

Please complete this form in BLOCK LETTERS

## 1 Personal Details

Title	Forename(s) in full	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address to which all communications should be sent		
<input type="text"/>		
		Postcode
<input type="text"/>		<input type="text"/>
Date of birth	Email address	
<input type="text"/>	<input type="text"/>	

## 2 Savings Plan Details

Amount of premium  £  payable  Monthly / Yearly \* for a term of  Years \* Please delete as appropriate  
 Maximum premium £25, minimum £15 if monthly / Max £270, min £100 if yearly Minimum term 10 years

## 3 Nomination of Beneficiary for life assurance benefit

You may nominate a person or persons to whom any money payable on your death should be paid. If you do, any sum payable to a nominee will be paid immediately following your death without having to wait for the normal "grant of probate" provided that the amount does not exceed £5,000 or such other amount specified by law from time to time.

Please make your nomination(s) on the form below. If your circumstances change in the future and you wish to alter your nomination, you may do so simply by writing to the Society.

**Nomination** In the event of my death I would like any monies payable by the Society to be paid to the following in the stated proportion :

	Name	Relationship	Proportion
First Beneficiary	<input type="text"/>	<input type="text"/>	<input type="text"/> %
Second Beneficiary	<input type="text"/>	<input type="text"/>	<input type="text"/> %

## 4 Declaration by the Applicant

I hereby apply to Compass Friendly Society Limited for a Compass Savings Plan. I confirm that I have read the Plan's Key Features.

I declare that I am in good health and free from any adverse mental or physical condition, and have neither consulted a specialist nor attended hospital for any serious illness or operation nor received medication other than for minor ailments within the last 5 years.

I declare that I have not had any proposal for insurance on my life declined, postponed or accepted on special terms.

I declare that I am not currently paying premiums to tax-exempt friendly society policies in my name under which the total amount of premiums (including premiums payable under this Application) exceed £270 per year or £25 per month.

I understand that this Application and Declaration and any additional information provided by me shall form the basis of the contract between myself and the Society.

Please Note: If any part of this Application or Declaration does not apply in any respect, you should sign it and give any relevant information on a separate sheet of paper.

A letter giving additional information is enclosed.  Yes / No \* \* Please delete as appropriate

Applicant's signature  Date

Warning – non-disclosure of a material fact (that is, one which an insurer would regard as likely to influence the assessment and acceptance of this Application) may affect the benefits payable. If you are in any doubt as to whether a fact is material you should disclose it.

## 5 Data Protection Act

The information you have provided on this form will be held by the Society to set up and administer the policy for which you are applying. The information may also be used by the Society to keep you informed of other products and services available from the Society, or other associated organisations, which may be of interest to you.

If you do not wish to receive such information, please tick this box.

Compass Friendly Society Limited and Mellon Fund Managers Limited are authorised and regulated by the Financial Services Authority

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