

Web

Shepherds Young Saver Plan

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)** 8 E-mail address

9 Date of Birth 10 Marital Status Single Married Widowed Divorced

11 Are you a homeowner? Yes No

B Child's details

1 Forename 2 Surname

3 Date of birth 4 Male Female

5 Address

Postcode

C Your savings options

1 **Monthly premium** £7.50 £15 £30 £45 £60 £75 £84.90 £90 £100

2 **Annual premium** £90 £180 £241.20 £360 £540 £720 £900 £1200

3 **Other** (Any amount in multiples of 30p not exceeding the maximum or minimum)

If the monthly premium is over £60 we require a copy of the Childs Birth Certificate

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

Failure to disclose all material facts could render the contract void. Material facts are those which the insurer would regard as likely to influence the assessment and acceptance of a proposal for insurance. If you are in doubt as to whether certain facts are material, such facts should be disclosed in the Sickness and Medical History section. Please use a supplementary sheet if necessary.

Proposers Declaration.

I hereby apply to The Shepherds Friendly Society Limited for the Shepherds Young Saver Plan on behalf of the named child and I further declare that the plan hereby proposed 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.

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 reserve the right to request any such other documentary evidence it considers necessary to assist in the verification of my identity.

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 my 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 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 co-ordinator. 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.

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.

Please complete the Direct Debit form attached, also note we do not accept business accounts.

ACCESS TO MEDICAL REPORTS

1 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 _____

2 Surname _____

3 Date of birth _____

4 Address _____

Postcode _____

Parents/Guardian signature _____

5 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 your 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

Registered Office: Shepherds House, Stockport Road, Cheadle, Cheshire SK8 2AA **Tel:** 0161 428 1212 **Fax:** 0161 428 3666

Email: info@shepherdsfriendly.co.uk **Web:** www.shepherds.co.uk

The Shepherds Friendly Society Limited
Shepherds House
Stockport Road
Cheadle
Cheshire
SK8 2AA

Instruction to your Bank or Building Society to pay by Direct Debit

Name(s) of Account Holder(s)

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Bank/Building Society Account Number

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

Branch Sort Code

--	--	--	--

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Postcode	

Originator's Identification Number

6	7	2	7	8	3
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Reference Number (for Office use only)

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This is not part of the instruction to your bank or Building Society.
Preferred Collection Date (PLEASE TICK)

<input type="checkbox"/> 1st	<input type="checkbox"/> 8th
<input type="checkbox"/> 16th	<input type="checkbox"/> 24th
<input type="checkbox"/> Monthly	<input type="checkbox"/> Annually

INSTRUCTIONS TO YOUR BANK OR BUILDING SOCIETY

Please pay The Shepherds Friendly Society Limited Direct Debits from the account detailed in this instruction subject to the safeguard assured by the Direct Debit Guarantee.

I understand that this instruction may remain with The Shepherds Friendly Society Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date



Banks and Building Societies may not accept Direct Debit instructions from 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, The Shepherds Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Shepherds 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 The Shepherds 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 The Shepherds 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.