

# Children's Savings Plan Application Form

## The Metfriendly Children's Savings 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).
- Looking to save £25 per month into a Tax-Exempt policy.
- Willing to accept medium to low risk for potential higher returns (bonuses).
- Who have used the full Junior ISA allowance (£4,260).

## The Metfriendly Children's Savings Plan may not be appropriate for those:

- Aged 18 or above.
- Who currently have £25 per month paid into a Tax-Exempt plan or £300 into Qualifying Policies on their behalf.
- Likely to need access to the savings early (before 10 years).
- Who want a guaranteed return or capital protection.

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

If not a current member of Metfriendly, 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 true copies of the originals.

Mr/Mrs/Ms/Miss	Surname	Forename(s)	
First line of home address		Post Code	
		Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Email Address		Preferred Contact No	

- We would like to email 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. If you would like to receive the above information **please indicate your consent by ticking the box to the left**. You will be able to unsubscribe from these communications easily and at any time.

Child's Surname	Child's Forename(s)	
First line of home address (if different)	Post Code	
	Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>

**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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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)

The following details should be given for the applicant or eligible relative of the child.

Constabulary	Warrant/Payroll No
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**Your answers to the following questions will help ensure this product meets your savings needs. If you are in any doubt whether this Children's Savings Plan meets your or the child's savings needs, then please call us on 01689 891 454 or email [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk).**

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. Are you aware that penalties apply on early surrender and that the child may get back less than you have paid in (especially during the early years)? Yes  No
3. Are you willing to accept medium to low risk to achieve potentially higher bonuses? Yes  No
4. Is the child named as a beneficiary on a Tax-Exempt plan elsewhere? 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  No

Please read the **Key Information Document** associated with this product, available by request or viewable at [metfriendly.org.uk](http://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.

### 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 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.

### Parent/Legal Guardian 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 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 of Metfriendly in accordance with the provisions of its Rules (unless already a Member) and I agree on behalf of the child to abide by Metfriendly's Rules at all times (a copy of the Rules appears on [www.metfriendly.org.uk](http://www.metfriendly.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.

Signed	Date	Promotional Code
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\*If you wish to pay premiums by Direct Debit please call or email us at [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk).

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

If not a current member of Metfriendly, 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.

Mr/Mrs/Ms/Miss	Surname	Forename(s)
First line of home address		Post Code
Date of Birth <input type="text"/>   <input type="text"/>   <input type="text"/>		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Email Address	Preferred Contact No	

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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@metfriendly.org.uk](mailto:info@metfriendly.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 and to keep our records up to date on home address, rank and location 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 [www.metfriendly.org.uk/privacy](http://www.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

### Contact Details

Metfriendly, Central Court, Knoll Rise, Orpington, BR6 0JA  
Phone: 01689 891454 Fax: 01689 891455 Metphone: 846690 Email: [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk)

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

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