

Ten Year Savings Plan Application Form

The Metfriendly 10 Year Savings Plan may be appropriate for savers who:

- Are aged 18 to 54 (49 for smokers)
- Wish to commit to saving over the long term
- Have utilised their ISA allowance
- Are looking to invest between £25 and £300 per month in a tax-efficient way
- Want a guaranteed return at 10 years and beyond.

The Metfriendly 10 Year Savings Plan may not be appropriate for savers who:

- Are aged 55 or over (50 for smokers)
- Are likely to need access to their savings early (before 10 years)
- Are looking for a short-term flexible savings plan
- Currently contribute £25 per month into a Tax-Exempt Plan
- Currently contribute £300 per month into Qualifying Policies
- Do not have funds set aside as an emergency fund (to cover unexpected expenses).

Mr/Mrs/Ms/Miss	Surname	Forename(s)
First line of home address		Postcode
Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>	NI Number
Email Address	Preferred Contact No	

Here at Metfriendly we take your privacy seriously. We will use your email address to confirm your application. In addition we will from time to time provide you with relevant information on financial issues relating to the Police, and the products and services we provide, including special offers by post. We will not contact you by phone for marketing purposes. If you prefer not to receive this information by post, you can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

If you would prefer to receive relevant information on financial issues and our products & services relating to the Police from us by email or text message, please indicate your consent by ticking the box. You can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

Residence for tax purposes UK only Other Country/Territory (please state)

Are you a US citizen, or a US resident for US tax purposes? Yes No (please tick)

If Yes please give your US Federal Taxpayer Identifying Number (TIN)

If applicable and applying as a relative of a serving or retired member of the Police service, please complete:

Name of serving or retired member Your relationship

If applicable the following details should be given for the applicant or the applicant's partner or relative

Constabulary	Prefix & Warrant/Payroll No
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Your answers to the following questions will help ensure this product meets your savings needs. If you are in any doubt whether this Ten Year Savings Plan meets your savings needs, then please call us on 01689 891454 or email info@metfriendly.org.uk

1. Do you want a long-term monthly savings plan with a fixed monthly premium? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you aware that penalties apply on early surrender and that you may get back less than you have paid in (especially during the early years)? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are you willing to accept medium risk for potential higher bonuses? Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Are you currently contributing £25 into a Tax-Exempt Plan? (please note this does not include ISAs) Yes <input type="checkbox"/> No <input type="checkbox"/>
5a. Are you currently contributing £300 into Qualifying Policies with any provider? * Yes <input type="checkbox"/> No <input type="checkbox"/>
5b. Are you the beneficiary under another Qualifying Policy?* Yes <input type="checkbox"/> No <input type="checkbox"/>

* There is a £300 per month limit on all qualifying policies. Qualifying policies are life assurance policies with a special tax status – which the 10 Year Savings Plan is. This means that the proceeds are free of tax for the beneficiary. We need confirmation that you do not exceed this limit. If you are unsure whether you are the beneficiary of any other qualifying policies, or you have any other questions, please call us and we will be able to help you.

For your own benefit and protection, you should read the **Key Information Document** and **product particulars** relating to this plan. A copy of this will be available during meetings with Metfriendly representatives or on the product page of the website when selecting this product online. In addition, a copy will also be posted to you once your Ten Year Saving Plan is set up. If you do not understand any of the points, please ask for further information.

I apply for a **Tax-Exempt Savings Plan** for **£25** (max) per month

By ticking the above box, I confirm that I do not pay premiums into any other friendly society's Tax-Exempt savings plan

AND/OR

I apply for the **Standard Savings Plan** for **£** per month (Please note this is a qualifying policy, £25 per month minimum)

Rolling Plan: To apply please tick here This means you are applying for a new **£25 per month Tax-Exempt Plan** for your first plan and a **Standard Savings Plan** for £25 per month to start at the same time next year, and every year thereafter (age limits apply). Please note, if you already have a **Tax-Exempt Plan** in place, your first plan will be a **Standard Savings Plan**.

Medical Information Questions

Please confirm your:

Please tick Yes or No to each question

1. Do you smoke (includes e-cigarettes), or have you done so in the last 12 months?
2. Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you awaiting the result of such a test?
3. Are you currently receiving any treatment or prescribed drugs or undergoing any medical investigation?
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.)
5. Has any proposal on your life ever been declined, postponed or accepted on special terms?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

IF YOU ANSWERED YES TO ANY MEDICAL QUESTION, THEN PLEASE GIVE DETAILS BELOW. 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.

Confirming Your Identity

In order to process your application Metfriendly will refer to Credit Reference Agencies to confirm your identity. This search will leave a 'footprint' on your credit file, which is required to record that the check has taken place. This footprint is not the same as a credit check footprint and has no negative impact on your file. Please read the following:

ID Declaration

I understand that you will undertake a search with a Credit Reference Agency for the purposes of verifying my identity. To do so, the Credit Reference Agency may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained. The Credit Reference Agency may disclose that information, and the fact a search was made to its other customers for the purposes of assessing the risk of giving credit, to prevent fraud, money laundering and to trace debtors. A record of the search will be retained by the credit reference agency.

Declaration

- I hereby apply for the Metfriendly 10 Year Savings Plan and accept the terms and conditions as described within the product literature and elsewhere within this Application. I confirm I have also read the **Key Information Document**.
- I apply for membership of Metfriendly in accordance with the provisions of its Rules (unless I am already a Member) and I agree to abide by Metfriendly's Rules at all times (a copy of Metfriendly's Rules appears on metfriendly.org.uk and is available in printed form upon request).
- To the best of my knowledge and belief, I am in good health and free from mental/physical illness or condition, except where stated, and all the details provided are correct.
- I am not in breach of the premium limit for qualifying policies (£300 per month) at the date of signing.
- I authorise the deduction from my salary/bank account of all such premiums that may become due (those paying by Direct Debit should call or email us).

Signature of applicant

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

Promotional Code

OUR DATA PRIVACY STATEMENT We need the information you provide in order to set up the contract between you and us. We will share your data with our mailing house partners (see our privacy notice) to send you legally required documents such as your annual benefit statement and invitation to our Annual General Meeting. Your data will only be kept for such a time needed to perform this task. Where possible we use external information to verify your identity and to keep our records up to date on home address changes. We use a third party provider to deliver our marketing emails. We gather statistics around email open rates and clicks using industry standard technologies. For more information, please see our privacy notice at metfriendly.org.uk/privacy

How did you hear about Metfriendly?

I am a Member Newsletter I received a letter Brochure stand Intranet Received an email
Personal recommendation Internet search X Facebook I spoke to a Metfriendly representative
I saw an advert - please state which publication Other - please state

Publication/Other

Contact Details

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