

(Please complete this form in **BLOCK CAPITALS** and in **black** or **dark blue** ink, and mark relevant boxes with an **X**)

### 1. Details of child

Surname

Forename(s)

Date of birth  (max. age 15) Sex M  F

House no/ name

Address

Postcode

### 2. Details of person investing on behalf of the child

Title Mr  Mrs  Miss  Ms

Surname

Forename(s)

Date of birth  Sex M  F

Address as above  or

House no/ name

Address

Postcode

Relationship to child Parent  Guardian  Grandparent

Other

Phone no. (home)

Phone no. (mobile)

E-mail

### 3. Payment method/amount

Please indicate the amount you wish to invest on behalf of the child.  
(please choose only one option):

Monthly by Direct Debit £10  £18  £25

As payments are by Direct Debit, please indicate on which day of the month you would like payments to leave your account. 1st  15th

### 4. Your welcome gift

Thank you for choosing to invest in the Supporter Bond. Your gift will be issued by Soccer Savings once your second monthly premium has been collected. Remember to complete your phone number so Soccer Savings can contact you to arrange your welcome gift.



### 5. Health question to be completed by parent or guardian – read notes overleaf

Please answer the following question regarding the child's state of health and read the note overleaf. 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)? Yes  No  (If 'Yes', further details required. See overleaf).

### 6. Signatures and declaration – read declaration overleaf

By signing this application, I confirm I have read and understood the declaration and important note overleaf.

Signature of payer:  Date:

Signature of parent/guardian (if not the payer):  Date:

From time to time Scottish Friendly may use the information you provided to advise you, by mail or email, of other products offered by the Scottish Friendly Group of companies. If you do not wish to receive this information, please mark the box with an X.   
When you proceed with this policy we will tell the company that introduced you to us that you have done so.

### For office use only:

999999999	
GENSB	GENSBB
	WGUB

PLEASE DO NOT DETACH DIRECT DEBIT FORM

### 7. 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

Name of account holder

Branch sort code  Bank/building society account number

Originator's Identification Number **997171**

FOR SCOTTISH FRIENDLY OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society

Reference number (for office use only)

PSD / OB

#### 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.

Your signature

Date

### 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.

### Data Protection

Scottish Friendly will use the information on this application to administer the policy. The information supplied will be held (and the policy will be processed) on Scottish Friendly's computer systems and may be used for risk assessment or claims handling purposes.

### Money Laundering

To comply with the current money laundering regulations, we may verify your identity by carrying out an electronic check with an independent agency. This will involve an electronic search of information, including access to databases and credit data. By signing this form, you consent to us undertaking this check of your identity.

### Declaration by Parent or Guardian

If you answer 'Yes' to the question about the state of your child's health overleaf, 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 on standard terms. Please note that if we require further information in order to accept your application, we will write to you first asking for your permission to approach the child's Doctor for such additional information. The child will not be asked to have a medical examination.

### 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 the child's death. You do not have to tell us about any genetic test results you may have had. Genetic test results (positive or negative) will not be taken into account. A copy of the terms and conditions of this policy and this application form are 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 Under 16s Supporter Bond, on behalf of the stated child. 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 and Scottish Friendly. I further declare that in arranging this policy with Scottish Friendly the child will not be exceeding their tax-free limit in respect of friendly society policies of £25 per month (or £270 per year).

## Applying is easy

Simply follow these five steps

- 1 Complete your own name and address details as well as the details of the child you wish to save for.
- 2 Please mark the box with an X to show the date you would like payments to leave your account, then complete the Direct Debit Instruction.
- 3 If you have answered 'Yes' to the medical question, remember to attach full details with your application.
- 4 Remember to write in your phone number so Soccer Savings can contact you to arrange your welcome gift.
- 5 Read and sign the declaration (remember, if you're not the parent or guardian of the child, the form must be signed by them too), then return the application in the enclosed freepost envelope.

Scottish Friendly Assurance Society Limited  
Scottish Friendly House, 16 Blythswood Square, Glasgow G2 4HJ  
[www.scottishfriendly.co.uk](http://www.scottishfriendly.co.uk)

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

## 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.