

# Scottish Bond Application

(Please refer to Key Features before completion)



## 1st Adult (life assured)

Please complete in BLOCK CAPITALS

Surname	Title	Sex	Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names (in full)		M F	Day	Month	Year
<input type="text"/>					
Address					
<input type="text"/>					
<input type="text"/>					
					Postcode
					<input type="text"/>

## 2nd Adult (life assured)

Surname	Title	Sex	Date of birth		
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names (in full)		M F	Day	Month	Year
<input type="text"/>					
Address					
<input type="text"/>					
<input type="text"/>					
					Postcode
					<input type="text"/>

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

<b>Adult 1</b>	Monthly by DD	Yearly by DD
	<input type="text"/>	<input type="text"/>
	(min £15, max £25)	(min £180, max £270)
<b>Adult 2</b>	Monthly by DD	Yearly by DD
	<input type="text"/>	<input type="text"/>
	(min £15, max £25)	(min £180, max £270)

## Length of savings (min 10 years)

<b>Adult 1</b>	10 years	<input type="checkbox"/>	Other (max 20 years)	<input type="text"/>
<b>Adult 2</b>	10 years	<input type="checkbox"/>	Other (max 20 years)	<input type="text"/>

## As payments are by Direct Debit, please indicate 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 note

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 medical health (other than trivial complaints such as cold or 'flu')?

<b>Adult 1</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>Adult 2</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(If yes please attach full details)

Independent Financial Adviser

## Declaration

I hereby apply to Scottish Friendly Assurance Society Limited for a Tax-Free Endowment 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).

In the event of my death before the end of the life of the bond, I consent to Scottish Friendly contacting my doctor for medical information under the Access to Health Records Act 1990 and the Access to Health Records (Northern Ireland) Order 1991.

## Important note

Please read carefully. You must disclose to Scottish Friendly all material facts relating 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
<input type="text"/>
Date
<input type="text"/>

## Adult 2

Signature
<input type="text"/>
Date
<input type="text"/>

## Data protection

I consent to the Society using the information supplied on the application to administer 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 email 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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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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 address of your bank or building society

To: The manager	Bank/building society
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	

## Originator's identification number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Reference number (for office use only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Instruction 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)
<input type="text"/>
Date
<input type="text"/>

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 accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Scottish Friendly will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Scottish Friendly 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 Scottish Friendly 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 Scottish Friendly asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

