

MPFS Long Term Savings Plans

Application Form (Form B) - Partner/Relative (of serving/retired officer or police staff)

Related member's Warrant/Payroll No

Relationship to Applicant

Applicant's Surname Mr/Mrs/Ms/Miss

Forename(s)

Date of Birth Gender M F

Exact Occupation

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.

Please tick YES or NO to each question

- 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?

YES **NO**

- | | YES | NO |
|---|--------------------------|--------------------------|
| • Has any proposal on your life been declined, postponed, or accepted on special terms by any life assurance company or friendly society? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you take part in any hazardous pursuits? e.g. diving, private flying etc. | <input type="checkbox"/> | <input type="checkbox"/> |

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 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 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 overleaf, and that all the details provided are correct.

Signed Date

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

NB New members please remember to enclose proof of identity (page 8)

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 (accept 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.