

5 Year & Flexible Savings Plans

Application Form - B - Partner/Relative

(of serving/retired officer or police staff)

Warrant/Payroll No (of the spouse/partner or relative)

Relationship to Applicant (of the spouse/partner or relative)

Surname Mr/Mrs/Ms/Miss

Forename(s)

Date of Birth Gender M F

Station/Work Address

Home Address

Postcode

Daytime Tel No Mobile No

I wish to apply for a: 5 year Plan Flexible Savings Plan
in accordance with the Society's Rules. (Please tick ONE box only.)

I would like to invest the following monthly amount:

£20: £30: £40: £50: £100: Other: £

Please answer the following questions if you are applying for a 5 year plan:

1. Height Weight
2. Do you smoke or have you done so in the last 12 months? Y N
3. Are you currently receiving any treatment or drugs prescribed by a Doctor, or undergoing any hospital investigations? (Minor illnesses such as colds and flu may be ignored if you have made a full recovery) Y* N
4. Have you tested positive for HIV/AIDS or Hepatitis B or C? Y* N

* If the answer to either question 3 or 4 is YES, please give FULL DETAILS on a separate sheet; including details of any medication. All answers are strictly confidential.

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.

5 Year Plan Only

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 the Society. 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 **(5 year plan only)**, and that all the details overleaf are correct.

Signed Date

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

We **will** automatically send you a new application form at the same time each year so that you have the opportunity to build up a series of policies maturing in consecutive years. If you do **NOT** want us to do this please tick here .

IMPORTANT - this section must be completed by the police service member for 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

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 .