

Application Form

With-profits Investment Bond

Once you have decided to apply for a Healthy Investment With-profits Investment Bond please complete this application form and return it to us or your financial adviser. If you have any questions about completing this form please telephone us on 0161 762 5790 or speak to your financial adviser.

PLEASE USE BLOCK CAPITALS TO COMPLETE THE FORM

THIS FORM IS DOUBLE SIDED, PLEASE SIGN THE DECLARATION BELOW

BONDHOLDER

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Address:
Forename(s):	
Surname:	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode:
Telephone number:	Email address:

JOINT BONDHOLDER (IF APPLICABLE) OR PREMIUM PAYER IF THE BONDHOLDER IS UNDER 16

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Address:
Forename(s):	
Surname:	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode:
Telephone number:	Email address:

THE INVESTMENT

Amount of cheque (minimum £2000)	£ <input type="text"/>	Initial adviser remuneration to be taken prior to the investment	£ <input type="text"/>	Initial investment	£ <input type="text"/>
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Please enclose your cheque payable to Healthy Investment. If you wish to submit your investment by bank transfer please contact our office for details.

GENERAL DATA PROTECTION REGULATION

The General Data Protection Regulation (GDPR) requires us to provide you with a Privacy Notice. You can obtain a copy from our website at www.healthyinvestment.co.uk/privacy-notices or you can request a copy to be sent by post by telephoning the office on 0161 762 5790. The information you provide us with will be held by Healthy Investment. It will be used for setting up and administering your policy. Some information from credit reference agencies may be used to establish your identity in accordance with anti-money laundering rules. We may be required by law to disclose information regarding you or your policy to the regulatory authorities. As you have arranged this policy through your financial adviser, we will continue to share information with them to enable them to give you advice, until you tell us otherwise. If you have provided your email address, Healthy Investment will send you information regarding this investment and the

governance of the Society by email. If you do not want to receive this information by email then please let us know. If you would like to receive our regular newsletter by email and other emails which, under GDPR, would be classed as marketing emails, then you need to give us consent to send them.

I consent to receiving these emails from Healthy Investment.

You can stop receiving these emails at any time by clicking the unsubscribe link at the bottom of the emails we send or by contacting the office. We will only send you occasional emails and we will not share your data with any other companies to market their products to you. We may record your telephone calls with us for training and compliance purposes.

HEALTHY INVESTMENT DECLARATION

Please read the following statements carefully and only sign the declaration if you agree with them. If you have any questions regarding them please contact us.

I have been provided with a copy of the Key Information Document and Terms and Conditions and understand the importance of reading these as they contain the terms and conditions of the contract I am entering into with Healthy Investment.

I understand that this application and declaration and any additional information provided by me shall form the basis of the contract between myself and Healthy Investment and confirm that to the best of my knowledge all the information provided is accurate. I agree to advise Healthy Investment in writing of any changes to this information.

I understand that providing false information or failing to disclose a material fact, that is anything that an insurer would regard as likely to influence the assessment, underwriting or acceptance of this application, may result in Healthy Investment cancelling this policy or may affect the benefits payable under this policy. If you are in any doubt whether a fact is material, you should disclose it to us in writing.

I declare that I am temperate (moderate) in my use of, or abstain from, alcoholic beverages.

I am a UK resident for tax purposes (if you are not or at any time in the future you cease to be a UK resident for tax purposes you must notify us immediately). The information I have provided is correct to the best of my knowledge and belief.

I agree to the terms and conditions of the Healthy Investment With-profits Investment Bond.

Bondholder (or parent / guardian if the bond holder is under 16)

Signature Date / /

Joint bondholder (if applicable)

Signature Date / /

MEMBER WITHDRAWALS

If you would like to make regular withdrawals from your investment please complete the boxes below:

Amount or % Frequency Commencement Date / /

Bank Name:	Account Name:	
Branch:	Sort Code:	Account Number:
Address:	Bondholder's Signature: X	Date:
Postcode:	Joint Bondholder's Signature: X	Date:

AGREED ADVISER REMUNERATION

Please confirm the remuneration details which have been agreed with your financial adviser in respect of their fees, which will be deducted from your investment.

Initial fee £ and/or Regular fixed amount £ and/or Regular fund percentage % Frequency: Monthly Yearly

The above amounts in respect of the remuneration you have agreed with your financial adviser will be withdrawn from the investment and paid to the financial adviser until you notify us otherwise.

Bondholder's signature

X

Date / /

Joint Bondholder's signature

X

Date / /

IFA SECTION - FOR FINANCIAL ADVISER USE ONLY

Name of adviser:	IFA Firm:
Advised <input type="checkbox"/> Non advised sale <input type="checkbox"/>	

Enclosed with this application: Cheque Money Laundering Verification

You must submit copies of the documents you have used to establish your client's identity for money laundering purposes.

FOR OFFICE USE ONLY

Date received / / Compliance checked Money laundering checked Policy No: Member No:

HealthyInvestment
ethical investments since 1835

Healthy Investment

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Tel: 0161 762 5790 Fax: 0161 764 3557

Email: enquiries@healthyinvestment.co.uk

www.healthyinvestment.co.uk

Healthy Investment is the trading name of The Rechabite Friendly Society Limited, an incorporated friendly society (register no. 218f). Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Financial Services Register no. 109994.