

Ten Year Savings Plan Application Form



The Metfriendly 10 Year Savings Plan may be appropriate for savers who:

- Are aged 18 to 54 (49 for smokers).
- Wish to commit to saving over the long term.
- Have utilised their ISA allowance.
- Are looking to invest between £25 and £300 per month in a tax-efficient way.
- Are willing to accept medium to low risk for potential higher returns (bonuses).

The Metfriendly 10 Year Savings Plan may not be appropriate for savers who:

- Are aged 55 or over (50 for smokers).
- Are likely to need access to their savings early (before 10 years).
- Are looking for a short-term flexible savings plan.
- Currently contribute £25 per month into a Tax-Exempt Plan.
- Currently contribute £300 per month into Qualifying Policies.
- Do not have funds set aside as an emergency fund (to cover unexpected expenses).

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

Residence for tax purposes UK only Other Country/Territory (please state)

Are you a US citizen, or a US resident for US tax purposes? Yes No (please tick)

If Yes please give your US Federal Taxpayer Identifying Number (TIN)

If applying as a relative of a serving or retired member of the police service, please complete:

Name of serving or retired member	Your relationship
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The following details should be given for the applicant or the applicant's partner or relative as applicable

Constabulary	Prefix & 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 Ten Year Savings Plan meets your savings needs, then please call us on 01689 891454 or email info@metfriendly.org.uk

1. Do you want a long-term monthly savings plan with a fixed monthly premium? Yes No
2. Are you aware that penalties apply on early surrender and that you 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 for potential higher bonuses? Yes No
4. Are you currently contributing £25 into a Tax-Exempt Plan? (please note this does not include ISAs) Yes No
- 5a. Are you currently contributing £300 into Qualifying Policies with any provider? * Yes No
- 5b. Are you the beneficiary under another 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 **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 also 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 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 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. 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

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 **JAN21**

Signed	Date
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Declaration to be completed if monthly premiums are to be paid via salary deduction for your partner's contribution

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, please call us or email us.)

Surname	Initials
Warrant/Payroll No	Rank/Grade

I authorise the deduction from my salary of my partner's contributions

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 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

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