

Savings Plans for Children

Application Forms

I wish to apply for:

- Children's Saving Plan and pay £25 monthly.
- Monthly Savings Junior ISA at £_____ (min £30) monthly.
- Monthly Savings Junior ISA with a deposit of £_____ (min £500/max £1,499).
- Lump Sum Junior ISA with a deposit of £_____ (min £1,500).

I confirm I have read the Key Features associated with my chosen product, available by request or viewable at www.metfriendly.org.uk

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

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 true copies of the originals.

Mr/Mrs/Ms/Miss	Surname
Forename(s)	
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Address	
	Postcode
Daytime Tel No	Mobile No
Preferred Email Address	
Warrant/Payroll No*	Rank/Grade*
Station/Branch/Constabulary*	
Work Despatch Address*	

Details of Child

*If applicable.

Child's Forename	
Child's Surname	
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Child's Address (if different from parent)	
	Postcode

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)

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

Name

Warrant/Payroll No

Relationship to Child

For Children's Savings Plan only

Important Note

This note should be read carefully before signing the Parental Declaration. If the Parental Declaration does not apply to the child in every respect, please delete the non-applicable parts 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 of the proposal form are available to you on request.

Qualifying Policies Question

Qualifying policies are life assurance policies with a special tax status – which the Children's Saving Plan is. This means that the proceeds are free of tax for the beneficiary. There is a £300 per month limit per child on all qualifying policies. Therefore, in order to accept your application, we need confirmation that the beneficiary of this plan (which is the child) **does not exceed this limit**. If you are unsure whether the child is the beneficiary of any other qualifying policies, or you have any other questions, please call us and we will be able to assist you.

Is the child 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

Parental 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 on Page D will be paying for this Plan.

1. On behalf of the child, I apply for a Children's Savings Plan.
2. To the best of my knowledge and belief, the child is in good health and free from any mental/physical illness or condition.
3. The child is not in breach of the premium limit for qualifying policies at the date this statement is made.
4. The child has no other Friendly Society Tax-Exempt savings plans.

Signature

Date

Promotional Code

***If you wish to pay us by Direct Debit please call us or download a Mandate form at www.metfriendly.org.uk/ddi**

For Junior ISA plans only

Important

Before taking out this policy/plan you should read and understand its terms and conditions. These are available on our website under 'Key Features.'

By taking out this policy/plan the child automatically becomes a member of Metfriendly and is subject to our Rules, which are available on our website or on request from us.

The plan will not commence until a valid application has been received AND a contribution has been made or set up (unless there is a CTF transfer in progress).

The child named in 'Details of Child' will be the beneficial owner of the Junior ISA Plan.

Declaration & Authorisation

I declare that:

- I am 16 years of age or over
- I am the child/I have parental responsibility for the child (delete which does not apply)
- I/the child does not have a Child Trust Fund Account (or the Child Trust Fund is being transferred to Metfriendly and a transfer form has been completed)
- I will be the registered contact for the Junior ISA
- The child is resident in the UK
- I have not subscribed and will not subscribe to another stocks and shares Junior ISA for this child
- I am not aware that this child has another stocks and shares Junior ISA
- I am not aware of other Junior ISA subscriptions that will result in this child exceeding the annual limit
- I will not knowingly make subscriptions to Junior ISAs for this child that will result in the subscription limit being exceeded

I authorise Metfriendly:

To hold the child's subscriptions, Junior ISA investments, interest, dividends and any other rights or proceeds in respects of those investments and cash, and to make on the child's behalf any claims to relief from tax in respect of Junior ISA investments.

I hereby apply to join the appropriate Table. I agree to the ISA terms and conditions and agree to abide by the Rules of the Society. I declare that the information given is correct to the best of my knowledge and belief.

Signature

Date

Promotional Code

Details of Payer (if different from parent/legal guardian).

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)	
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
Home Address	
	Postcode
Daytime Tel No	Mobile No
Preferred Email Address	
Constabulary*	
Warrant/Payroll No*	Rank/Grade*
Station/Branch*	

*If applicable.

I wish to pay the amount indicated on Page A on behalf of

Name of Child
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 download a Mandate form at www.metfriendly.org.uk/ddi)

Signed	Date
Promotional Code	

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
save, invest and protect