

FEBRUARY 2018

Application Form

Please read the Key Information Document and Important Information section before completing this form. Once you have decided which level of cover best suits your needs, please complete this Application Form and return it to Foresters Friendly Society.

FOR OFFICE USE ONLY

Staff/FA/Int Name

Contact/FA/Int Number

Marketing Code

1. Your details

Complete in BLOCK CAPITALS in black ink

Title Mr Mrs Miss Ms Other

First name

Middle name(s)

Last name

Address

Postcode

Date of birth

Home telephone

Mobile telephone

Email

If relevant, preferred branch no.

2. Your monthly premium

Please refer to the previous tables which show the levels of cover by age and insert the monthly premium you want to pay (minimum £10, maximum £100).

£100 £80 £50

£25 £10 other £

3. How we will use your data

The information that you provide on this form will be held by Foresters Friendly Society and used to set up and administer the policy for which you are applying and for other business purposes. Further information about how we hold and use your personal information is available on our website (www.forestersfriendlysociety.co.uk/privacy-policy).

Where an application is made via a Financial Adviser (FA), you agree to your details being disclosed to that FA until you instruct us otherwise.

We (Foresters Friendly Society, including your Branch) would like to provide you with information about products, services and events which may be of interest to you. To consent to receive this, please select your preferred option(s) below:

Post Email Text Message (SMS) Phone

You can update your preferences at any time by calling 0800 783 4162, emailing memberservices@forestersfriendlysociety.co.uk, completing the online form available at www.forestersfriendlysociety.co.uk/contactpreferences or writing to us at: Foresters Friendly Society, 29-33 Shirley Road, Southampton SO15 3EW.

From time to time, carefully selected third parties that Foresters Friendly Society work with may like to contact you about products, services and events which may be of interest to you. To consent to receive this, please select your preferred option(s) below:

Post Email Text Message (SMS) Phone

As above, you can update your preferences at any time via the methods provided.

4. Money laundering regulations

To comply with anti-money laundering requirements, we may verify your identity by carrying out an online check with a credit agency. The agency will add a note to your reference file to show that an identity check has been made. We may pass information to third parties for the prevention of crime or detection of fraud or where required by law or regulation.

5. Declaration

This is our standard client agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before proceeding. If you do not understand any point please ask for further information.

I wish to apply for the 50+ Life Cover policy:

I have read and understood the Key Information Document and Important Information section, which describes the benefits available and I understand that full cover commences after two years. I confirm that I am a UK resident (excluding Isle of Man and Channel Islands) and aged between 50 and 80 years old. I declare that to the best of my knowledge and belief the statements provided on this Application Form are true and correct.

I understand that I will be entitled to Foresters Friendly Society surplus in the event of the closure of the Society only after having been a member for 5 years. I understand that a copy of the Rules and Memorandum is available on request.

I confirm that I have not been given advice by Foresters Friendly Society in relation to the purchase of this policy.

Signature

Date



6. Instruction to your Bank or Building Society to pay by Direct Debit



To The Manager

Name and full address of your Bank/Building Society branch.

Name(s) of Account Holder(s)

Sort Code -

Account number

Originator's Identification Number 9 1 5 6 4 9

Reference Number (office use only)

Instruction to your Bank or Building Society

Please pay Foresters Friendly Society Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Foresters Friendly Society and, if so, details will be passed electronically to my Bank/Building Society.

Signature Date

Signature Date

Banks/Building Societies may decline to accept instructions to pay Direct Debits from some types of account, such as a savings account.

7. The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Foresters Friendly Society will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Foresters Friendly Society to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Foresters Friendly Society or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Foresters Friendly Society asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written notification may be required. Please also notify us.

8. Payment nomination form (optional)

Under Friendly Societies legislation you may wish to nominate any person to receive an amount not exceeding £5,000 of the sum payable from the policy on your death. If the value of the policy at that time is less than the amount you have bequeathed to be paid to your nominee, the value of the policy will be paid. The person nominated may not be an officer or employee of Foresters Friendly Society unless also a close relative. If you wish to take advantage of this facility please complete the nomination form below. If you marry after making this nomination then the nomination is annulled, and a new nomination should be made. If you wish to change your nomination at any time please contact us.

I hereby nominate:

Title Mr Mrs Miss Ms Other

First name

Last name

Relationship to policyholder

Address

Postcode

To receive £ (not exceeding £5,000)

Witnessed by (the witness must not be the nominee, the policyholder or a relation to the policyholder):

First name

Last name

Address

Postcode

Signature

Date / /

Apply now to take care of your loved ones

You've read about how our over 50s life insurance policy is a great way to leave a guaranteed lump sum behind you when you're no longer here. Why not apply now while it's fresh in your mind?

You'll find an application form attached. Simply fill in your details and return it to us by post using the freepost address below. There's no need for a stamp.

Alternatively you can apply online at www.forestersfriendlyociety.co.uk

Send your completed application form to:

Foresters Friendly Society
FREEPOST RLST-SJZE-BACC
29-33 Shirley Road
Southampton
SO15 3EW

Telephone: 0800 783 4162

Visit: www.forestersfriendlyociety.co.uk

Email: memberservices@forestersfriendlyociety.co.uk

The Direct Debit Guarantee (please retain this Guarantee for your records)



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