

Please complete this form in BLOCK LETTERS

1 Personal Details of Donor (the adult who gives the premiums)

Title Forename(s) in full Surname

Address to which all communications should be sent

Postcode

Email address

2a Celebration Bond Details – First Child

Forename(s) of Child Surname of Child Date of Birth of Child Sex of Child

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

2b Celebration Bond Details – Second Child

Forename(s) of Child Surname of Child Date of Birth of Child Sex of Child

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 Declaration by the Donor

I hereby apply to Compass Friendly Society Limited for a Children's Celebration Bond on behalf of the above named child(ren). I confirm that I have read the Plan's Key Features.

I declare that, after having made all necessary enquiries with the child(ren)'s parents / guardian (if applicable) :-

a) the child(ren) is/are in good health and free from any adverse mental or physical conditions,

b) the total amount of premiums currently payable to tax-exempt friendly society policies in each of the child(ren)'s name(s) (including premiums payable under this Application) do not exceed £270 per year or £25 per month.

I understand that this Application and Declaration and any other information provided by me will be treated as having been made by the child(ren) and shall form the basis of the contract between the child(ren) and the Society.

I apply to the Society in my own name to become a Donor Member of the Society until the child(ren) reach age 16.

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

Donor'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.

4 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 Newton Fund Managers Limited are authorised and regulated by the Financial Services Authority

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