

Ten Year Savings Plan Application Form



Before you apply for our Ten Year Savings Plan, please be aware that:

- ☒ It is open to those aged 18 to 54 (49 for smokers)
- ☒ This is a long-term savings commitment with a guaranteed return at 10 years
- ☒ You can save between £25 and £300 per month in a tax efficient way.

Mr/Mrs/Ms/Miss/Other	Surname	Forename(s)
First line of home address		Postcode
Date of Birth	NI Number	

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

Personal Email	Mobile No
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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 **Ten Year 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 Ten Year 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 Ten Year Savings Plan meets your savings needs, then please call us on 01689 891454 or email info@mpfs.org.uk

Residence for tax purposes	<input type="checkbox"/> UK only	<input type="checkbox"/> Other Country/Territory (please state)	
Are you a US citizen, or a US resident for US tax purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)			
If Yes please give your Taxpayer Identifying Number (TIN)			

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

1. Are you currently contributing £25 into a Tax-Exempt Plan? (please note this does not include ISAs) Yes ☐ No ☐
2. Are you currently contributing £300 into Qualifying Policies with any provider?# Yes ☐ No ☐
3. Are you the beneficiary under another Qualifying Policy?* Yes ☐ No ☐

There is a £300 monthly limit on all qualifying policies. Any gains made on this product are tax free, irrespective of your tax bracket. If you are unsure whether you are the beneficiary of any other qualifying policies or have any questions, please call us and we will be able to help you.

☐ I apply for a **Tax-Exempt Savings Plan** for **£25** (max) per month

AND/OR

☐ I apply for the **Standard Savings Plan** for **£** per month (Please note this is a qualifying policy, £25 per month 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 be a **Standard Savings Plan**.

Medical Information Questions

Please confirm your:

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 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?

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 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 a copy of the completed proposal form will be made available on request.

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.

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. 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.

Declaration

- I declare that the information given is correct to the best of my knowledge and belief and apply for the 10 Year Savings Plan and accept the terms and conditions as described within the product literature and elsewhere within this Application. I confirm I have also read the **Key Information Document** and **Product Guide**.
- I apply for membership in accordance with the provisions of its Rules (unless I am already a Member) and I agree to abide by the Rules at all times (a copy of our Rules appears on mpfs.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

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

Promotional Code **IF APPLICABLE**

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 open rates and clicks using industry standard technologies. For more information, please see our privacy notice at mpfs.org.uk/privacy

Contact Details

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

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