

PREMIUM PAYMENTS

Contributions may be made by standing order or collected by Agents. If payments by standing order is required, please complete the form below.

INSTRUCTION TO YOUR BANK (BUILDING SOCIETY)

Bankers Order: Druids Sheffield Friendly Society
Dove House, 181 Brampton Road, Wath-upon-Dearne,
Rotherham. S63 6BE

To.....Bank plc

Bank Sorting Code

Address.....

Please pay the sum of £.....

Amount in words.....Pounds.....Pence

To the Druids Sheffield Friendly Society Account No. 61521639 held at the Yorkshire Bank plc (Sort Code 05-09-69) Sandygate, Wath upon Dearne, Rotherham S63 7LW

on the.....(day).....(month).....(year)

and on the same day for the next.....consecutive months/year/until further notice quoting members name
(Delete as necessary)

and debit Account No.....accordingly

Name (block capitals).....

Signature.....

Members Reference No.....to be completed by the Society

**RETURN THIS FORM TO THE
DRUIDS SHEFFIELD FRIENDLY SOCIETY
WITH YOUR APPLICATION FORM, NOT TO YOUR BANK - THANK YOU**

DECLARATION

*I hereby apply to the **Druids Sheffield Friendly Society**, for a Tax Exempt Endowment Assurance Policy.*

I declare that to the best of my knowledge and belief that I am in good health and free from disease. I further declare that I have not consulted a specialist, attended hospital or received medication, except for minor ailments in the last 5 years, and no proposal of insurance on my life has been declined, postponed or accepted on special terms. I do not engage in aviation except as a fare paying passenger on scheduled flights, nor do I participate in any hazardous pursuits. Should it be deemed necessary, I consent to the Society seeking medical information from any doctor who has attended me. I further confirm that the total amount of premiums being paid for tax-exempt Friendly Society Assurances that I pay, including the amount under this application does not exceed £25 a month of £270 per annum.

Signature:

Date:

WARNING

If the declaration does not apply to you in every respect, please sign it, but disclose further details of the relevant matter on a separate sheet. Failure to disclose any material fact, i.e. a fact that an Insurer would regard as likely to influence the assessment and acceptance of an application for Life Assurance, may affect the amount payable on your death. If you are in any doubt as to whether certain facts are material, these facts should be disclosed.

A copy of the terms and conditions governing the policy, and/or a copy of the completed proposal form are available on request.

DATA PROTECTION ACT

By returning this form to the Druids Sheffield Friendly Society, you consent to our processing personal data about you in connection with your application. This information will only be used for the administration of your membership at head office and where applicable by your Lodge Secretary. If you do not want to be contacted by Druids Sheffield Friendly Society with their marketing literature, please tick this box.

You have the right to ask for a copy of the information we hold about you (for which we may charge a small fee) and to correct any inaccuracies in your information.

The Druids Sheffield Friendly Society Data Protection registration number is PZ6979728.