

Creating an application using the Adviser portal

- Log into the Adviser portal.
- Click 'Start Quote' and complete all fields. You will receive notes in a red banner if you have missed any required data. **There is an inactivity period of 20 minutes, at this point you will be redirected to the log in screen.**

Quote

To provide you with a quote, we require some personal information from you and your client.

All the information we require for a quote is on this page, but additional information including medical information will be required later.

Applicant Details

First Name *

Last Name *

Gender *

Date of Birth *

Retirement Age *

Height * OR &

Weight * OR &

Postcode *

Occupation *

Earnings *

Monthly Benefit *

Deferred Period *

Add Split Deferred Period Yes No

Retirement Age is required

- Once all fields are complete, press 'Get Quote', All the products you can apply for based on the information entered will be provided:

Product	Monthly Premium	Retirement Age	Premium option	Indexation	
Income Assured Enhanced	£31.36	65	Pure guaranteed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="button" value="Print"/> <input type="button" value="Save and Apply"/>
Income Assured Enhanced	£46.20	65	Holloway guaranteed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="button" value="Print"/> <input type="button" value="Save and Apply"/>
My Earnings Protected	£32.70	65	Age-Costed guaranteed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="button" value="Print"/> <input type="button" value="Save and Apply"/>
My Earnings Protected	£42.72	65	Level guaranteed	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="button" value="Print"/> <input type="button" value="Save and Apply"/>

- Some options may not be available for both products; you will receive a note to explain this – **For example, if a split deferred is selected, you will receive a note to say 'Income Assured Enhanced does not offer split deferred periods':**

Allow Split Deferred Period

Yes No

Split Deferred Period *

4 weeks

Split Deferred Monthly Benefit *

£ 500

Get Quote

For Income Assured Enhanced: Income Assured Enhanced does not offer split deferred periods.

Product	Monthly Premium	📌 Retirement Age	📌 Premium Option	📌 Indexation		
My Earnings Protected	£44.07	65	Age-Costed guaranteed	<input type="radio"/> Yes <input checked="" type="radio"/> No	Print	Save and Apply
My Earnings Protected	£57.89	65	Level guaranteed	<input type="radio"/> Yes <input checked="" type="radio"/> No	Print	Save and Apply

- Press save and apply on the required product. Next it will take you to the 'Panel Selection' page, this is currently 'whole of market', press continue:

Quote

Panel Selection

Adviser *

Miss Natalie Little

Panel *

Whole of Market

Continue

- On the Quote Summary screen, you will have the option to amend earnings/cover requested. You will also be able to add any extra features (these include SIC & MEB). Press 'add these features':

Quote Summary

Quote reference	00000015j1	Total monthly premium
Number of policies	1	£30.19
Application reference	PAP000005XK	Quote illustration
Quote expiration date	18/12/2021	

+
Add additional features

My Extra Benefits

For a small additional premium, you have the option of adding 'My Extra Benefits' to your clients Income Protection contract, these include **Fracture & Hospitalisation Benefit** and/or **Immediate Death Benefit**.

Severe Injury Cover

Unique to us, you can enhance your clients Income Protection contract by selecting to include **Severe Injury Cover** as well as My Extra Benefits.

Add these features

- Once you have pressed 'Add these Features' on the quote summary screen. You will be taken to the screen below. You can amend anything on this screen if required.

Amend Quote

Product Details

My Earnings Protected

Contract Details

Annual Gross Earnings * Retirement Age 65 70

Indexation Yes No

Age Costed Yes No

Product Options

To add or remove split deferred periods please click the Change Product Options button below.

Deferred Period * ▼

Monthly Benefit *

Additional Benefits

Severe Injury Cover Yes No

My Extra Benefits

Fracture and Hospitalisation Yes No

Immediate Death Yes No

▼ Adviser information

Change product options

Get quote

- Once you are happy to proceed, you will need to press 'Get quote', this will take you back to the 'Quote Summary' screen. You will be able to see the updated cover that is being applied for, including the updated premium. There are also links to the 'Key Features' and 'Ts&Cs' – Schedule 6 – Rules of the Contract.

Nat Test
Contract term To age 65
Deferred period 1 week(s)
Monthly benefit of £1,499.33
My earnings protected (level & no indexation)
Fracture & hospitalisation benefit (level & no indexation)
Immediate death benefit (level & no indexation)

- The quote summary screen will also provide you with 4 declarations: Data Protection, Access to Medical Report Act, an Applicant, and an Adviser Declaration, these will need to be agreed to before being able to proceed further. You will need to click on each declaration to expand the text.
- Once the declarations have been read you will need to tick the box at the bottom of the 'Applicant Declaration' & 'Adviser Declaration' to confirm all statements are true. You will **NOT** be able to click the 'apply' button until the declarations have been confirmed.

Data Protection (Please click to expand)

Access to Medical Reports (Please click to expand)

Applicant Declaration - My Earnings Protected

Adviser Declaration

I confirm all statements above are true

Apply

- Once you have pressed 'Apply' – you will be taken through the apply journey – this will be confirmation of the applicant details. Some of the details will pull through from the previous screen but all fields must be completed. Once complete, press save:

- You will then be taken through the underwriting questions. All the medical questions will be asked throughout this journey. If a question has been answered yes or a disclosure has been made, the question will expand for you to provide further information. ***It is important that the questions are answered in full, with as much detail as possible.***

Underwriting - Nat

Occupation & Other Insurances

Do you have any other job, occupation or activity (sports & hobbies included) from which you receive additional income?

Yes No Amend

Other than statutory sick pay (SSP), are you entitled to any earnings or Company sick pay if you are off work due to illness or injury in your main job or occupation?

Yes No

Are you currently off work, working reduced hours or had your duties altered due to illness or injury?

Please note that we are unable to offer you cover if you are not currently working

Yes No Amend

With the exception of Life, Critical Illness or any other insurance that pays out as a lump sum, are you applying for cover elsewhere or do you have existing cover with another insurer which provides an ongoing financial benefit in the event of you being unable to work due to illness or injury?

Yes No

Continue

- With regards to hazardous hobbies, if you select 'yes' you will receive follow-on questions after each response to provide all required information.

Underwriting - Nat

Avocation (Sports & Hobbies)

Do you currently, or have you any intention, of engaging in a 'Hazardous Activity'?

A 'Hazardous Activity' is any recreational activity which may increase your risk of incurring an injury, which may leave you unable to work and earn a living. Although we do not automatically increase premiums or impose an exclusion for those who participate in these activities, we do ask you to provide information on any Hazardous Activity that you undertake. Examples include, but are not limited to: motor racing, horse riding, aviation, diving or mountaineering

Yes No Cancel

Which Hazardous Activity does this concern?

Please start typing your response and we'll try our best to find a match. If you can't find what you are looking for, please type & select 'Other' and tell us about it

Motocross

Edit Add Another

Motocross

Have you suffered more than 1 injury that required medical attention, hospitalisation, treatment or time off work whilst participating in this Hazardous Activity in the last 3 years?

Yes No

What injury did you suffer as a result of participation in this Hazardous Activity and when (mm/yyyy)?

Please be specific about the nature & site of the injury (e.g. broken LEFT hand or sprain injury to the RIGHT knee)

Broken left hand Jan 2020 Confirm

What tests or investigations (if any) did you have because of this, when and what were the results?

xray Confirm

What treatment did you have for this and when?

If you had surgery for this, please tell us whether any metalwork was put in place and whether this is still in place. If no longer in place, please advise when the last of the metalwork was removed.

plaster cast Confirm

Did you have any complication(s) because of this condition?
 Yes No

Did you have time off work because of this?
 Yes No

How much time off work did you have because of this and when?

Are you fully recovered?
This means no treatment, no ongoing symptoms, no complications, discharged from any further review and not under any follow-up
 Yes No

When (mm/yyyy) did you last experience symptoms in relation to this?

Have you suffered any other injury whilst participating in this Hazardous Activity in the last 3 years?
 Yes No

- You will need to check that the height/weight is correct as per the data you entered on the 'Quote' screen, if you need to amend the height/weight, you can do this by over typing the data:

Your Quote

Applicant Details

Underwriting

Occupation & Other Insurances

Avocation (Sports & Hobbies)

Height, Weight

Alcohol & Drug use

Application Summary

Decision

Payment

Nominee Details

Underwriting - Nat

Height, Weight

What is your height?

What is your weight?

- The alcohol & drug use questions will need to be completed – if any of the questions are answered 'yes' more questions will follow to provide further details.

Underwriting - Nat

Alcohol & Drug use

What is your typical weekly consumption of
 Higher-strength Lager, Beer or Cider (pints)

Normal Lager, Beer or Cider (pints)

Wine (small glass, 125ml)

Wine (medium or standard glass, 175ml)

Wine (large glass, 250ml)

Spirits (single measures)

Alcopop (275ml bottles e.g. VK, WKD)

At anytime have you been advised to reduce your consumption of alcohol or tobacco or received medical advice, counselling or treatment in connection with alcohol, tobacco or other drug abuse?
 Yes No

Do you use or have you used recreational drugs or drugs other than for their prescribed purposes or any substance other than for its stated purposes, including 'legal highs'?
 Yes No

There are then 5 sections of personal medical history.





















- On section 1/5 there's a note to explain that if your client has had any of the listed conditions, we are unable offer terms. This means that if you answer 'yes' to any of these conditions the application will be a straight decline.

The screenshot shows a web application interface for 'Underwriting - Nat'. On the left is a navigation menu with items: Applicant Details, Underwriting (highlighted), Occupation & Other Insurances, Avocation (Sports & Hobbies), Height, Weight, Alcohol & Drug use, Personal Medical History 1/5 (highlighted), Personal Medical History 2/5, Personal Medical History 3/5, Personal Medical History 4/5, Personal Medical History 5/5, Additional Questions, and Family history. Below the menu are sections for Application Summary, Decision, Payment, Nominee Details, Start Date, and Confirmation. At the bottom left, it shows 'Application reference: PAP000052W' and 'Lives insured: 1'. The main content area is titled 'Personal Medical History 1/5' and contains the question: 'Have you been diagnosed with or had any of the following conditions?' with a red note: 'Please note: We are unable to offer terms if you have had any of the following conditions'. The conditions listed are: Multiple sclerosis (MS), Motor Neurone Disease (MND), Parkinson's Disease, Huntington's Disease or Dementia (including Alzheimer's disease); Bipolar Disorder, Manic Depression, Schizophrenia, Borderline Personality Disorder; Polycystic Kidney Disease (PKD); HIV / AIDs; Cardiomyopathy; Cirrhosis; Systemic Lupus Erythematosus (SLE); A major organ transplant (as a recipient) (e.g. heart, liver, lung, kidney); and Cystic fibrosis. Each condition has 'Yes' and 'No' radio button options. At the bottom right are 'Continue' and 'Back' buttons.

- Personal medical history continued, if you select 'yes' to a question, you will receive follow on questions after each response to provide all required information.
- The additional question section relates to anything that you've not provided during the personal medical history sections 1-5.

The screenshot shows the 'Additional Questions' section of the 'Underwriting - Nat' interface. The navigation menu on the left is similar to the previous screenshot, but 'Additional Questions' is highlighted. The main content area is titled 'Additional Questions' and contains the question: 'Apart from anything that you have already told us about on this application form: In the last 5 years, have you had any medical attention with a doctor, other medical practitioner, at a hospital or required any investigation, scan or test?' with a note: 'You do not need to tell us about any routine tests or investigations, unless the results were abnormal or treatment was started or altered as a result'. Below this are three more questions, each with 'Yes' and 'No' radio button options: 'Are you considering seeking medical advice or treatment in the near future or have you been advised to have any medical investigation, test or scan or are you awaiting any results?' (note: 'You do not need to tell us about any routine check-ups, surveillance or monitoring appointments (e.g. annual asthma or diabetes review)'); 'Do you have any other medical condition or injury for which you are taking tablets, medicines, prescribed drugs or any other treatment (e.g. physiotherapy or chiropractor)?'; and 'Other than for anything you have already mentioned, have you had time off work due to sickness, illness or injury in the last 2 years?' (note: 'You do not need to tell us about any time off work to attend routine surveillance or monitoring appointments'). The final question is: 'Have you made any claims on income protection, mortgage protection, payment protection, critical illness, waiver of premium, personal sickness and/or accident insurance contracts currently or previously held?'. At the bottom right are 'Continue' and 'Back' buttons.

- Then you move onto the 'Family History' section – you do not need to tell us about adoptive parents or step/half siblings. If you select 'yes' to a question, you will receive follow on questions after each response to provide all required information.:

-  Your Quote
-  Applicant Details
-  **Underwriting**
-  Occupation & Other Insurances
-  Avocation (Sports & Hobbies)
-  Height, Weight
-  Alcohol & Drug use
-  Personal Medical History 1/5
-  Personal Medical History 2/5
-  Personal Medical History 3/5
-  Personal Medical History 4/5
-  Personal Medical History 5/5
-  Additional Questions
-  **Family history**
-  Application Summary
-  Decision
-  Payment
-  Nominee Details
-  Start Date
-  Confirmation

Application reference: PAP000005ZW

Lives insured: 1

Miss Nat Test
Female
31/07/1990
Non-Smoker

Products: 1

My Earnings Protected

[Edit contract](#)

Adviser reference 00000000000000

[Edit reference](#)

Underwriting - Nat

Family history

Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following conditions before the age of 65?
You do not need to tell us about adoptive parents or step/half-siblings.

Alzheimer's Disease

Yes No [Amend](#)

Cancer
Including breast, ovarian, bowel/colorectal, melanoma, prostate & other

Yes No

Diabetes

Yes No

Heart Disease
Including heart attack, angina & bypass surgery

Yes No

Stroke
Including transient ischaemic attack (TIA) or 'mini stroke'

Yes No

Cardiomyopathy

Yes No

Huntington's Disease

Yes No

Motor Neurone Disease

Yes No

Multiple Sclerosis

Yes No

Parkinson's Disease

Yes No

Muscular Dystrophy

Yes No

Polycystic Kidney Disease




Yes No

Haemochromatosis

Yes No

[Continue](#) [Back](#)

- You will then move onto the 'application summary', this will provide you with a detailed summary of all the questions you have been through in the journey. After each section there is a 'review' button, this is where you will be able to update/amend the information you have provided. Once you have checked all the information, you can press 'confirm' at the bottom of the page.

-  Your Quote
-  Applicant Details
-  Underwriting
- Occupation & Other Insurances**
- Avocation (Sports & Hobbies)
- Height, Weight
- Alcohol & Drug use
- Personal Medical History 1/5
- Personal Medical History 2/5
- Personal Medical History 3/5
- Personal Medical History 4/5
- Personal Medical History 5/5
- Additional Questions
- Family history
- Application Summary**
- Decision
- Payment
- Nominee Details
- Start Date
- Confirmation

Summary — Nat

Please update any information below that may have changed before clicking confirm.

Personal details

Name	Miss Nat Test
Date of birth	31/07/1990
Occupation	Builder

[Review](#)

Occupation & Other Insurances

Do you have any other job, occupation or activity (sports & hobbies included) from which you receive additional income?	No
Other than statutory sick pay (SSP), are you entitled to any earnings or Company sick pay if you are off work due to illness or injury in your main job or occupation?	No
Are you currently off work, working reduced hours or had your duties altered due to illness or injury? <small>Please note that we are unable to offer you cover if you are not currently working</small>	No
With the exception of Life, Critical Illness or any other insurance that pays out as a lump sum, are you applying for cover elsewhere or do you have existing cover with another insurer which provides an ongoing financial benefit in the event of you being unable to work due to illness or injury?	No

[Review](#)

Avocation (Sports & Hobbies)

Please tell us about each 'Hazardous Activity' separately

Do you currently, or have you any intention, of engaging in a 'Hazardous Activity'?	Yes
Which Hazardous Activity does this concern? <small>Please start typing your response and we'll try our best to find a match. If you can't find what you are looking for, please type & select 'Other' and tell us about it.</small>	Motocross
Have you suffered more than 1 injury that required medical attention, hospitalisation, treatment or time off work whilst participating in this Hazardous Activity in the last 3 years?	Yes

Please tell us about each injury separately

What injury did you suffer as a result of participation in this Hazardous Activity and when (mm/yyyy)? <small>Please be specific about the nature & site of the injury (e.g. broken LEFT hand or sprain injury to the RIGHT knee)</small>	Broken left hand Jan 2020
What tests or investigations (if any) did you have because of this, when and what were the results?	xray
What treatment did you have for this and when? <small>If you had surgery for this, please tell us whether any metalwork was put in place and whether this is still in place. If no longer in place, please advise when the last of the metalwork was removed.</small>	plaster cast
Did you have any complication(s) because of this condition?	No
Did you have time off work because of this?	Yes
How much time off work did you have because of this and when?	8 weeks
Are you fully recovered? <small>This means no treatment, no ongoing symptoms, no complications, discharged from any further review and not under any follow-up</small>	Yes
When (mm/yyyy) did you last experience symptoms in relation to this?	02/2020
Have you suffered any other injury whilst participating in this Hazardous Activity in the last 3 years?	No

Application reference: PAP0000052W

Lives Insured: 1

Miss Nat Test
Female
31/07/1990
Non-Smoker

Products: 1

My Earnings Protected

[Edit contract](#)

Adviser reference 00000000000000

[Edit reference](#)

- Once confirmed you will be taken to the decision screen, this will either show:
 - **Refer** – the underwriters will need to review the application as the engine couldn't provide a decision with the information provided.
 - **Decline** – the Society is unable to provide cover based on the information provided.
 - **Standard Terms** – you will be able to provide a start date for the contract to be made live.

Refer

- 🗨️ Your Quote
- 👤 Applicant Details
- 👩‍⚕️ Underwriting
- 📄 Application Summary
- ⋯ Decision
- 💷 Payment
- 👤 Nominee Details
- 📅 Start Date
- ✅ Confirmation

Decision

Application reference: PAPA000005ZW 📄 Application summary

⏪ My Earnings Protected ⚠️ Refer

- ⚠️ Miss Nat Test
- ⚠️ Contract term To age 65
- ⚠️ Claim period Full term
- ⚠️ Deferred period 1 week(s)
- ⚠️ Monthly benefit of £1,499.33
- ⚠️ My earnings protected (level & no indexation)
- ⚠️ Fracture & hospitalisation benefit (level & no indexation)
- ⚠️ Immediate death benefit (level & no indexation)

Our underwriters will need to review the application. You must click continue to send any referred applications to one of our underwriters, who will be in touch in due course. Please enter your doctor's details on the next screen. Further information is below.

Continue

 Application reference: PAPA000005ZW
 Lives insured: 1
 Miss Nat Test
 Female
 31/07/1990
 Non-Smoker
 Adviser reference: 0000000000000000

- Once you have pressed continue, you will be asked to provide GP details:

- 🗨️ Your Quote
- 👤 Applicant Details
- 👩‍⚕️ Underwriting
- 📄 Application Summary
- ⋯ Decision
- 💷 Payment
- 👤 Nominee Details
- 📅 Start Date
- ✅ Confirmation

GP Details

Please give us your GP's details

Please provide at least one of the following pieces of information.

Last Name

Town/City

Post Code

Find my GP

Please tick if you do not have a Doctor.

Add address manually

Save & continue

- Once you have clicked 'save & continue', the application will be passed to underwriting and an email confirming this will be sent to you. You will also be able to see the status in the portal. This will show that the application is 'in underwriting':

The screenshot shows the 'Tracking Overview - Adviser Portal' interface. On the left is a navigation menu with 'My Applications' selected. The main area has tabs for 'My applications (1)' and 'My watchlist (0)'. Below these are search filters for 'Last Name', 'Application', 'Application type' (set to 'All'), and 'Status' (set to 'All'). A 'Search' button is present. A table below shows one application:

Application	Life insured	Product	Premium	Initial com.	Status	Updated	Watch
PAP000005ZW	Miss Nat Test	My Earnings Protected	-	-	In Underwriting	24/11/2021	<input checked="" type="checkbox"/>

Showing 1 to 1 of 1 entries. Show 10 results per page.

Decline

- A message will be shown to confirm that 'based on some of the answers provided we are not able to offer the requested cover at this time'.

The screenshot shows the 'Decision' page in the Adviser Portal. The left navigation menu has 'Decision' selected. The main area shows the application reference 'PAP00000625' and an 'Application summary' link. A table below lists the application details:

Application	Life insured	Product	Premium	Initial com.	Status	Updated	Watch
PAP00000625	Miss Test Nat	My Earnings Protected	-	-	Declined	24/11/2021	<input checked="" type="checkbox"/>

Unfortunately based on some of the answers provided we are not able to offer the requested cover at this time

- You will receive a notification of the decline, you will also be able to see this update in the 'My Applications' section of the portal – this will show the status as 'declined'.

The screenshot shows the 'Tracking Overview - Adviser Portal' interface. On the left is a navigation menu with 'My Applications' selected. The main area has tabs for 'My applications (2)' and 'My watchlist (0)'. Below these are search filters for 'Last Name', 'Application', 'Application type' (set to 'All'), and 'Status' (set to 'All'). A 'Search' button is present. A table below shows one application:

Application	Life insured	Product	Premium	Initial com.	Status	Updated	Watch
PAP00000625	Miss Test Nat	My Earnings Protected	-	-	Declined	24/11/2021	<input checked="" type="checkbox"/>

Standard Terms

- A message will appear on the decision screen to confirm the applicant has been accepted on standard terms. To progress further you can press continue and you will be taken through the payment details/ID&V/start date process. If you'd rather come back to this page once you have all of the details, you can leave the page.

Cirencester Friendly Hi, Natalie Little Documents Contact us Save & €

Decision

Application reference: PAP00000646 Total monthly premium: **£54.64**
 Coverage terms expiration date: 21/02/2022 Application summary

My Earnings Protected £54.64 per month Standard terms Confirmation of terms

- Miss Nov Test
- Contract term To age 65
- Claim period Full term
- Deferred period 4 week(s)
- Monthly benefit of £1,499.33
- My earnings protected (level & no indexation)
- Fracture & hospitalisation benefit (level & no indexation)
- Immediate death benefit (level & no indexation)

Adviser information

By clicking continue you confirm that you have given the Member a copy of the Terms and conditions and Confirmation of terms, which form the contract between Cirencester Friendly and the Member. For any contracts the Member wishes to buy.

Back Continue

Application reference: PAP00000646
 Lives insured: 1
 Miss Nov Test
 Female
 31/07/1990
 Non-Smoker
 Adviser reference: 0000000000000000
 Edit reference

- If you choose to return to the process once you have all the required information, you will need to go into the 'My Actions & Notifications' tab on the left-hand side within the Adviser portal. The actions required are to provide payment details and provide a start date. You will need to click on the application reference.

Cirencester Friendly Hi, Natalie Little Documents Contact us Sign

Requires Action - Adviser Portal

My actions (2) My notifications (1)

Last name Application Search

Application	Product	Client(s)	Description	Expiration date	Watch
PAP00000646	PR000000227	Miss Nov Test	Provide payment details	21/02/2022	<input checked="" type="checkbox"/>
PAP00000646	PR000000227	Miss Nov Test	Provide Start Date	21/02/2022	<input checked="" type="checkbox"/>

Showing 1 to 2 of 2 entries Show 10 results per page

My Actions & Notifications Start Quote My Quotes My Applications My Commission My Documents My Account

- Once you have selected the application, you will see the below screen, you will need to press the 'retrieve' button. This will then restart the payment details/ID&V/start date process.

Cirencester Friendly Hi, Natalie Little Documents Contact us

My Actions & Notifications
Start Quote
My Quotes
My Applications
My Commission
My Documents
My Account

Application details

Application

Reference	Agent code	Agent name	Submitted	ICRN	Delegated
PAP00000646 (Quote Application)	410000/001	Miss Natalie Little	24/11/2021		No

[Retrieve](#)

Client details

Miss Nov Test - PCI000WZX	
Gender	Female
Date of birth	31/07/1990
Occupation	Driver - HGV
Smoker status	Never used
Day phone	-
Evening phone	-
Mobile phone	07580138059
Email	test@cirencester-friendly.co.uk
Current address	Show

Commission details

My Earnings Protected - PR000000227	
Commission style	014
Initial (Indemnity)	£1,038.67
Initial (Non Indemnity)	£0.00
Renewal	£0.00
Uplift	0.00%
Total commission % paid	165.00

Policy details

My Earnings Protected - PR000000227	
Policy holders	Miss Nov Test

Actions

Application activity

Outstanding information		
Product	Requires	Expiration Date
My Earnings Protected - PR000000227	Provide payment details	21/02/2022
My Earnings Protected - PR000000227	Provide Start Date	21/02/2022

- You will be taken to the payment screen, to select the preferred collection day and set up the direct debit.

Cirencester Friendly Hi, Natalie Little Documents Contact us

Your Quote
Applicant Details
Underwriting
Application Summary
Decision
Payment
Nominee Details
Start Date
Confirmation

Application reference: PAP00000646
Lives insured: 1
Miss Nov Test
Female
31/07/1990
Non-Smoker
Adviser reference 00000000000000
[Edit reference](#)

Payment Details

New Direct Debit Instruction

Please note: First premium collection may not necessarily be on the preferred collection day requested as first collections are taken at the earliest opportunity following the contract start date. Subsequent months' collections will use the preferred date.

Preferred collection day:

Payer:

Name of account holder:

Sort Code:

Account Number:

Cirencester Friendly will collect payments directly from the Bank Account specified. Payments will appear on the bank statement from Cirencester Friendly.

[Validate](#)

Payer Declaration

I confirm that I have the authority to set up a Direct Debit against this account and I am the only person required to authorise direct debits from this account. By ticking this box I am confirming this account does not require dual signatories.

A direct debit can be set up on a joint account where only one signature is required to transact.

This application cannot continue until an IDV check is passed.

A paper Direct debit instruction will be required when the payer is not the applicant or more than one signature is required to authorise payment from the account. Please contact us for further guidance.

Cirencester Friendly performs a simple identity check on all applicants and payers - should this check not pass we will contact you to confirm the applicant's identity.

[Identity Check](#) [Continue](#)

- Once the payment details are entered, you will need to complete the payer declaration by ticking the box. The 'identity check' button will then become available. Once pressed, this will complete the checks in the background, this will then enable the 'continue' button to become available.

[Info: you will still be able to enter the 3rd party's payment details into the portal however, we will be unable to commence premium collections until we have received a paper copy of the Direct Debit instruction that has been signed by the payer. In the event that your applicant wishes to pay from a third-party bank account, please give our Member Services Team a call on 0800 587 5098 (ext 7201), who can talk you through the next steps].

Payer Declaration

I confirm that I have the authority to set up a Direct Debit against this account and I am the only person required to authorise direct debits from this account. By ticking this box I am confirming this account does not require dual signatories.

A direct debit can be set up on a joint account where only one signature is required to transact.

This application cannot continue until an IDV check is passed.

A paper Direct debit instruction will be required when the payer is not the applicant or more than one signature is required to authorise payment from the account. Please contact us for further guidance.

Cirencester Friendly performs a simple identity check on all applicants and payers - should this check not pass we will contact you to confirm the applicant's identity.

Identity Check
Continue

- Upon pressing continue, you will be taken to the payment details screen. You will be able to edit the payment details here if anything is incorrect.

Payment Details

My Earnings Protected Edit

Payer name	Miss Nov Test
Account Number	00000000
Sort Code	600541

Continue

- If everything is correct you can press continue which will take you to the DD confirmation screen (the completed mandate). Directly underneath this will include the Direct Debit Guarantee.

DD Confirmation

INSTRUCTION TO YOUR FINANCIAL INSTITUTION TO PAY BY Direct Debit

Cirencester Friendly Society, The Maltings, South Cerney, GL7 5TQ

FINANCIAL INSTITUTION NAME AND ADDRESS

NATIONAL WESTMINSTER BANK PLC

NAME OF THE ACCOUNT HOLDER

NOV TEST

BANKBUILDING SOCIETY SORT CODE

600541

BANKBUILDING SOCIETY ACCOUNT NUMBER

00000000

SERVICE USER NUMBER

REFERENCE NUMBER

Instruct to the Bank or Building Society
Please say Cirencester Friendly Society
Limited from the account detailed on this
instruction, subject to the safeguards assumed
by the Direct Debit Guarantee

I understand that this instruction may remain
with Cirencester Friendly and, if so, details will
be passed electronically to my Bank or
Building Society

DATE


24/11/2021

Financial institutions may not accept DD instructions for some types of accounts.

Please check the payer's bank details are correct before proceeding. If you have made any errors when typing in their information, you can still go back by returning to the [Payment Details](#) page and correct them. We advise that you print and retain a copy of all Direct Debit related correspondence for your records.

If you are happy to proceed, please click continue.

Continue

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 will notify you within 5 working days in advance of your account being debited or as other agreed. If you request Cirencester Friendly Society to collect 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 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 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.

- Upon pressing continue, you will need to complete the verification of identity checks on your client.

- Your Quote
- Applicant Details
- Underwriting
- Application Summary
- Decision
- Payment
- Nominee Details
- Start Date
- Confirmation

Confirmation and Verification of Identity

Please review the payment details below. You can edit the payment details by selecting 'Payment' in the navigation menu.

PR00000227 - My Earnings Protected for Miss Nov Test

Payer name	Miss Nov Test
Account Number	00000000
Sort Code	600541
Address	Conker Interiors Ltd, Manor Farm Barns, Norwich, Norfolk, GL7 5TQ

I confirm the information above was obtained by me in relation to the third party

[Continue](#)

- Once completed, if you have selected My Extra Benefits – Working Life Death Benefit - you will be taken to the nominee screen to add your clients chosen nominee(s). These must total 100%.

- Your Quote
- Applicant Details
- Underwriting
- Application Summary
- Decision
- Payment
- Nominee Details
- Start Date
- Confirmation

Nominee Details

My Earnings Protected (PR00000227) for Miss Nov Test

Adding Nominees

Please name at least one nominee. If you would like to add more than one nominee, please ensure their combined percentage adds up to 100%.

[Add Nominees](#)

[Back](#)
[Continue](#)

- You will be asked to enter personal details for the nominee(s) and the percentage payable.

Nominee Details

First Name	<input type="text" value="Test"/>		
Last Name	<input type="text" value="Tester"/>		
Contact Number	<input type="text" value="0000000000"/>		
Date of birth	<input type="text" value="01"/>	<input type="text" value="01"/>	<input type="text" value="1990"/>
Post Code	<input type="text" value="GL7 5TQ"/>	<input type="button" value="Find Address"/>	
	<input type="button" value="Add address manually"/>		
Percentage	<input type="text" value="100"/>		

Back

Continue

Nominee Details

My Earnings Protected (PR000000227) for Miss Nov Test

Adding Nominees

Please name at least one nominee. If you would like to add more than one nominee, please ensure their combined percentage adds up to 100%.

Test Tester 100%

Back

Continue

- Once you press continue, you will be taken to the 'start date' screen. You can enter the required start date, this can either be today's date or a date in the future of up to 90 days. You will NOT be able to back date a start date.
- There is also the option to select your marketing preferences, as to whether you want to be contacted or not and how. There is also the option to select if you require the documents in large print.

- Your Quote
- Applicant Details
- Underwriting
- Application Summary
- Decision
- Payment
- Nominee Details
- Start Date
- Confirmation

Application reference: PAP00000646

Lives insured: 1

Miss Nov Test
Female
31/07/1990
Non-Smoker

Adviser reference 0000000000000000

Edit reference

Start date

My Earnings Protected (PR000000227) for Miss Nov Test

Start Date

Advice given? Yes No

Is the policy mortgage related? Yes No

Is this a replacement for another Cirencester Friendly plan? Yes No

Marketing Preferences

Can we keep in touch?
With your permission we would like to keep you update with updates about your contract and Cirencester Friendly. We won't pass your personal information to any company that isn't part of Cirencester Friendly. If you are happy with this, please select your preferred option(s).

	Miss Nov Test
By Email	<input type="checkbox"/>
By Phone Call	<input type="checkbox"/>
By Text Message	<input type="checkbox"/>
By Mail	<input type="checkbox"/>
No Marketing	<input type="checkbox"/>

Documents are available in large print. Please check box if you require this option

Miss Nov Test

Your selection isn't permanent
If you change your mind at anytime please contact us on 0800 587 5098 or write to us as Mutuality House, The Mallards, South Cerney, Cirencester, Glos, GL7 5TQ. For further information on how we use your data, please view our Privacy Statement.

Issue my policy

- Once you have added the start date details you can press 'issue my policy', you will then see the final confirmation, confirming that the contract is now live.

- Your Quote
- Applicant Details
- Underwriting
- Application Summary
- Decision
- Payment
- Nominee Details
- Start Date
- Confirmation

Confirmation

Thank you for submitting your Application. This contract is now live.

Contract	Life Insured	Contract number	Start Date	First payment date
My Earnings Protected	Miss Nov Test	PR000000227	26/11/2021	09/12/2021

We know how important this contract is to you. Please check carefully that the information you are providing is accurate and complete, as any errors or omissions may result in claims for benefit being disallowed. If you have any amendments or your circumstances have changed before the Start Date, please let us know.

Please keep your Contract number to hand should you need to contact us.

Return to dashboard

- If you return to the dashboard, you will be able to see the below. It will show the status as 'issued' as well as the name, product, premium, initial commission and the date it was last updated.

Tracking Overview - Adviser Portal

My applications (3) | My watchlist (0)

Last Name: Application: Application type: All Status: All

Search

Application	Life insured	Product	Premium	Initial com.	Status	Updated	Watch
PAP00000646	Miss Nov Test	My Earnings Protected	£54.64	£1038.67	Issued	25/11/2021	<input checked="" type="checkbox"/>

- As the Adviser, you can go in the 'my documents' section on the left-hand side bar, this will provide the confirmation letters/contract documents for the member.

Documents - Adviser Portal

Application | Contract | Advisor

Reference: Advisor: From date: 01/11/2021 To date: 01/12/2021

Search

Document	Advisor	Client name	Reference	Date	PDF
Personal Details Confirmation	Natalie Little	Miss Nov Test	PAP00000646	25/11/2021	
Personal Details Confirmation Letter	Natalie Little	Miss Nov Test	PAP00000646	25/11/2021	
Terms and Conditions	Natalie Little	Miss Nov Test	PAP00000646	25/11/2021	
Policy Schedule	Natalie Little	Miss Nov Test	PAP00000646	25/11/2021	
Confirmation of terms	Natalie Little	Miss Nov Test	PAP00000646	24/11/2021	
Application summary	Natalie Little	Miss Nov Test	PAP00000646	24/11/2021	
Quote illustration	Natalie Little	Nov Test	PAP00000646	24/11/2021	
Quote illustration	Natalie Little	Nov Test	PAP00000646	24/11/2021	

- You can select the 'My Commission' tab on the left-hand side bar. It will show the commission here once the new contract is loaded into the system.

Commission payment - Adviser portal

Contract number: Start Date: 01/11/2021 End date: 30/11/2021 Commission type: All

Refresh

Contract number	Contract holder	Commission type	Commission basis	Date	Amount
No data available in table					

Showing 0 to 0 of 0 entries