

Priority Application

Please complete in CAPITAL LETTERS, remembering to tick boxes and sign where necessary. Don't forget to tick your choice of gift. We will send this to you within 28 days of your first premium being successfully collected.

1 Title Mr Mrs Miss Ms Other _____

Forename(s) _____

Surname _____

Address _____

_____ Postcode _____

999999999/WBPSH/WBPSHA/WBPS

2 Date of birth (Maximum entry age 55) _____ Sex (M/F)

Day Month Year

3 Married Single Other

4 E-mail address _____

5 Daytime telephone number _____

6 Occupation (if retired or unemployed please state former occupation) _____

7

	Yes	No
1. Have you engaged within the last 3 years, or are you likely to engage in the future, in any hazardous sport or pursuit (including private flying)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you likely to reside or work outside the United Kingdom?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you consulted a doctor during the last 5 years for other than minor ailments, or ever consulted a specialist and afterwards had further investigations or treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently taking any medication or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever made an application for life, sickness or accident insurance which was not accepted on normal terms?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you suffered a serious illness or disease?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of these questions is 'Yes', full details should be provided in the space overleaf.

8 State your height and weight in ordinary indoor clothes without shoes

Height: _____ ft _____ ins

Weight: _____ st _____ lbs

9 Select your gift

Simply tick the box to indicate your choice of gift.

 £15 M&S Vouchers

 £15 High Street Vouchers

10 On average how many units of alcohol do you consume per week? _____ units (1 unit = 1 glass of wine, 1 measure of spirit or half pint of beer)

11 How many cigarettes do you smoke each day? _____ If the answer is 'none' have you used any tobacco products during the past year or do you intend to do so in the future? _____

12 How much do you wish to invest? (£15 minimum, £100 maximum)

Please indicate the monthly investment you have selected by ticking the appropriate box:

£30 £30 £50 £75 £100

Or, any other amount in multiples of £5 (£30 minimum) £ _____

13 As payments are by Direct Debit, please indicate on which day of the month you would like payments to leave your account (1st to 28th only) _____

14 How long do you wish to invest for? (You must select your investment term at outset) 10 years 15 years

Privacy notice - how we use your information We will use the information you supply on this application to administer your policy. We'll keep the information on our computer systems and may use it to assess any risk in relation to this application and in administering any claim on the policy. 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.

Checking your identity 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 You must tell us everything that may affect your application. If you have any doubt whether facts are relevant, please tell us about them. If you do not give us this information, we may not cover you in the event of a claim. You do not have to show you any part of the report he/she feels might cause you harm. Without your consent we cannot apply for a medical report.

Scottish Friendly may require medical information from your doctor. In that case, you have certain rights. You can see any report from your doctor before it is sent or during the 6 months after that. You can ask the doctor to amend any part you consider misleading or incorrect and add comments if he/she doesn't agree to make the changes. The doctor does not have to show you any part of the report he/she feels might cause you harm. Without your consent we cannot apply for a medical report.

I declare that, to the best of my knowledge and belief, the statements above are true. I am in good physical and mental health other than as stated and I have not withheld any material information.

I agree that this application together with any statements made to a medical examiner form the basis of the contract between me and Scottish Friendly.

In the event of my death before the end of the life of the plan, 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.

15 Signature Date / /

PLEASE DO NOT DETACH

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(s) of account holder(s) _____

Branch sort code _____

Bank/building society account number _____

Originator's identification number

9 9 7 1 7 1

Reference number (for office use only)

P S D / O B _____

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) _____

Date _____

If you have answered 'Yes' to any part of question 8 overleaf, please give full details, including dates, below.

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.