

MPFS Long Term Savings Plans

Application Form (Form A) (serving/retired officer or police staff)

Warrant/Payroll No Rank/Grade

Surname Mr/Mrs/MS/Miss

Forename(s)

Date of Birth Gender M F

Date Service Commenced

Station/Work Address

Do you smoke, or have you in the last 12 months? YES NO

Height Weight

Home Address

Postcode

Daytime Tel No Mobile No

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

I wish to apply for an Endowment Plan. I would like to invest £ per month over yrs (10-35) years. I understand that the policy must mature before age 60 for smokers and age 65 for non-smokers.

I wish to apply for a Whole Life Plan. I would like to invest £ 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 earlier death.

How did you obtain this brochure: Website Aware

Please tick YES or NO to each question

YES

NO

- Are you suffering from an illness or disability, or have you received any medical treatment during the last 12 months? (Minor illnesses such as colds and flu may be ignored)
- Have you suffered any serious illnesses or undergone any operation during the last 5 years?
- Has any proposal on your life been declined, postponed, or accepted on special terms by any life assurance company or friendly society?
- Do you take part in any hazardous pursuits? e.g. diving, private flying etc.

If you answered YES to any question, please give details on a separate sheet. The Society is limited in its ability to accept special risks, but will endeavour to provide a quotation wherever possible. 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 insurance contract 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 do this may result in the insurance cover being ineffective, even if the proposal has been accepted by the insurer.

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 above, and that all the details overleaf are correct. I authorise the deduction from my salary (direct debit for retired members) of all such premiums that may become due.

Signed Date

STANDARD OFFICE PROCEDURES AND TIMESCALE

Application forms received from serving officers and accepted by the Society before the 15th of any month will normally be processed for commencement on the 1st of the following month. Your Membership Certificate, a personal illustration and 'Notice of the Right to Cancel' will be sent to you before the proposed commencement date.

If you wish to back-date your contract to an earlier month then your 'Right to Cancel' period will start from the date you receive the appropriate documents.

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

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.