

Scottish Bond Application

(Please refer to Key Features before completion)



1st ADULT (LIFE ASSURED) Please complete in BLOCK CAPITALS

Surname	Title	Sex	M	F	Date of Birth			
First Names (in full)					Day	Month	Year	

Address

						Postcode					

2nd ADULT (LIFE ASSURED)

Surname	Title	Sex	M	F	Date of Birth			
First Names (in full)					Day	Month	Year	

Address

						Postcode					

How much do you wish to invest? (Please insert amount)

Adult 1

Monthly by DD	Annually by DD	Lump Sum by Cheque
£	£	£
(min £15, max £25)	(min £180, max £270)	

Adult 2

Monthly by DD	Annually by DD	Lump Sum by Cheque
£	£	£
(min £15, max £25)	(min £180, max £270)	

Cheques made payable to Scottish Friendly Assurance Society Limited.

Length of savings (min. 10 years)

Adult 1

10 years	<input type="checkbox"/>	Other (max 20 years)	<input type="checkbox"/>
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Adult 2

10 years	<input type="checkbox"/>	Other (max 20 years)	<input type="checkbox"/>
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Please note, max term 10 years if you are 60 years of age or over.

If you choose to pay by Direct Debit, please indicate below on which day of the month you would like payments to leave your account.

1st	<input type="checkbox"/>	15th	<input type="checkbox"/>
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Please read the declaration and important notes below.

Please answer the following question regarding your state of health. If you answer "Yes" you must supply full details on a separate sheet of paper with your application. This will help us to assess whether we can accept your application. Please note that we might require further medical information from you in order to accept the application.

Are you currently taking regular medication or undergoing medical treatment or investigation or have you consulted a Doctor in the last 5 years about anything affecting your physical or mental health (other than trivial complaints such as cold or "flu")?

Adult 1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Adult 2	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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(If "Yes" please attach full details.)

Independent Financial Adviser

Declaration

I hereby apply to Scottish Friendly Assurance Society Limited for a Tax-Free Endowment Assurance Policy known as the Scottish Bond. I declare that, to the best of my knowledge and belief, the answers given to the questions on this application are true and complete and I agree that the information supplied will form the basis of the contract between myself and Scottish Friendly. I further declare that in arranging this policy with Scottish Friendly I will not be exceeding my tax-free limit in respect of Friendly Society policies of £25 per month (or £270 per year).

Important Note: Please read carefully. You must disclose to Scottish Friendly all material facts relevant to the insurance for which you are applying. A material fact is one which is likely to influence the decision whether or not to accept the application, or on what terms. If you are in any doubt whether a fact is material, you should disclose it. Non-disclosure of a material fact may result in Scottish Friendly refusing to pay a claim on your death. You do not have to tell us about any genetic test results you may have had. A copy of the terms and conditions of the policy and of this form are available to you on request.

Adult 1

Signature					
Date					

Adult 2

Signature					
Date					

DATA PROTECTION: I consent to the Society using the information supplied on the Application to administer my policy and acknowledge that it will be held and my policy will be processed on the Society's computer systems and may be used for underwriting or claims handling purposes. In addition, the Society may use some of the information which is held on the Society's computer systems to advise you by post or e.mail of other products and services offered by the Scottish Friendly group of companies. Please tick the box if you do not wish to receive this material.

BROKER				

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 Authorised and regulated by the Financial Services Authority. Member of ABI and AFS.



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

Please fill in the form and send it to: Scottish Friendly Assurance, 16 Blythswood Square, Glasgow G2 4HJ



Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Originator's Identification Number

9	9	7	1	7	1
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Reference Number (for head office use only)

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Instructions to your Bank or Building Society

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

Signature(s)
Date

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

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, The Scottish Friendly group of companies will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Scottish Friendly group of companies 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.

