should be returned to: Metropolitan Police Friendly Society Limited**  
Central Court, Knoll Rise, Orpington, BR6 0JA  
**Despatch:** MPFS Orpington

**metfriendly**  
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