

Shepherds Junior Moneymaker

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

A Payers details

- 1 Mr/ Mrs/ Ms / Miss / Other 2 Male Female 3 Surname
- 4 Forename(s) 5 Relationship to Child
- 6 Address
- Postcode
- 7 Telephone No. **(Home)** Telephone No. **(Business)**
- Telephone No. **(Mobile)** e-mail address
- 8 Date of Birth
- 9 Are you a homeowner? Yes No

B Child's details

- 1 Forename(s) 2 Surname
- 3 Date of birth 4 Male Female
- 5 Address
- Postcode

Please note: In order for your application to be processed please include the **birth certificate number of the above named child in the box provided**

C Your savings options

- 1 **Monthly premium** £10 £15 £20 £25
- 2 **Annual premium** £120 £180 £240 ~~£300~~ discounted to £270

D Sickness and medical history

Has the child suffered from any illness or disability for a period of one month or more for which medical or surgical treatment was necessary?

Yes No **(Please ensure you tick one of these boxes)**

If yes please provide full details of the dates and nature of the illness or injury

E Parent's/Guardian's details (if not included or different from above)

- 1 Forname 2 Surname
- 3 Date of birth 4 Address
- Postcode
- 5 Telephone 6 Email address

- 7 Signature
-

Proposers Declaration.

I apply to The Shepherds Friendly Society Limited for the Shepherds Junior Moneymaker on behalf of the named child and I declare that the proposed plan is being taken up by me on behalf of and for the full benefit of the child.

I declare that to the best of my knowledge and belief, the answers given above are true and complete and that no important fact has been omitted or falsely stated.

I have received the Key Features document and agree that this application shall form the basis of the contract with The Shepherds Friendly Society Limited, which shall be made subject to the policy's terms and conditions.

I have received a copy of the Guide entitled "How we manage our With Profit Funds".

Consents.

The Shepherds Friendly Society Limited may use information provided in relation to this application to make electronic searches about me at Credit Reference Agencies that supply information, including information from the Electoral Roll, for the purposes of verifying my identity. I understand that these Agencies will record details of any such searches whether or not this application proceeds.

I understand that The Shepherds Friendly Society Limited reserves the right to request any such other documentary evidence it considers necessary to assist in the verification of my identity, and that of the child.

I understand that The Shepherds Friendly Society Limited may use information provided in relation to this application to process this application and for the ongoing management of the policy. Information may be held on computer, paper file or other appropriate medium for as long as the application is being considered, for as long as the policy remains in force and for an appropriate period thereafter.

Your information will be held by The Shepherds Friendly Society Limited. The information that you have supplied will be kept confidential and will not be disclosed to any other party without your consent unless it is lawful to do so. It may be used to keep our records up to date, for business analysis and market research purposes and to advise you by post, telephone and /or electronic methods about any products and services offered by The Shepherds Friendly Society Limited and its subsidiaries that may be of interest to you. We may pass your details to other carefully selected organisations but only for the purposes mentioned above. If you would like to request a copy of the information held about you please write to The Shepherds Friendly Society Limited Data Protection officer. A fee may be charged for providing information.

If you do not want to receive such marketing information please tick the box.

Proposers Signature

Date

Full Name

(BLOCK CAPITALS PLEASE)

Please note that in order for your application to be processed the Access to Medical Reports consent must be signed by a Parent/Guardian and the Child's Birth Certificate Number must be given in Section B.

A copy of the completed application form and policy conditions is available on request.

Note: Acceptance of this application is at the discretion of Shepherds Friendly.

ACCESS TO MEDICAL REPORTS

I, the undersigned, have read the explanation of the rights under the Access to Medical Reports Act 1988 (see below) and consent to The Shepherds Friendly Society Limited seeking information in connection with this application for the named child from any doctor who has at any time attended the the named child, and I authorise the giving of such information.

1 Forename(s)

2 Surname

I confirm that this Plan will not take the tax-exempt friendly society investments held by the child above the current limits.

Parents/Guardian signature

3 Signature

Access to Medical Records Act 1988

Summary of the main points contained in the Act. The provisions noted in the Act above became effective from 1st January 1989 and before we can apply for a medical report from the child's doctor we not only need your consent but must offer you the right to to see the report before it is sent to us. There are a number of rights under this Act of which you should be aware and these are set out below as follows:

- 1 You may withhold your consent.
- 2 You have the right to see the report before it is sent to us provided that you apply to the doctor within 21 days, or during the 6 months after that. The doctor may charge you a fee for supplying the report.
- 3 You can ask the doctor to amend any part of the report which you consider to be incorrect or misleading and if the doctor does not agree you may append your comments.
- 4 The doctor can withhold part or all of the report from you if he/she has reasons why he/she thinks you should not see it. Full details of your rights under the Act can be made available on request.

The Shepherds Friendly Society Limited

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