

Income Assured Plus

Application to end your Career Break

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|---------------------|-----------|
| For office use only | Ref _____ |
|---------------------|-----------|

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

YOUR DETAILS

We will use this information to update you on the status of your application or for other service related matters.

1. Please insert your Membership Number

2. Mr Mrs Ms Miss Other *If 'other' please specify*

First name(s)

Surname

3. Address

Postcode

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

5. Email address

6. Date of birth / /

ACTION REQUESTED

7. Do you want to end your career break? Yes No

8. If applicable, would you like to resume My Extra Benefits on your contract? Yes No N/A

9. Please provide the Month you wish to end your career break
(Please note this will always be the 1st of the month). /

10. 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).

DECLARATION

11. Has your employment changed since you began your career break? Yes No
*If 'yes' please complete our 'Change in Occupation' form which can be downloaded from our website,
www.cirencester-friendly.co.uk or alternatively contact our Customer Care Team on 0800 587 5098 for a copy.*

SIGNED

I hereby apply to amend the terms of my Membership of the Society in accordance with this application to end my career break and understand that, if approved, the changes contained in this application form shall amend, where appropriate, the contract between me and the Society. I agree to abide by the Society's Rules, present and future.

Signature

Date / /

Print Full Name



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Cirencester Friendly Society Limited
Mutuality House
The Mallards
South Cerney
Cirencester, Glos.
GL7 5TQ

Service user number

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|---|---|---|---|---|---|
| 9 | 3 | 0 | 3 | 7 | 9 |
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Name(s) of account holder(s)

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Reference

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Instruction 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.

Bank/Building Society account number

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Branch sort code

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Name and full postal address of your bank or building society

| | |
|-----------------|-----------------------|
| To: The Manager | Bank/building society |
| Address | |
| | |
| Postcode | |

Signature(s)

| |
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Date

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Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The 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 5 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.