



# Application Form

## 50+ Life Plan

Please use this form to apply for a 50+ Life Plan for yourself. There is also an additional form for your partner. Complete it in **BLOCK CAPITALS** and return it in the prepaid envelope or to: **National Friendly, Freepost (SW 3073), Bristol BS8 3BR.**

### Acceptance Guaranteed

- Provided you are a UK resident between the ages of 50 and 79 when you apply, we guarantee to accept you – regardless of your state of health.
- No medical information is needed. We only need to know if you've smoked in the last 12 months, as this will affect your premium.
- Your partner can also apply for a plan on this application form.

### Affordable cover

- Monthly premiums start at just £10 a month, up to a maximum of £40. You choose how much cover you'd like – it's down to you how much you can reasonably afford each month.
- Please decide on your preferred level of cover using the Rate tables leaflet.

If you have any questions please call us on **0800 195 9245** (8am-6pm weekdays).

# 50+ Life Plan Application Form

## Your personal details

Title	First name	Surname
Address		
Postcode		
Daytime Tel.	Email	
Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>	Have you smoked in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation	Are you a civil servant or retired civil servant? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Your monthly premium

Please tick the monthly premium you wish to pay based on how much life cover you'd like. For more information please see the Rate tables leaflet.

£10  £12  £14  £16  £18  £20  £25  £30  £35  £40  Other £



Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Originator's Identification Number

6 7 7 9 0 2

Please pay National Friendly 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 National Friendly and, if so, details will be passed electronically to my Bank or Building Society.

Name of Account Holder(s)

Account Holder's Signature

X

Date

Bank/Building Society Account Number

Branch Sort Code

Account Holder's Signature

X

Date

## Data protection and confidentiality

National Friendly complies with the 1998 Data Protection Act. We will hold your information on computer, paper or any other appropriate form for as long as your application is being considered, the policy is in force and for an appropriate time after. We will not disclose it unless it is lawful to do so. This information may be passed to other companies for reinsurance arrangements and money laundering & fraud prevention.

If you would like to request a copy of the personal data we hold, please write to the Compliance Department at National Friendly, 4-5 Worcester Road, Clifton, Bristol BS8 3JL. We may charge a small fee for providing this information.

Please tick this box if you do not wish to receive information from National Friendly or its subsidiary companies on products and services that may be of interest to you .

## Declaration

I would like to apply for a 50+ Life Plan and declare that:

- I have read the Your Policy Explained booklet and agree to the terms and conditions.
- I agree that to the best of my knowledge and belief the information provided in this application is true and complete and I will advise you, in writing, of any change which affects this information.
- I confirm that if this application has been completed by someone else, it was done so at my request.
- I understand that if I fail to disclose any relevant information, National Friendly may cancel the policy.
- I understand that my plan will begin when this application is accepted by you and the first premium has been paid.

Plan Holder Signature

Date

# 50+ Life Plan Partner's Application Form

## Your personal details

Title	First name	Surname
Address (if different to first applicant)		
Postcode		
Daytime Tel.	Email	
Date of Birth / /	Male <input type="checkbox"/> Female <input type="checkbox"/>	Have you smoked in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
Occupation	Are you a civil servant or retired civil servant? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Your monthly premium

Please tick the monthly premium you wish to pay based on how much life cover you'd like. For more information please see the Rate tables leaflet.

£10  £12  £14  £16  £18  £20  £25  £30  £35  £40  Other £



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Plan Holder Signature

Date



To request a copy in Braille, large print or audio please call us on **0800 195 9245** (8am-6pm weekdays).

For National Friendly use only		For Intermediary use only	
Financial Consultant	Personnel no.	Company	FSA Reference No. (FRN)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checked and issued by	Date	Individual Reference No. (IRN)	Advised Sale? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	

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