

# Application Form

## Standard Savings Plan

Once you have decided to apply for a Healthy Investment Standard Savings Plan please complete this application form and return it to us. If you have any questions about completing this form please telephone us on 0161 762 5790.

PLEASE USE BLOCK CAPITALS TO COMPLETE THE FORM

**THIS FORM IS DOUBLE SIDED, PLEASE SIGN THE DECLARATION ON THE REVERSE**

### THE POLICYHOLDER

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:
National Insurance Number (for all policyholders over 16): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Telephone number:	Email address:

### PREMIUM PAYER (IF DIFFERENT)

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 £ \_\_\_\_\_ monthly/annually No. of years \_\_\_\_ or \_\_\_\_\_ Date of maturity (between 10 and 25 years for a child's policy) (between 15 and 25 years for an adults policy)

### HEALTH INFORMATION

As this savings plan includes life insurance we need to ask you some medical questions in order to determine the level of life cover we are able to provide. We may request further information or you may be contacted by a specialist medical underwriter for further information. All information you provide will be treated in the strictest confidence. Failing to disclose information may mean that we are not able to accept your application or the policy may not be able to pay out on death.

The questions relate to the person who is the policyholder:

Has any proposal for life, health, sickness, accident or critical illness insurance ever been declined, postponed, or accepted on special terms? Yes  No  Has a doctor been consulted in the past 5 years about any illness, operation, medical investigation or counselling? Yes  No

Is prescribed medication currently being taken? Yes  No  Has the policyholder ever tested positive for HIV/AIDS or hepatitis B or C or are results of such tests awaited? Yes  No  Does the policyholder participate in any hazardous activity at work or leisure? Yes  No

Weight  Height

If you have answered yes to any of the above questions then please provide full details (please continue on a separate sheet if necessary):

Is there any other information which you think any company providing life insurance would reasonably be expected to know?

### Healthy Investment

#### INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society	Service User Number:	<input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 6 <input type="text"/> 4 <input type="text"/> 8 <input type="text"/> 1
Address:		Reference Number:	<input type="text"/> <input type="text"/> <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:	Please pay Healthy Investment Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Healthy Investment and if so, details will be passed electronically to my Bank/Building Society.	
Name(s) of Account Holder(s):		SIGNATURE: <b>X</b>	
Branch Sort Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date:	
Bank/Building Society Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Banks and building societies may not accept Direct Debit instructions for some types of account

## 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-notice](http://www.healthyinvestment.co.uk/privacy-notice) 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 AND HMRC DECLARATION

Please read the following statements carefully and only sign if you agree with them. The information contained in this application forms part of this statement. If you have any questions 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 confirm that I, or the beneficiary if different, have not exceeded HMRC's annual premium limits of £25 per month or £270 per annum for friendly society Tax Exempt Savings Plans and £3,600 per annum in total for qualifying policies, or am not the beneficiary of qualifying policies where the annual premiums exceed £3,600.

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 and the statement made are correct and complete to the best of my knowledge and belief.

I agree to the terms and conditions of the Healthy Investment With-profits Standard Savings Plan.

Signature  \_\_\_\_\_ Date  /  /

Policyholder

If the policy is for a child under 16 the parent or guardian must sign.

## AGREED ADVISER REMUNERATION

Please confirm the remuneration details which have been agreed with your financial adviser in respect of their fees, which will be collected in addition to your premiums by Direct Debit.

Initial fee £  or Regular fee £  Frequency: Monthly  Yearly  For the full term of the policy  or for  payments

The above amounts in respect of the remuneration you have agreed with your financial adviser will be collected in addition to your premiums commencing with your first premium for the period of time stated and paid to the financial adviser until you notify us otherwise.

SIGNATURE

\_\_\_\_\_

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:  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:

### Healthy Investment

2 The Old Court House, Tenterden Street, Bury, BL9 0AL.

Tel: 0161 762 5790 Fax: 0161 764 3557

Email: [enquiries@healthyinvestment.co.uk](mailto:enquiries@healthyinvestment.co.uk)

[www.healthyinvestment.co.uk](http://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. ADV 05 01 01/18

**A copy of the Guarantee will be sent to you with your letter giving you advanced notice of the first collection.**

## The 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 you 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.

### Healthy Investment

2 The Old Court House, Tenterden Street, Bury, BL9 0AL. Tel: 0161 762 5790 Fax: 0161 764 3557 Email: [enquiries@healthyinvestment.co.uk](mailto:enquiries@healthyinvestment.co.uk) [www.healthyinvestment.co.uk](http://www.healthyinvestment.co.uk)  
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ADV 06 01 05/18