

Child Bond Application

(Please refer to Key Features before completion)



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

Surname

First Names (in full)

Sex M F Date of Birth
Day Month Year

2nd CHILD (LIFE ASSURED) Brother or Sister of 1st Child

Surname

First Names (in full)

Sex M F Date of Birth
Day Month Year

Address of child/children

Postcode

Person paying the premium on behalf of the child

Surname Mr Mrs Ms

First Names (in full)

Address

Postcode

Date of Birth
Day Month Year

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

Child 1

Monthly by DD £ (min £10, max £25)

Annually by DD £ (min £120, max £270)

Lump Sum by Cheque £

Child 2

Monthly by DD £ (min £10, max £25)

Annually by DD £ (min £120, max £270)

Lump Sum by Cheque £

Cheques made payable to Scottish Friendly Assurance Society Limited.

Length of savings (min. 10 years)

Child 1

10 year term Maturity at Age 18 Maturity at Age 21

Child 2

10 year term Maturity at Age 18 Maturity at Age 21

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 15th

HEALTH QUESTION TO BE COMPLETED BY PARENT OR GUARDIAN - READ NOTES BELOW

Please answer the following question regarding the child's state of health and read note below. Is your child currently taking regular medication or undergoing medical treatment or has a doctor been consulted in the last 5 years about anything affecting either your child's physical or mental health (other than trivial complaints such as cold or "flu")? (If "YES", please attach full details)

Child 1 YES NO

Child 2 YES NO

Independent Financial Adviser

Declaration by Person Paying the Premium on behalf of the Child.

I hereby gift the money to the child to be applied to the premiums payable under the policy.

Declaration by Parent or Guardian

If you answer "YES" to the question about the state of your child's health you must supply full details on a separate sheet of paper with the application. This will help us to assess whether we can accept the application. Please note that we might require further medical information from you in order to accept the application. The child will not be asked to have a medical examination.

IMPORTANT NOTE

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 a child's death. You do not have to tell us about any genetic test results the child may have had. A copy of the terms and conditions of this policy and this application form is available to you on request.

Declaration

I hereby apply to Scottish Friendly Assurance Society Limited for a Tax-Free Endowment Assurance Policy known as the Child Bond on behalf of the stated child/children. 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 the child/children and Scottish Friendly. I further declare that in arranging this policy with Scottish Friendly the child/children will not be exceeding their tax-free limit in respect of Friendly Society policies of £25 per month (or £270 per year).

Signatures and Declaration - Read Declaration Below

By signing this application, I confirm I have read and understood the declaration and important notices above.

To be completed by the person paying the premium on behalf of the child

Signature of Payer

Your Relationship To Child/Children

Date

Signature of Parent/Guardian if not the payer

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 Blythwood 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 Blythwood Square, Glasgow G2 4HJ



Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society account number

Originator's Identification Number

Reference Number (for head office use only)

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.

