



Children's Savings Plan - Application Form

Please complete this form, print and sign then return to us

Proof of ID and home address enclosed (only if not currently serving in the Met and not currently paying to us)

Details of Sponsor (person paying the premiums.)

Warrant/
Payroll No Rank /
Grade Title

Surname

Forename(s)

Date of Birth Gender M F

Station/Branch
(If serving police
officer/staff) Home
Address
Post Code

Daytime Tel No Mobile

Preferred Email Address

Details of Child

Copy of child's birth certificate enclosed **(always required)**

I wish to pay premiums of

(minimum £15, maximum £25) per month on behalf of the child named below and I hereby gift the money to be applied to those premiums.

Relationship of Sponsor to the child

Forename(s)

Surname

Date of Birth Gender M F

Home Address
Post Code

We would normally communicate with the child at the address shown. If you wish us to communicate with you instead, please tick the box.

Important Note

This note should read carefully before signing the Declaration. If the Declaration does not apply to the child in every respect, please delete the inapplicable parts before signing and include any relevant information (especially medical information) on a separate piece of paper. If you are not the parent you should consult the parent(s) or guardian(s) if in doubt concerning the child's state of health.

In considering whether to accept an application and if so on what terms, **metfriendly** underwriters need to be aware of all material facts relating to the risk. Failure to disclose a material fact may result in the life cover being ineffective, provided the fact is one which might reasonably be expected to be within the knowledge of the proposer or would not be impractical for him or her to obtain. If you are in any doubt as to whether a fact is material it should be disclosed.

A full copy of the terms and conditions of this policy and of the proposal form are available to you on request. You are strongly recommended to advise the parents/guardian(s) that you are taking out this policy for the child in order to ensure that tax exempt limits are not exceeded.

Declaration by Sponsor

On behalf of the child, I hereby apply to join the appropriate Table as set out in the Rules of **metfriendly** and agree to abide by those Rules. I declare that, to the best of my knowledge and belief, the child is in good health and free from mental/physical illness or condition. I agree that this application shall be the basis of the contract with **metfriendly**. I further declare that the total amount of premiums for Tax-Exempt Friendly Society life assurances for the child, including the amount under this application, does not exceed £25 per month. I authorise the deduction from my salary (serving members only) or bank account of all such premiums that may become due.

Signed

Date



DATA PROTECTION ACT Any information you provide will be held by the Metropolitan Police Friendly Society to administer your contracts. We will NOT disclose such information to third parties (except those who assist us in administering your contracts) unless legally required to do so. We may from time to time use it to inform you by letter about any products and services which may be of interest to you. If you do not wish to receive such information, please tick this box.