



metfriendly Tax-Exempt Savings Plans

Application Form (Form B)

All other applicants (including Volunteers) who are not on the MPS or City of London Police payroll (see [How do I apply?](#)).

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

Surname

Mr/Mrs/Ms/Miss Forename(s)

Date of Birth Gender M F Height Weight

Occupation

Home Address
Post Code

Daytime Tel No Mobile

Preferred Email Address

If you are/were NOT in the Police Service, please give the name of the partner or relative who is/was

The following details must be given for either the applicant or the applicant's partner/relative named above, as applicable –

Rank/Grade

Constabulary

Warrant/Payroll No (MPS only)

Please select the plan you require and complete the appropriate box:

- I wish to apply for an Tax-Exempt Endowment Savings Plan. I would like to invest £25 per month for yrs (10-35 yrs). I understand that the plan must finish before age 60 for smokers or age 65 for non smokers.
- I wish to apply for a Tax-Exempt Whole Life Savings Plan. I would like to invest £25 per month. I understand that I will only contribute to this plan for 10 years, but the total fund can then remain invested until I choose, or it will be paid out on my death.

Please tick Yes or No to each question

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you smoke, or have you done so in the last 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you awaiting the result of such a test? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you currently receiving any treatment or prescribed drugs or undergoing any medical investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. During the last 3 years have you suffered from any serious illness or undergone any operation? (Injuries and minor illnesses such as colds and 'flu may be ignored if you have made a full recovery.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any proposal on your life ever been declined, postponed or accepted on special terms? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered YES to any question, then please give details on a separate sheet. If further medical details are required we will write to you. All information will be treated in the strictest confidence.

A copy of the terms and conditions of the proposed plan and also a copy of the completed proposal form will be made available on request.

Please note when signing the declaration below that all relevant or material facts should be disclosed, even if you are unsure whether or not they are material to this insurance. (A material fact is defined as one likely to influence an insurer's decision as to the acceptance of the proposal.) Failure to disclose a material fact may result in the life cover being ineffective, providing the fact is one which might reasonably be expected to be within your knowledge or would not be impractical for you to obtain.

Declaration

I hereby apply to join the appropriate insurance Table, and agree to abide by the Rules of [metfriendly](#). I declare that, to the best of my knowledge and belief, I am in ordinary good health and free from mental/physical illness or condition except where stated above, and that all the details provided are correct. I further declare that I do not have any tax-exempt savings plans with any other Friendly Society.

Signed Date

If you wish your plan to start from a particular month, please write it here:

IMPORTANT – this section must be completed by the **salaried police service member** if they are your spouse/partner and are intending to pay the premiums for this plan on your behalf via payroll deduction. (If you wish to pay by Direct Debit instead, please contact us for a Mandate form.)

Surname Initials

Warrant/
Pay No Rank / Grade

I authorise the deduction from my salary of my partner's contributions

Signature Date

NB New members please remember to enclose proof of identity (see [How do I apply?](#)).



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.