

APPLICATION FORM

(Please refer to the Key Features before completion)



If there is only one life, please complete each question in the 'First or only life' section.
Please complete in BLOCK CAPITALS or tick boxes where appropriate.

DETAILS OF FIRST OR ONLY LIFE TO BE ASSURED

Title: (please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>							
Surname:	<input type="text"/>		Forename(s):	<input type="text"/>							
Address:	<input type="text"/>										
Town/City:	<input type="text"/>	Post Code:	<input type="text"/>								
Telephone No:	Day: <input type="text"/>		Home: <input type="text"/>								
Date of Birth:	<input type="text"/>	Male/ Female:	<input type="text"/>								
Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Living with partner	<input type="checkbox"/>

DETAILS OF SECOND LIFE TO BE ASSURED 'second death bond only'

Title (please tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (please specify) <input type="text"/>							
Surname:	<input type="text"/>		Forename(s):	<input type="text"/>							
Address:	<input type="text"/>										
Town/City:	<input type="text"/>	Post Code:	<input type="text"/>								
Telephone No:	Day: <input type="text"/>		Home: <input type="text"/>								
Date of Birth:	<input type="text"/>	Male/ Female:	<input type="text"/>								
Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Living with partner	<input type="checkbox"/>
Relationship to above person:	<input type="text"/>										

DETAILS OF BOND

Amount of Investment: (minimum £3,000)	£ <input type="text"/>
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Please make cheques payable to: Scottish Friendly Assurance Society.

