

PROPOSAL FORM (ISA)
STRICTLY PRIVATE AND CONFIDENTIAL

Client Name _____ **Advised Sale Y/N** _____

Product	Term	Premium Amount	Frequency (M/A)
Regular Premium Stocks & Shares ISA	N/A		

Revenue & Customs limit the amount you can invest in a Stocks and Shares ISA in any one tax year

Product	Term	Premium Amount	Frequency
Single Premium Stocks & Shares ISA	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 _____	_____
Accepted _____	Member Number _____

09/2009

Section 1.

Personal Details

Title _____ Address _____
Surname _____
Forename _____
Date of Birth _____ Post Code _____
N I Number _____ Tel No _____

Section 2

Declaration & Authorisation

I apply to the Rechabite Friendly Society, trading as Healthy Investment, for a Stocks & Shares ISA for the tax year 20__/__ and each subsequent year until further notice. I enclose a cheque made payable to Healthy Investment and / or a completed Direct Debit Instruction for the amount represented above. I declare that this application form has been completed to the best of my knowledge and belief and that:

- All the subscriptions made and to be made belong to me;
- I am 18 years of age or over
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA and a Stocks and Shares ISA in the same tax year
- I am resident and ordinarily resident in the United Kingdom for tax purposes or; if not so resident, either perform duties which, by virtue of Section 8 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Healthy Investment if I cease to be so resident or to perform such duties or be married to, or in a civil relationship with a person who performs such duties.
- I agree to the ISA terms and conditions. (A copy of the Terms and Conditions and the completed application are available on request).

I authorise Healthy Investment;

- To hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of these investments and any other cash, and
- To make on my behalf any claims to relief from tax in respect of my ISA investments, and
- On my request to transfer or pay to me, as the case may be, interest or other proceeds in respect of my ISA investments or cash.

I confirm that I have received and understood the key features and personal illustration documentation

Please tick one of the following statements

- I will abstain from alcoholic beverages
I am temperate in my use of alcoholic beverages

Signature: _____

Date: _____

Section 3

Data Protection Act 1998

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; 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, telephone, email or fax regarding my investment, financial and insurance needs.

I consent to receiving these approaches Yes / No (delete as appropriate)

Payment by Direct Debit

Healthy Investment will not collect monthly payments until all processing and recording has been completed. Although there is no specified sum shown, only the agreed payments will be deducted from your bank/building society account except possibly at the start, where if there is a delay in setting up the ISA, the first collection could amount to more than one monthly payment.

Please complete the attached Direct Debit Instruction to allow us to collect your monthly payments.

IFA DETAILS

Name of Regulated Firm _____

FSA Registration Number _____

Name of Signatory (Please Print) _____

Signed _____

Dated _____