Children's Savings Plan Application Form



The Metfriendly Children's Savings Plan may be appropriate for those:			The Metfriendly Children's Savings Plan may not be appropriate for those:									
Aged 17 and under (or applying on behalf of a child).				🔀 Aged 18 or above.								
Who wish to commit to save over the long term (on behalf of a child).		✓ Who currently have £25 per month paid into a Tax-Exempt plan										
✓ Looking to save £25 per month into a Tax-Exempt policy.✓ Willing to accept medium to low risk for potential higher			or £300 into Qualifying Policies on their behalf.									
returns (bonuses).			Likely to need access to the savings early (before 10 years).Who want a guaranteed return or capital protection.									
Who have used	d the full Junior ISA allowance (£4	,260).	l	Mho war	nt a g	juarant	eed re	turn or ca	pital pro	otection.		
Details of Paren	t /Legal Guardian (delete as	applicable).										
Mr/Mrs/Ms/Miss	Surname		For	rename(s)								
First line of home	address							Postco	de			
			1	Date of Birt	th				(Gender	М 🗆	F 🗆
Email Address			F	Preferred C	onto	ıct No						
National Insurance	e Number of Parent/Legal Guar	rdian										
You should be ab	ole to find your NI number on a payslip,	, Form P45 or P60 or a let	tter f	from HM Rever	nue &	Custom	s, a lett	er from the	DWP, o	r pension o	order boo	ok.
\Box and products c	to email you from time to time and services we provide includi by ticking the box to the left.	ing special offers. It	f yo	u would lik	e to	receive	e the	above inf	ormat	ion plea	se indi	icate
Child's Surname			Chi	ild's Forenc	ıme((s)						
First line of home o	address (if different)							Postco	de			
			ı	Date of Birt	th				Ge	ender M	I □ F	
National Insurance	Number of Child, if available											
Child's Eligibility:	If the child is eligible for this p	olan through somed	one	OTHER tha	n th	e Parer	nt/Leg	jal Guard	ian ple	ease give	e detail	s here.
Name			Re	elationship	to C	hild						
reverse to confirm	at you have enclosed a copy of that it is a true copy (always r iils should be given for the app	required) 🗌			,	ou as	paren	t/guardio	an hav	e signed	it on t	he
Constabulary	its should be given for the upp	filed it of eligible rel		/arrant/Pay		vlo.						
Your answers to the whether this Child	he following questions will he dren's Savings Plan meets you		oduc	ct meets y	our s	saving						il
info@metfriendly	-											
1. Do you want to	gift a premium of £25 per mor	nth for 10 years to t	he c	child named	d on	this ap	plicat	ion? Yes	5 □ N	0 🗆		
•	that penalties apply on early su ? Yes □ No □	irrender and that th	ne ch	hild may ge	t ba	ck less	than	you have	paid ir	n (especi	ally du	ring
3. Are you willing t	o accept medium to low risk to	achieve potentially	high	ner bonuses	? Ye	es 🗌 I	No 🗆					
4. Is the child nan	ned as a beneficiary on a Tax-E	Exempt plan elsewl	here	e? 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 \square No \square

Please read the **Key Information Document** associated with this product, available by request or viewable at metfriendly.org.uk. A copy will also be issued once the plan is set up. If you do not understand any point, please ask for further information.

Confirming Your Identity

In order 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 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.

Important Note

respect, please del	ete the non-applicable part(s) before signing f paper. A full copy of the terms and conditi	g and ir	nclude any relevan	t informatio	n (especially	y medical informatio		
 bank account of a 1. On behalf of the product literatu 2. I request that the and I agree on be is available in product in the best of modern the second that is not the best of modern that is not that is not	emium of £25 per month on behalf of the call premiums due.* OR The Payer specified exchild, I hereby apply for a Children's Savingre and elsewhere within this Application. The child becomes a Member of Metfriendly behalf of the child to abide by Metfriendly's Fainted form upon request). The work of the premium limit for qualifying the child any other tax exempt savings plants.	d belovings Plan in acco Rules at d health ig polici	w will be paying fo and accept the te rdance with the pi all times (a copy on and free from ar	r this Plan. erms and co rovisions of of the Rules	nditions as its Rules (ur appears on	described within the nless already a Mem metfriendly.org.uk c	e iber)	
Signed		Date		Promotional Code				
*If you wish to pay premiums by Direct Debit please call or email us at info@metfriendly.org.uk.								
If not a current me	f different from parent/legal guardian). ember of Metfriendly, please tick to confirm ne reverse of the copies to confirm they are				of ID and ho	ome address, and th	ıat	
Mr/Mrs/Ms/Miss	liss Surname Forename(s)							
First line of home	address				Postcode			
			Date of Birth			Gender M □ F I		
Email Address			Preferred Contac	t No				
and products a	o email you from time to time with relevar nd services we provide including special of by ticking the box to the left. You will be at	fers. If y	you would like to r	receive the o	above inforn	nation please indic	ate	
Payer Authority I authorise the dec	per month on behalf of child named. Reduction from my salary (serving members of call us or email info@metfriendly.org.uk.)	only) or	ship to Child bank account of a	all premium	s due. (If yo	ou wish to pay us by		

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

Date

Signed

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

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