

Your Regular Savings Plan 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 Personal details

999999999/WRSPH/WCLBK/WRSP

Title Mr Mrs Miss Ms Other _____

Surname _____

Forename(s) _____

House no/name _____

Address _____

Postcode _____

Date of birth (maximum entry age 55) Sex M F

E-mail address _____

Daytime telephone number _____

Evening telephone number _____

6 Declaration

I hereby apply to Scottish Friendly Assurance for an endowment savings plan known as the tax-free & friendly Regular Savings Plan. I declare that to the best of my knowledge and belief, the answers given to the questions in 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 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.

7 Your health

Please answer the following question regarding your state of health. **If you answer "Yes", you must supply full details on the reverse side of this application.** This will help us to assess whether we can accept your application on standard terms. Please note that if we require further information, we will write to you first asking for your permission to approach your Doctor for such additional information.

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 death of the applicant. 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.

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)? If 'Yes', please attach full details
Yes No

8 Signature

X

Date X / /

Some of the information may be used to advise you by post or e-mail of other products and services offered by the Scottish Friendly group of companies. If you do not wish to receive this material, please mark the box with an X.

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.

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.

2 Payment amount

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

£15 £20 £25 £30 £40 £50

3 Payments

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)

5 Select your gift

Simply tick the box to indicate your choice of gift



£15 M&S Vouchers



£15 High Street Vouchers

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

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.

Print name _____
Signature(s) _____
Date _____

If you have answered 'Yes' to question 7 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.