

**DRUIDS SHEFFIELD FRIENDLY SOCIETY
TAX FREE CHILDREN'S PLAN**

Application Form - T25

Child's Surname

Child's Forename(s)

Date of Birth

Address

.....

Post Code

Details of person paying on behalf of the child

Surname (Mr/Mrs/Miss/Ms)

Forename(s)

Address

.....

Post Code

Tel No. (inc Code)

Relation to child.....

How Do You Choose To Invest?

4 Weekly

Monthly

6 Monthly

Annually

.....

.....

.....

.....

Existing Policies

Rate of Contributions affordable

Date wishing to join.....

Membership No..... Lodge No.

Is this amount affordable in the long term? Yes/No

Have you read the Key Features leaflet? Yes/No

Have you read the Terms of Business leaflet? Yes/No

Where did you hear about us.....

Signature.....Date.....

DECLARATION

(To be signed by the child's parent or legal guardian)

*I hereby apply for and behalf of the above child 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 the child is in good health, free from disease and does not take part in any hazardous pursuits. I also further declare that the child has not had any illness or injury requiring treatment except for minor ailments. The child has not had any proposal of insurance on his/her life declined, postponed or accepted on special terms. I further confirm that the total amount of premiums being paid for tax-exempt friendly society assurances for the child including the amount under this application, does not exceed £25 a month of £270 per annum.

Signature (Parent/Guardian).....

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 the death of the child. 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.

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**