

Prosperity Savings Plan Application Form

(Please refer to Key Features before completion)

Important Note

“Material Facts” are facts that an insurer would regard as likely to influence the acceptance of an application. Please ensure that you disclose all material facts when answering the questions in the application. If you fail to do so, benefits may be adjusted. You do not need to tell us about any genetic test result you may have had. If you have any doubts as to whether certain facts are material these facts should be disclosed. You must disclose any material fact that occurs before payment and acceptance.

Please complete all details in block capitals and complete relevant boxes with a ✓ as appropriate. A copy of the completed application form is available on request.

1. Details of the life/lives assured

First or Only Life Assured

Title i.e. Mr/Mrs/Miss/Ms	Surname
First Name(s)	
Address	
Town/City	Postcode
Phone No. (Home)	(Business)
Occupation (If retired/unemployed please state former occupation)	

Date of Birth Sex: Male Female

Marital status: Single Married Divorced

Widowed Living with Partner

Second Life Assured

Title i.e. Mr/Mrs/Miss/Ms	Surname
First Name(s)	
Address	
Town/City	Postcode
Phone No. (Home)	(Business)
Occupation (If retired/unemployed please state former occupation)	

Date of Birth Sex: Male Female

Marital status: Single Married Divorced

Widowed Living with Partner

2. Ownership of Benefits

This section should be completed where the applicant(s) are not the same as the life/lives assured.

Title i.e. Mr/Mrs/Miss/Ms	Surname
First Name(s)	
Address	
Town/City	Postcode
Relationship to life/lives assured:	
Reason for effecting plan and insurable interest	

3. Plan details:

How much do you wish to invest?

Monthly† <input type="text"/> (min £20)	Annually# <input type="text"/> (min £230)	Length of savings <input type="text"/> (10-35 years)
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Payment methods: † Direct Debit only; # Direct Debit or cheque (cheques to be made payable to Scottish Friendly Assurance Society Ltd).

If you choose to pay by Direct Debit, please state which date, no later than 28th, you would like direct debit payments to be collected from your account, and in which month you wish your plan to start.

Day Month

Please note that we cannot collect your first premium and hence start your plan until all processing is complete and your application has been accepted. In some cases this may be delayed by medical underwriting.

4. Health and Other Information

Please answer the following questions by ticking or completing the appropriate box.

	First or Only Life Assured		Second Life Assured	
	Yes	No	Yes	No
1. How tall are you?	<input type="text"/> ft.	<input type="text"/> in.	<input type="text"/> ft.	<input type="text"/> in.
2. How much do you currently weigh?	<input type="text"/> st.	<input type="text"/> lb.	<input type="text"/> st.	<input type="text"/> lb.
3. On average, how much alcohol do you drink a week? (1 glass of wine = 1 unit, 1 pint of beer = 2 units)	<input type="text"/> units		<input type="text"/> units	
4. Have you smoked any cigarettes or other tobacco products in the last 12 months or do you intend doing so in the future? If yes, how much do you smoke/expect to smoke a day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/> Cigarettes/ Cigars/Pipe per day		<input type="text"/> per day	
5. Are you an existing Scottish Friendly Policyholder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you submitted a life or disability proposal to this or any other office in the last 12 months (including proposals being made at the same time)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been declined, postponed or accepted on special terms for life, sickness or accident insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you likely to:				
(a) travel, reside or work outside the European Union now or in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) engage in any flying (other than as a fare paying passenger) or any hazardous sports or activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever tested positive for HIV/AIDS, tested positive for Hepatitis B or C, been tested or treated for any other sexually transmitted diseases or are you awaiting the results of such a test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you consulted your own or any other doctor in the past 5 years in connection with anything other than common cold, influenza, or pregnancy without complications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you currently receiving any medical treatment, either regular or occasional (e.g. tablets or medicines) or do you expect to seek medical advice or treatment in the near future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever suffered from a serious illness or disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever been admitted to a hospital or clinic or been referred to a hospital, clinic or specialist for medical investigation, treatment or advice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please provide further details in the box below. Please number the details to coincide with the above questions and continue on a separate sheet if necessary.

First or Only Life Assured

Second Life assured

Question Number	Question Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

5. Doctor's details

First or Only Life Assured

Second Life Assured

Doctor's Surname	
Doctor's First Name(s)	
Address	
<input type="text"/>	
<input type="text"/>	Postcode
Phone Number	
Name and Address of previous doctor (if attended current doctor for less than 6 months)	
<input type="text"/>	

Doctor's Surname	
Doctor's First Name(s)	
Address	
<input type="text"/>	
<input type="text"/>	Postcode
Phone Number	
Name and Address of previous doctor (if attended current doctor for less than 6 months)	
<input type="text"/>	

Please make sure you complete sections 6 and 7 on the next page.

6. Access to Medical Reports

Before we can apply for a medical report from your doctor we need your consent. Before signing in the space below, you should know that you have certain rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. These rights are outlined as follows:

- (a) You can withhold your consent if you wish but if you do not give consent, we may be unable to proceed with the proposal for insurance on your life.
- (b) You can see any report from your doctor before it is sent to us or during the six months after that.
- (c) You can ask the doctor if he will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments to the report.
- (d) The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it.

Consent to Obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained above, and, in connection with the insurance currently applied for, I consent to Scottish Friendly Assurance Society Limited seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and I agree that a copy of this consent shall have the validity of the original.

First or Only Life to be Assured

Do you wish to see any medical report on yourself before it is sent to Scottish Friendly?

Yes No

Signature _____ Date _____

Name in Block Letters _____

Second Life to be Assured

Do you wish to see any medical report on yourself before it is sent to Scottish Friendly?

Yes No

Signature _____ Date _____

Name in Block Letters _____

7. Declaration

I/we declare that:

1. The answers given by me/us to the questions in this application form are, to the best of my/our knowledge and belief, true and complete;
2. I/we have disclosed all facts that may be relevant to this application;
3. I/we agree that the information given in this proposal, along with any additional information given to the Society's medical officer, will be the basis of the insurance contract;
4. I/we have read over any answers not filled in by me/us in my/our own writing and confirm that they are correct;
5. I/we agree to be bound by the Rules of the Society;
6. I/we give permission to the Society to request information from any other insurance office which may have received an application for insurance on my/our life/lives and I/we authorise the release of such information.

First life assured

Signature	Date
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Second life assured

Signature	Date
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Applicant(s) if different from life/lives to be assured

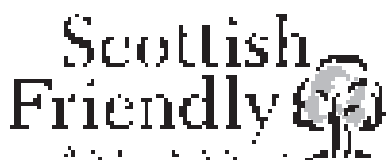
Signature(s)	Date
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From time to time Scottish Friendly would like to send you further information.
Please tick this box if you do not wish to receive it.

For Office Use Only

Broker

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

Please fill in the whole form using a ball point pen and send it to:

<p>Scottish Friendly Assurance Scottish Friendly House 16 Blythswood Square Glasgow G2 4HJ</p>

Originator's Identification Number

9	9	7	1	7	1
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Reference Number

PSD/OB

Name(s) of Account Holder(s)

Instruction to your Bank or Building Society

Please pay Scottish Friendly 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 Scottish Friendly and if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

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Branch sort code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Scottish Friendly Assurance Society, Scottish Friendly House, 16 Blythswood Square, Glasgow G2 4HJ
Tel: 0141 275 5000 Fax: 0141 221 4864 www.scottishfriendly.co.uk
Regulated by the Financial Services Authority. Member of ABI and AFS,



This guarantee should be detached and retained by the Payer.

The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Scottish Friendly will notify you 14 days in advance of your account being debited or as otherwise agreed.
- If an error is made by Scottish Friendly or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

