

PROPOSAL FORM (Direct)

STRICTLY PRIVATE AND CONFIDENTIAL

Your Name: _____

Regular Premium Option

Product	Term	Premium Amount	Frequency (M / A)
Tax Exempt Endowment Savings Plan			
Standard Endowment Savings Plan			
Tax Exempt Pure Endowment Savings Plan			
Standard Pure Endowment Savings Plan			
Junior Savings Plan			

Single Premium Option

Product	Term	Premium Amount	Frequency
Investment Bond	N/A		N/A

All information given will be treated in the strictest of confidence.

For the purposes of The Data Protection Act 1998, the Data Controller in relation to any personal data you supply is The Rechabite Friendly Society Limited trading as Healthy Investment.

**Authorised and Regulated by the Financial Services Authority
FSA Register No. 109994**

For Office Use Only

Date Received _____	Policy Number (s) _____
Compliance Checked _____	Member No _____
Accepted _____	Advised Sale _____

Section 1.

Your Details

Title _____

Surname _____

Forename _____

Address _____

Postcode _____

Tel No _____

Date of Birth _____

Marital Status _____

Occupation _____

Identification Details

Driving Licence No. _____

Birth Certificate No. _____

Passport No. _____

Utility Bill No
(within the last 3 months) _____

Section 2.

Do you currently hold any Tax Exempt Policies with this or any other Friendly Society? If so, please give details: -

Company Name _____

Premium Paid (per month / per annum) _____

Section 3. – Medical Details (delete as appropriate)

Only to be completed for Regular Savings Contracts where the amount invested is over £25 per month

Life Assured

Has any proposal for life, permanent health, sickness & accident or critical illness insurance on your life ever been declined, postponed or accepted on special terms? Yes / No

- 1. Have you consulted a doctor in the past five years? Yes / No
- 2. Are you currently taking any prescribed medication on a regular basis? Yes / No
- 3. Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you awaiting the result of such a test? Yes / No
- 4. Do you participate in any hazardous activity at work or leisure (e.g. working at heights or underground; motor racing, diving, private flying etc)? Yes / No

If you answer **Yes** to any of the above questions, please answer the following questions and give full details in the additional information section below.

- 5. What is your height? _____
- 6. What is your weight? _____
- 7. Have you undergone any medical treatment, surgery, test or investigation during the past 5 years? Yes / No
- 8. Are you currently awaiting any consultation, treatment, surgery, test or investigation or the result of the same? Yes / No
- 9. Have you or either parent, brother/sister of yours ever suffered from any of the following: heart disease, raised blood pressure, stroke, cancer, diabetes, kidney disease, any disabling condition or hereditary disorder? Yes / No

If the answer to any of the questions above is Yes, please give full details below including dates where appropriate. Continue on a separate sheet of paper (to be attached securely to this form) if there is not enough space here. Please indicate the question number(s) to which the details relate.

Additional Information

Doctors Details

Name.....
Address.....
Length of registration with above..... If less than two years, please give details of previous doctor

Medical Report

In accordance with the Society’s standard practice, we may need to obtain a medical report from your doctor to help us to fairly assess your application for insurance. We must have your written consent to apply for the report. Before you sign on the next page you should know that certain rights are conferred by the Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (NI) Order 1991. We can send you full details on request, but in summary, these rights are:-

- (a) You can withhold your consent. If you do we may be unable to consider your application.
- (b) You can see the report before it is sent to us (which may delay consideration of the application) or during the next six months after that.
- (c) You can ask your doctor to amend any part of the report which you consider to be incorrect or misleading. If your doctor refuses to do so, you may have a note of your opinion attached to the report.
- (d) Your doctor can refuse you access to the report, or any part of it, if he or she thinks you may be harmed by seeing it.
- (e) Your doctor can charge you a fee if he or she provides you with a copy of the report.

Section 4 – Important Notes

1. **Material Facts:** All material facts relevant to the insurance which is being applied for must be disclosed to the Society. A material fact is one which is likely to influence the decision whether or not to accept the application, or on what terms. If you, or the child's parent or guardian are in any doubt whether a fact is material it should be disclosed. If all material facts, which we may reasonably expect to be within your knowledge, or that of the child's parent or guardian, are not disclosed, the Society may refuse to pay a claim arising from death. A copy of the Rules of the Society, of this application form and of the policy terms and conditions on which the insurance will be made is available on request.
2. **Data Protection Act 1998 (the Act)** The Society will use the information provided in this application form (and any associated documents) to process the application, and to administer the policies once they have been set up. Some of this information may include sensitive personal data as defined in the Act (health details, for example), which we can process only with your or the parent or guardian's explicit consent. If consent is withheld we shall not be able to proceed with the application. We will process and store information in accordance with the Act, and will not disclose it to any third party without explicit consent. I consent that the Society may contact me in the future by adviser, post, fax, e-mail or other such means regarding my investment, financial and insurance needs. **I consent to receiving these approaches – Yes / No**

Declaration & Consent

I hereby apply to The Rechabite Friendly Society Limited trading as Healthy Investment for the products indicated and comply with the Conditions of Declaration below. (Delete if not applicable).

I hereby apply to The Rechabite Friendly Society Limited trading as Healthy Investment on behalf of the above child for an Endowment Savings Plan and comply with the Conditions of Declaration below. (Delete if not applicable).

I declare that to the best of my knowledge and belief the statements made on this proposal and all other declarations relating to it are true and complete and I consent to the Society: (i) processing any information provided in connection with this application; (ii) retaining and storing such information (either electronically or otherwise) for as long as it remains relevant to the policy and/or my or child's membership of the Society; and (iii) sharing relevant information about the child with (a) any party appointed by the Society to arrange or perform a medical examination, or (b) other life insurers or reinsurers, or a life insurers' database, for the purpose of deciding whether or not to accept this or any other application on the child's life and on what terms, or to prevent fraud.

I have read my rights under the Access to Medical Report Act 1988 and the Access to Personal Files Medical Reports (NI) Order 1991, and I consent to the Society seeking information from any doctor who has attended me/my child concerning any physical or mental health. I agree that a copy of this consent shall have the validity of the original.

I authorise the giving of such information subject to these rights during or after my/my child's lifetime.

I agree that the foregoing answers and particulars together with any other declarations made by me in respect of this proposal shall be the basis of the contract between me and the Society, and that there shall be no concluded contracts with liability on the Society until the Policy is issued.

I undertake to abide by and confirm the Rules of the Society as these shall exist from time to time.

I declare that:

please tick

I will abstain from all alcoholic beverages and elect for inclusion under 'Table A'

I will remain temperate in my use of alcoholic beverages and elect to be included under 'Table B'

I/we have received a product key features and a client specific key features illustration with terms and conditions for the products listed

Do you wish to see any medical report before it is sent to the Society?

Yes

No

Signature

1st Applicant Date
(the parent or guardian must sign on behalf of the child)

2nd Applicant Date
(if child application proposed)

CONDITIONS OF DECLARATION

1. The declaration must be signed on the application form. If the conditions do not strictly apply in every respect you must sign it anyway and please provide any relevant information regarding health, medical history, hazardous pursuits/occupation or previous insurance experience in a separate letter. Failure to mention any 'material fact' – this is 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 death. **If an applicant is in any doubt whether a fact is 'material' or not, it should be disclosed anyway.** If you are unable to meet the conditions of declaration relative to health or occupation then the Society may reduce the minimum death benefit under the policy. However, the savings benefit will not be affected in any way. Plan conditions and copies of the completed forms are available on request.

Have you enclosed a letter detailing any material facts?

Yes

No

Please fill in the whole of this form using a ballpoint pen and send it to:

Healthy Investment
 2 The Old Courthouse
 Tenterden Street
 Bury
 Greater Manchester
 BL9 0AL



Instruction to your bank/building society to pay direct debits

1. Name(s) of account holder(s)

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2. Bank or Building Society account number

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3. Branch Sort Code

		-			-		
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4. Name and full postal address of your Bank or Building Society branch

To: The Manager
Bank or Building Society
Address
Postcode

5. Reference number (for Healthy Investment use only)

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6. Originators Identification Number

6	7	6	4	8	1
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7. Instruction to you Bank or Building Society

Please Pay Healthy Investment Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I/We understand that this instruction may remain with Healthy Investment and, if so, details will be passed electronically to my Bank/Building Society.

8. Signature(s)

9.Date

Please note:

- Banks and Building Societies may not accept Direct Debit Instructions for some types of account.
- Cancellation of your Direct Debit Instruction may result in your policy being lapsed.



This Guarantee should be detached and retained by the payer

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, Healthy Investment will notify you 10 working days in advance of your account being debited or as otherwise agreed. If your request Healthy Investment 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 Healthy Investment 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 Healthy Investment 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.

Ethical Savings and Investments

Healthy Investment is the trading name of The Rechabite Friendly Society Limited which is an incorporated Society within the meaning of the Friendly Societies Act 1992
 Authorised and Regulated by the Financial Services Authority
 FSA Registration Number 109994