

# Tax Exempt Savings Plan Application Form

Please complete this form in **block capitals using black ink**.

For further details about the Tax Exempt Savings Plan, please see the 'Key Features document'.

If you would like help completing your application, please contact us on **01924 240164**

If you are taking out this plan for yourself then please complete section 1 and sections 3-7.

If you are taking out this plan on behalf of a child, please complete all sections.



**KINGSTON UNITY**

**THE FRIENDLY SOCIETY**

TRADITIONAL VALUES - MUTUAL BENEFITS

## 1 your details

### Details of policyholder

The policyholder is the person who will receive the proceeds of the plan at maturity, and who will be the life assured in the case of a plan with life cover. If the plan is for the benefit of a child aged under 18 at entry, and the premiums will be paid by a sponsor, the child is still the policyholder.

Title

Surname

Forename(s)

Address

Postcode

Tel. No.

Day

Evening

Email

Date of birth

Male

Female

National Insurance Number

Unique Tax Reference (where known)

We will send all correspondence relating to a sponsored plan directly to the sponsor.

If either the adult policyholder or sponsor has been at the address(es) above for less than 3 years then please use this space to provide details of your address history for the past 3 years.

## 2 sponsor details

Only complete this section if you will be paying the premiums on behalf of a child aged under 18 at entry. If you have been at this address less than 3 years, please provide a 3 year address history in the box in section 1.

Title

Surname

Forename(s)

Address

Postcode

Tel. No.

Day

Evening

Email

Date of birth

Relationship to policyholder

## 3 plan details

Term: Please note a plan must run for a minimum of 10 years.

The plan is available for those aged from birth to 75 at entry.

Life cover is only available for those aged from birth to 65 at entry.

Please note that you must be no older than 85 on the date of maturity (75 if you choose the life cover option).

Plan Term in years

or

Plan to mature at age

Would you like the life cover option?

please tick if yes.

Complete one only

Premium required

or Sum Assured required

Frequency (tick one)

Monthly

Yearly

Premiums will be collected by direct debit. Please indicate your preferred date of payment.

1st

16th

You will also need to complete the enclosed direct debit authority.

### Payment amount and frequency:

The minimum you can pay is £5 per month for a child (under 18 at entry) and £15 per month for an adult plan. If you wish to pay annually then the minimum premiums are £50 per year, or £180 per year, respectively. The maximum you can pay is £25 per month or £270 per year if paid annually. This upper limit includes payments into any tax exempt savings plans you may hold with other friendly societies.

The Tax Exempt Savings Plan is a type of qualifying regular premium policy. The maximum you can pay per year into such policies is £3,600 for policies taken out on or after 6th April 2013, or for policies taken out before this date where a significant variation has occurred to this policy. We are unable to accept applications that would cause this limit to be exceeded. Therefore you should be aware that any contributions you already pay into qualifying policies may need to be taken into consideration when applying for a Tax Exempt Savings Plan with the Society. If you are in any doubt as to whether you are already paying into qualifying policies, please seek professional advice.

### 3 continued

Please answer the following statement in relation to your application:

Are you (or the Policyholder if you are the Proposer) a beneficiary under another qualifying policy issued on or after 6th April 2013 or issued before that date where a premium limit event has occurred (eg a significant moderation/variation of the policy) Yes ☐ No ☐ please tick.

If you have ticked yes, you may only proceed with this application if you are not in breach of the annual premium limit of £3,600 for qualifying policies, including this new policy. Pure protection policies, and existing protected policies as at 5th April 2013 which are issued and maintained for a specific term for the sole purpose of repaying the capital of an interest only mortgage are excluded from the annual premium limit.

### 4 permission to keep you informed

Information about you will be held by **Kingston Unity** to provide the products and services for which you apply. We would also like to keep you informed of other products and services. Please tick the appropriate boxes if you **DO NOT** wish to be sent information about our products and services by: mail ☐ phone ☐ email ☐ You can change any of your choices by calling us on **01924 240164**

### 5 declaration – please ensure you sign and date this section

I hereby apply for the Tax Exempt Savings Plan. I declare that to the best of my knowledge and belief the answers given above are true and complete. I agree that the information supplied will be the basis of the contract between myself and Kingston Unity Friendly Society. I understand that any assurance will not commence until the contract is accepted by the Society.

I further declare in arranging this plan with Kingston Unity Friendly Society, I do not already have Tax Exempt Savings Plans issued by friendly societies (excluding ISAs) that might cause the premium limit of £25 per month to be breached.

Qualifying policy annual premium limit statement – In making this proposal for the issue of a qualifying policy I am not in breach of the annual premium limit for qualifying policies of £3,600 at the date this proposal and statement is made.

The Tax Exempt Savings Plan is subject to the Key Features document. For your benefit and protection you should read this document carefully before signing this application form. If you do not understand any point please ask us for further information. I understand that a copy of this application and rules is available on request.

I understand that under the current Money Laundering Legislation and other statutory requirements ID verification checks may take place if required, including by electronic means. I authorise such checks.

I declare that this application has been completed to the best of my knowledge and belief. I agree to inform Kingston Unity in writing immediately of any changes in my details.

We will treat you as a 'retail customer' which means that you will receive the highest level of customer protection available under UK financial services rules and regulations.

#### Client Agreement

I agree to be bound by this Client Agreement, which is a legal agreement, and defines our respective rights and obligations.

#### Your Rights

You will be treated fairly in all of your dealings with Kingston Unity including:

- The product and associated services will be clearly described, so that you can decide whether it meets your needs

- Being provided with clear and accurate information, during and after the point of sale
- Our dealing effectively with your queries and complaints. We publish our internal complaints handling process on our website [www.kingstonunity.co.uk](http://www.kingstonunity.co.uk) and these are also available on request. In circumstances where you feel your complaint has not been dealt with to your satisfaction, or if we have not been able to give you a final response within eight weeks, then you will have the option of contacting the Financial Ombudsman Service. Their website is [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).

#### Your Obligations

- To complete the application to the best of your knowledge and inform Kingston Unity in writing immediately of any changes in your circumstances
- To read the documentation that we will send to you, particularly the Key Features Document.

#### Data Protection

In order to process your application, we must obtain certain information from you. We will also need to maintain certain other records.

- You agree that the information we hold about you can be held electronically and/or in hard copy form.
- You agree that any information we hold about you may be disclosed a) to third parties for the purpose of processing your application and ongoing membership, b) to our Regulators, c) to our Compliance Consultants, d) It will not be disclosed to any other parties (even if related) without your express permission in writing.
- If your plan has been arranged as an advised sale via an IFA, then we will automatically disclose your plan information to them unless you instruct us otherwise. If in future you do not wish to give us permission to disclose your information to your IFA, or if your relationship with your IFA ceases then please advise us.
- If you have been referred to us by an IFA then we will not provide them with any details of your plan information and we will send all documentation directly to you.

**Please sign and date this declaration.**

Policyholder/Sponsor's signature 

Date

### 6 Please complete this section if this is a non-advised sale

Kingston Unity does not give advice in relation to its products and our external and Society introducers are not authorised to give advice. However, you may have received advice from an Independent Financial Advisor in relation to this plan. Where you have received advice from an Independent Financial Advisor, **please do not complete this section.**

**I confirm that I have not requested nor received any advice from the Society or its introducers in relation to this product.**

Signed: .....

Date: .....

### 7 return to us

Please return your completed application to:

**Freepost RSJC-BBGE-KSAX, Kingston Unity, 9 Navigation Court, Calder Park, Wakefield, WF2 7BJ**

IFA Ref/Name

How did you hear about us? IFA ☐ KU Agent ☐ KU Website ☐ Other (specify) ☐

Don't forget to enclose your completed direct debit authority.