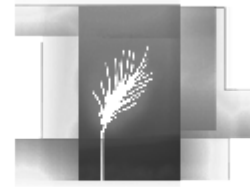


For office use only

REF _____



Cirencester friendly
The income protection people

Income Assured Plus

YOUR APPLICATION

Can I apply for Income Assured Plus?

Yes, if....

- You are a resident of the UK with no immediate intention to live or work permanently abroad
- You are employed or self-employed earning more than £4,550 per year or performing the functions of a bona fide houseperson
- You are at least 16 years of age but have not yet reached the age of 60
- You have been registered with a UK GP continuously for the last 5 years
- Your main occupation is not one of the following:- Supply Teacher, Foster Carer, Armed Forces, Casual Worker, Sportsman, Stuntman

For Financial Adviser use only

Please complete the following information for processing purposes.

Important note regarding Adviser status: As Income Assured Plus has an investment option you **must** be authorised by the Financial Services Authority to give investment advice to your clients on the suitability of this product (CF30).

IFA Name and Correspondence Address

FSA Company Ref. No. _____

FSA Individual Ref. No. _____

Broker Code (If known) **B** _____

Tel _____

Fax _____

Email _____

(This will be used for contacting you about the application)

Network name (If applicable) _____

Confirmation of Verification of Identity

I/we confirm that:

- the information in this section was obtained by me/us in relation to the customer;
- the evidence I/we have obtained to verify the identity of the customer;
- meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;

Signed: _____

Name (CAPS): _____

Position: _____

Date: _____

PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS, ANSWER ALL QUESTIONS AND WHERE APPLICABLE TICK YOUR CHOICE ✓

Dear Applicant,

PLEASE ENSURE YOU READ THESE IMPORTANT NOTES BEFORE COMPLETING THE APPLICATION.

- You are applying for an income replacement insurance contract and it is very important that you answer all the questions as fully and honestly as possible as they are relevant and important and you are responsible for all the answers given. Please complete this form yourself, but if your financial adviser completes it you then must check the answers given for accuracy and completeness. If you are unsure about any question or your answer, please contact us.
- We will obtain your medical information by asking a registered nurse to conduct an interview with you over the telephone.
- Your answers to the following questions provide us with material facts which enable us to decide if we can offer you a contract of insurance. The Society will rely on what you tell us, so please do not assume that we will clarify or confirm the information provided. If you do not answer all questions truthfully this could result in your application being declined, your contract being cancelled or future claims being refused.
- The Society reserves the right to apply special terms, postpone or decline your application.

A) Your details

1. Have you applied to the Society for Membership within the last 12 months or have you been current/past Member of the Society? Yes No

If 'yes' please provide Membership or previous reference number

2. Mr Mrs Ms Miss Other

If 'other' please specify

First name(s) _____

Surname _____

3. Address _____

Postcode _____

4. Telephone No. (Home) _____
 (Work) _____ (Mobile) _____

You must provide valid telephone numbers as a registered nurse will contact you on our behalf for medical information.

5. Date of birth _____ Age _____

6. Email address _____

7. Place of birth _____

8. If you were not born in the UK, how many years have you lived here? _____

9. Is this application linked to a mortgage? Yes No

If 'yes', please state new address (if known)

Address _____

_____ Postcode _____

10. From time to time the Society would like to contact you by post or email regarding products or services we offer. Your details will not be shared with any third parties for marketing purposes. Please refer to page 8 for details of Data Protection Guidelines.

Please keep me informed

Please do not send me any information

B) Your occupation & GP Details

References to 'occupation' mean the carrying on of a trade, profession, occupation, vocation or any other work from which you derive your earnings.

1. What is your main occupation? *If houseperson please go to Section C*

2. Are you currently working? Yes No

if no please provide details

3. Are you (tick all that apply): employed self-employed in partnership company director

If a mix of employed and self-employed please provide details

4. What were your earnings from all work in the last 12 months?

Employed £ _____ (Indicate your gross annual salary)

Self-employed / In Partnership £ _____ (We require your taxable profit from your business)

Director in a private limited company, no more than 3 other shareholder directors **Salary** £ _____ (Indicate your gross annual salary)
 +
Dividends £ _____ (Indicate your dividend payments from the company's regular business in the last 12 months)

5. In the event of making a claim, will you be able to provide evidence that supports the earnings you have told us about in question B4? (see Note 1) Yes No
 If you select 'no', please be aware that any future claim may be restricted.

6. Are you on a fixed term contract? If solely self-employed please tick 'no'. Yes No
 If 'yes' please give date of commencement _____ termination _____

7. Please provide the name and address of your usual doctor
 Name _____
 Address _____

 _____ Postcode _____
 Telephone No. _____

IMPORTANT INFORMATION (NOTE 1)

In the event of a claim we will need to see original documentary evidence of your earnings in the 12 month period immediately before you became unable to work through your incapacity;

- If you are employed – we will require printed payslips, P60 and, if applicable your P11D.
- If you are self-employed or in partnership – we will require your most recent business accounts and latest agreed HM Revenue & Customs Tax Assessment.
- If you are employed as a shareholder director within a private limited company with not more than 3 other shareholder directors we will require evidence of the dividends you have received from your company's regular business, plus your printed payslips, P60 and, if applicable your P11D.

If you select the Houseperson definition, we reserve the right to obtain, where relevant, proof of any income.

C) Your income protection needs

1. Have you received a Key Features Document for Income Assured Plus? Yes No

Please refer to the Key Features Document before completing this section. If you have not received a Key Features Document please ask your Financial Adviser or the Society for a copy.

2. What level of weekly cover do you require? £ _____

This must not exceed 60% of the total earnings you state in Question B4 on page 4. Each unit of cover provides £10.50 per week in benefit. Fractions of units do not apply. A minimum of £52.50 and a maximum of £787.50 per week applies.

3. In the event of a claim when would you like sick pay benefit to be paid from?

Day One After 1 week After 4 weeks After 8 weeks After 13 weeks

After 26 weeks After 52 weeks

4. Would you like accident protection cover? Yes No

This option is not applicable for Day One contracts.

5. At what age from 50 to 65 inclusive would you like cover to cease? _____

6. If you have selected age 65 would you like the contract to increase in accordance with the state retirement age? Yes No

7. Would you like to build up a capital sum? Yes No

8. Which Incapacity Definition do you require?

Own throughout

To qualify for benefit under this option you must, as a result of illness or accidental injury, be totally unable to perform your own occupation and must not be doing any other type of work. Your regular benefit will reduce to 75% of the initial entitlement after 52 weeks of claim and 50% of the initial entitlement after 104 weeks of claim.

Own/own suited after 52 weeks of claim

For the first 52 weeks of claim the 'own' occupation definition referred to above applies. Then if after 52 weeks of illness or accidental injury you were able to carry out some other occupation to which you are suited by training, education or experience, regular benefit would cease. Your regular benefit will remain at the full rate if you are unable to return to any job you are suited to and you are not doing any other type of work whatsoever.

Houseperson

If you select this option, you must not be in paid employment but perform a vital role in maintaining the home and looking after the family to enable a partner to go out to work. In the event of illness or accidental injury, you must be confined to home or hospital and totally unable to perform the functions of a bona fide Houseperson. Regular benefit is limited to a maximum of £2,730 per annum and will not reduce over the duration of the claim.

9. Do you require index-linking? Yes No

If you choose this option your units of cover and the premiums you pay will be automatically reviewed on 1st January each year. This option is not available to housepersons.

10. When would you like your contract to commence?

As soon as possible Undecided Specified date _____

11. When would you like your premium payments to be collected?

6th of the month 18th of the month

If no date is given payments will be taken on the 6th of the month.

D) Declarations & Consents

ACCESS TO MEDICAL REPORTS ACT 1988

- I have read the explanation of my rights under the Access to Medical Reports Act 1988 (page 8) and consent to the Society being provided with my medical information, including copies of my medical records, from any doctor who has attended me concerning anything which affects my physical or mental health or condition.

I wish to see the report before it is sent to the Society Please tick if you wish to see the report before it is returned to us.

DATA PROTECTION ACT 1998

- I have read the explanation of the Data Protection Act 1998 (page 8) and I consent to the Society being provided with confidential information from other insurers or third parties concerning my application including, but not limited to, information concerning my physical and/or mental health, previous or concurrent applications for life or health insurance and any relevant financial information.
- I authorise the release of confidential information, including but not limited to, information concerning my physical and/or mental health or condition obtained by the Society, to any doctors or specialists appointed by the Society in relation to the application and to any third party who requires such information for lawful purposes.
- I understand a specially trained interviewer may contact me with regards to further medical information for my application for Income Assured Plus and I consent to this process.

CONTRACT AGREEMENT

- I have read and understood the important information on page 2 of this application form.
- I have read over the replies to all of the questions in this form and I accept responsibility for the accuracy of the answers and statements given, even if they were recorded on my behalf and confirm that they are true and complete and I have disclosed all information material to my application. I consent to the Society undertaking any other enquiries they consider necessary concerning this application.
- I understand that the Memorandum and Rules along with the Schedule 2 to the Rules constitute the contract between me and the Society and it is important for me to read these within 30 days of receipt. *(If there are any terms that you do not understand or do not wish to agree to please discuss it with us or your financial adviser before signing. Only sign this application if you wish to be bound by the terms and conditions).*
- I shall advise the society in writing of any changes in my health and other circumstances (including financial) which happen before the contract commences.
- I understand that if my contract is declined or cancelled due to non-disclosure or misrepresentation of a material fact, any monies I have paid to the Society together with any claims made on the Society's funds will be forfeited.
- I hereby apply for membership of the Society and agree to abide by the Society's Rules, present and future. I further agree that if I have knowingly made any incorrect statement in this, my application, the Rules of the Society will be strictly applied.

Signature _____ Date _____

Full name *(block capitals please)* _____

PAYMENT OF PREMIUMS BY DIRECT DEBIT

- A Direct Debit is essential for any contract for which premiums are paid monthly and the amounts increase at regular intervals like Income Assured Plus.
- Advance notice of the payment to be collected will be sent with the contract documentation. Direct Debit is a simple method of payment and is recommended in all cases.

Please fill in the form and return to **Cirencester Friendly Society Limited,
5 Dyer Street, Cirencester, Glos. GL7 2PP.**

**Instructions to your Bank or Building Society.**

Please pay Cirencester Friendly Society Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Cirencester Friendly Society Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society.

To: The Manager _____ <div style="text-align: right; margin-right: 50px;">Bank or Building Society</div>
Address _____ _____ _____
Postcode _____

Originator's identification number

9	3	0	3	7	9
---	---	---	---	---	---

Originator's reference

--	--	--	--	--	--	--	--

Name of account holder

--

Bank/Building Society account number

--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Any queries concerning this mandate should be addressed to:
Cirencester Friendly Society Limited (address as above).

Signature

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Cirencester Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Cirencester Friendly Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Cirencester Friendly Society Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Cirencester Friendly Society Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

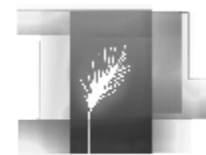
IMPORTANT INFORMATION FOR ALL APPLICANTS WHICH SHOULD BE READ CAREFULLY

DATA PROTECTION ACT 1998

- For the purpose of the Data Protection Act 1998 the Data Controller in relation to the information you supply is the Cirencester Friendly Society Limited. Any information about you will be put on our database and held in accordance with the Data Protection Act 1998.
- It will be used for the purposes of processing this application and administering your membership.
- We may conduct, or have conducted on our behalf, checks with external agents in connection with this application for validation purposes.
- We or our agents may ask you for more information, or carry out further checks and searches when assessing your application for the purposes of fraud prevention and verification.
- We may share information about you with:-
 - Third parties – including but not limited to Trustees in Bankruptcy, reinsurers, underwriters, financial institutions, credit reference agencies and medical agencies (including UK and abroad) and sub-contractors and agents in order to provide you with the service applied for, for fraud prevention or so that services may be processed on our behalf.
 - Government regulators and the Ombudsman to help resolve a complaint or for audit purposes.
 - Other insurance companies who require the information for lawful purposes.
- If you ask, we will tell you what information we hold about you and provide a copy in line with the Data Protection Act 1998 (a fee is payable). You should let us know if you think any information we hold about you is inaccurate, so we can correct it.
- On request from you we will forward you a copy of our Subject Access Request (SAR) forms for completion. You will be required to send the completed forms to us enclosing proof of ID and the specified fee. On receipt of completed and signed forms, your request will be processed and a response made within 40 calendar days from the date they are received. All SAR requests will be subject to legal restrictions placed on disclosure.
- To help improve our service and in the interests of security we may monitor and/or record your telephone calls with us.
- **NOTICE** – Insurers and Friendly Societies pass information on claims concerning income protection insurance, critical illness insurance and waiver of premium benefits to the Income Protection Claims Register, run by the Association of British Insurers.
- The aim is to prevent duplicate fraudulent claims. When you make a claim, we may notify the register of that event.

ACCESS TO MEDICAL REPORTS ACT 1988

- Before we can apply for a medical report from a doctor who has cared for you, we need your consent by signing the Declarations and Consents. Therefore please read this section before you sign the Declaration as it sets out your rights under the Access to Medical Reports Act 1988 the procedure for dealing with reports.
- You do not have to give your consent but, if you do not, we may be unable to proceed with your application. If you do consent, you can also say whether you wish to see the report before it is sent to the Society.
- If you tell us you wish to see the report (we will tell you at the same time as we write to the doctor, and we will tell him/her you wish to see the report), you will then have 21 days to contact the doctor about arrangements for you to see the report.
- If you tell us you do not wish to see the report, we do not have to notify you if we apply for one.
- Whether or not you tell us you wish to see the report before it is sent to us, the doctor must let you see a copy for up to 6 months after it is supplied to us, if you ask the doctor.
- If you ask the doctor for a copy of the report, he/she can charge you a reasonable fee to cover his/her costs.
- If you have seen a report before it is sent to us, the doctor cannot submit it until he/she has your consent.
- You can write to the doctor, asking him/her to amend any part of the report which you consider to be incorrect or misleading and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.
- The doctor is not obliged to let you see any part of the report if, in his/her opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intentions towards you, or if disclosure would be likely to reveal information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you.
- In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report.
- If it is the whole report which is affected, the doctor must not send it to us unless you give your consent.



Cirencester friendly
The income protection people

Cirencester Friendly Society Limited
5 Dyer Street, Cirencester, Glos. GL7 2PP

Tel: 01285 652492/653073

Fax: 01285 641246

Email: info@cirencester-friendly.co.uk

www.cirencester-friendly.co.uk

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