Ten Year Savings Plan **Application Form**



appropriate for ✓ Are aged 18 to ✓ Wish to comm ✓ Have utilised th ✓ Are looking to in tax-efficient we	accept medium to low ri	ng term. d £300 per month in a		approprie	ate for savers 1 55 or over (50 fo 7 to need access to ing for a short-tern 7 contribute £25 p 7 contribute £300		rly (before 10 y plan. ax-Exempt Plar ualifying Policie	ears). n. es.
Mr/Mrs/Ms/Miss	Surname		F	orename(s)				
First line of home address				Postcode				
Date of Birth		Gender M 🗌 F 🗌	NIN	Number				
Email Address				Preferred C	Contact No			
and products o	and services we provi	ne to time with relevant i ide including special offer • the left . You will be able	rs. If	you would lik	e to receive the	above informat	ion please in	dicate
Residence for tax purposes 🔲 UK only 🔲 Other Country/Territory (please state)								
Are you a US citize	n, or a US resident fo	or US tax purposes? Yes	<u> </u>	lo 🗌 (please	e tick)			
If Yes please give y	/our US Federal Taxpo	ayer Identifying Number	(TIN)				
If applying as a rel	ative of a serving or	retired member of the po	olice	service, pleas	e complete:			
Name of serving o	r retired member				Your relationsh	nip		
The following deta	uils should be given fo	or the applicant or the ap	plicc	ant's partner a	or relative as ap	plicable		
Constabulary				Prefix & Warrant/Payroll No				
	er this Ten Year Savi	ons will help ensure this ngs Plan meets your sav						
1. Do you want a l	ong-term monthly sc	avings plan with a fixed m	nonth	nly premium?	Yes 🗌 No 🗌			
2. Are you aware t early years)? Ye		n early surrender and tha	at yo	u may get bad	ck less than you	have paid in (esp	pecially during	g the
3. Are you willing t	o accept medium to l	ow risk for potential highe	er bor	nuses?Yes 🗆] No 🗆			
4. Are you current	ly contributing £25 in	nto a Tax-Exempt Plan? (µ	pleas	se note this d	oes not include	ISAs) Yes 🗌 N	lo 🗆	
5a. Are you currer	ntly contributing £30	0 into Qualifying Policies	with	any provider	?* Yes 🗌 No			
5b. Are you the be	eneficiary under anot	her Qualifying Policy?*	Yes [🗆 No 🗖				

* There is a £300 per month limit on all qualifying policies. Qualifying policies are life assurance policies with a special tax status which the 10 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 help you.

For your own benefit and protection, you should read the **Key Information Document** associated with this product, available by request or on the relevant product page on our website (a copy will also be posted to you once your Ten Year Savings Plan is set up). If you do not understand any point please ask for further information.

I apply for a Tax-Exempt Savings Plan for £25 (max) per month By ticking the above box, I confirm that I do not pay premiums into any other friendly society's Tax-Exempt savings plan					
AND/OR					
I apply for the Star	ndard Savings Plan for £	per m	oonth (Please note this is a qualifying policy, £2	25 per mont	:h minimum)
Rolling Plan: To apply please tick here This means you are applying for a new £25 per month Tax-Exempt Plan for your first plan and a Standard Savings Plan for £25 per month to start at the same time next year, and every year thereafter (age limits apply). Please note, if you already have a Tax-Exempt Plan in place, your first plan will also be a Standard Savings Plan.					
Medical Information Questions					
Please confirm your:	Height		Weight		
Please tick Yes or No to each question				Yes N	10
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 3 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?

IF YOU ANSWERED YES TO ANY MEDICAL 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.

Confirming Your Identity

In order to process your application Metfriendly will refer to Credit Reference Agencies to confirm your identify. 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 for the purposes of verifying 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 the future to assist other companies for verification purposes. A record of the search will be retained. Your information may be disclosed to a credit reference agency, which may keep a record of that information; and (b) the credit reference agency may disclose that information, and the fact that a search was made, to its other customers for the purposes of assessing the risk of giving credit and occasionally to prevent fraud, money laundering and to trace debtors.

Declaration

- I hereby apply for the Metfriendly 10 Year Savings Plan and accept the terms and conditions as described within the product literature and elsewhere within this Application.
- I apply for membership of Metfriendly in accordance with the provisions of its Rules (unless I am already a Member) and I agree to abide by Metfriendly's Rules at all times (a copy of Metfriendly's Rules appears on metfriendly.org.uk and is available in printed form upon request).

To the best of my knowledge and belief, I am in good health and free from mental/physical illness or condition except where stated, and all the details provided are correct.

- I am not in breach of the premium limit for qualifying policies (£300 per month) at the date of signing.
- I authorise the deduction from my salary/bank account of all such premiums that may become due (those paying by Direct Debit should call or email us).

Signature of applicant

please call us or email us.)

Signed		Date	
If you wish your plan to start from a particular month, please write it here:			
Signature of payer (if different from applicant)	Promotional Code		
Signed		Date	
Declaration to be completed if monthly premiums are to be paid via salary deduct	ion for you	ir partner's contribution	

nonunty premiums are **IMPORTANT** - this section must be completed by the **salaried police service member** if they are your spouse/partner and are intending to pay the premiums for this plan on your behalf via payroll deduction. (If you wish to pay by Direct Debit instead,

Surname		Initials			
Warrant/Payroll No	Rank/Grade				
I authorise the deduction from my salary of my partner's contributions					
Signed	D	ate			

Signed

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 and 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 opening and clicks using industry standard technologies. For more information, please see our privacy notice at 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 🗌 Twitter 🗌 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 Fax: 01689 891455 Metphone: 846690 Email: info@metfriendly.org.uk

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

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Incorporated under the Friendly Societies Act 1992 and registered in the UK No. 496F