

# Children's Savings Plan Application Form



**Before you apply for our Children's Savings Plan please be aware that the 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)
- Are looking to save £25 per month into a tax-exempt plan
- Who have used the full Junior ISA allowance (£9,000).

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

Title	Surname	Forename(s)
First line of home address		Postcode
		Date of Birth <input type="text"/> <input type="text"/> <input type="text"/>
Personal Email	Mobile No	
National Insurance Number of Parent/Legal Guardian <input type="text"/>		

If you have your National Insurance (NI) number please enter it in the boxes above. You can find your NI number online in your HMRC account or App, in any documents you already have, for example a payslip, P45 or P60, or at [gov.uk/find-national-insurance-number](http://gov.uk/find-national-insurance-number)

**Are you eligible for an NI number?** Put an 'X' in one box

Yes  If Yes, you must apply for an NI number and provide it before you complete your ISA application. See link above. No

**We would like to contact you from time to time with relevant information on financial issues relating to the Police, such as Police pay, and products and services we provide including special offers. You will be able to unsubscribe from these communications easily and at any time.**

**Please provide me with the above information by**

SMS  Email  Post  Phone  None

**Do you have knowledge or experience of With-Profits or pooled investments such as Stocks & Shares ISAs or With Profit Bonds?**

- Yes and I have read and understood the **Children's Savings Plan Product Guide** and **Key Information Document\***
- No

\*A copy of these will be available during meetings with our 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.

**If you are in any doubt whether this Children's Savings Plan meets your savings needs, then please call us on 01689 891454 or email [info@mpfs.org.uk](mailto:info@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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The following details should be given for the applicant or eligible relative of the child.

### If Applicable

Police Join Date

Constabulary (or connected constabulary family member/friend etc.)

Warrant Number/Customer/Membership No.

What best describes you - e.g. serving Officer/Staff/retired/relative/former/current family member/friend, etc.

### Your answers to the following questions will help ensure this product meets your savings needs.

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. Is the child named as a beneficiary on a tax-exempt plan elsewhere? Yes  No
3. Are you aware that the parent/legal guardian will be the registered point of contact until the child reaches 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 our representatives or on the product page of the website when selecting this product online. In addition, a copy will also be sent 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 we 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 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. 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.

### Parent/Legal Guardian 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.

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 in accordance with the provisions of its Rules (unless already a Member) and I agree on behalf of the child to abide by MPFS Rules at all times (a copy of the Rules appears on mpfs.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.

I declare that the information given is correct to the best of my knowledge and belief.

Signed

Date

Promotional Code

IF APPLICABLE

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

If not a current Member s, 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.

Title	Surname	Forename(s)
First line of home address		Postcode
		Date of Birth <input type="text"/> <input type="text"/> <input type="text"/>
Personal Email	Mobile No	

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**Please provide me with the above information by**

SMS     Email     Post     Phone     None

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@mpfs.org.uk](mailto:info@mpfs.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 [mpfs.org.uk/privacy](http://mpfs.org.uk/privacy)

**Contact Details**

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

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