

Investment Bond Application Form



KINGSTON UNITY
THE FRIENDLY SOCIETY
TRADITIONAL VALUES - MUTUAL BENEFITS

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

For further details about the bond, please see 'Key Features document'.

This form is for IFA use, or where the bond is to be issued in conjunction with a new or existing trust.

1 Are the policies to form part of an existing or new trust arrangement?

☐ No - go to section 3 ☐ Yes - go to section 2a or 2b

2a Trust details

The policies are to be issued to the trustees of an existing trust.

Tick here ☐

Name of trust

All the trustees' details must be entered in section 3

A certified copy of the trust must be provided
OR

2b The policies are to be issued under a new trust.

Tick here ☐

Complete full applicant details in section 3 and complete the appropriate trust form.

The person(s) making the investment into the Bond is/are the applicants(s); the appointment of trustees takes place after completion of the processing of the Bond. Therefore, the trustees do not complete section 3, unless they are also an applicant.

3 Applicants' details (All applicants must complete this section)

First Applicant (to whom all correspondence will be sent)

Title

Surname

Forename(s)

Address

Postcode

Tel. No.

Day

Evening

Email

Date of birth

Male

Female

If applicant is not to be life assured please tick here.

Second Applicant (if applicable)

Title

Surname

Forename(s)

Address
(If different from
first applicant)

Postcode

Tel. No.

Day

Evening

Email

Date of birth

Male

Female

If applicant is not to be life assured please tick here.

If any applicant has been at the address(es) above for less than 3 years then please use this space to provide details of the relevant address history for the past 3 years.

3 Applicants' details continued (All applicants must complete this section)

Third Applicant (if applicable)

Title

Surname

Forename(s)

Address

Postcode

Tel. No.

Day

Evening

Email

Date of birth

Male

Female

If applicant is not to be life assured please tick here.

Fourth Applicant (if applicable)

Title

Surname

Forename(s)

Address
(If different from
first applicant)

Postcode

Tel. No.

Day

Evening

Email

Date of birth

Male

Female

If applicant is not to be life assured please tick here.

If any applicant has been at the address(es) above for less than 3 years then please use this space to provide details of the relevant address history for the past 3 years.

Declaration - please ensure that all applicant(s) in section 3 sign and date this section

4 Additional or other Lives Assured details

The policy benefits are payable on encashment by owner(s) stated in Section 3, or on the death of the person, or persons, named in this section (the "life assured"). If more than one person is named as a life assured, the benefits are payable on the death of the last to die.

Where the live(s) assured are not policyholders, there needs to be demonstrable insurable interest in relation to the policyholder and live(s) assured.

First or sole life

Second life

Title

Surname

Forename

Date of Birth

Address

The life (or lives) assured does/do not need to sign the Declaration in section 7, unless also an applicant named in section 3.

4 Life Assured details continued

	Third life	Fourth life
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Fifth life	Sixth life
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

5 investment details

Please note: The minimum investment into each Bond is £1,000 and the maximum is £250,000. The overall maximum you can normally invest in a calendar year into our Bonds is £250,000.

I/We wish to invest in the Investment Bond.

What is the source of your investment? Please tick all boxes that may apply.

Savings	<input type="checkbox"/>	Retirement fund	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	Sale of property	<input type="checkbox"/>
Sale/maturity of previous investments	<input type="checkbox"/>	Divorce settlement	<input type="checkbox"/>
Other	<input type="checkbox"/>	If other, please give further details here	<input type="text"/>

Please make your cheque payable to Kingston Unity. If you use a Building Society cheque or bankers draft, ask the organisation to print your name and account number on the reverse of the cheque and endorse it with their stamp.

6 bank or building society account details (Only complete this section if you wish to make regular withdrawals).

Please provide the bank or building society account details that you would like regular withdrawals to be paid into.

Name of bank or building society (in block capitals)	<input type="text"/>
Bank or building society address	<input type="text"/>
Account holder's name	<input type="text"/>
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"/>
Sort code (banks only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please sign your regular withdrawal authority

I/We wish to receive a regular withdrawal from the Bond. I/We understand that any withdrawal will reduce the value of the Bond and this may be below the amount of the original investment.

First applicant's signature <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
Second applicant's signature (if applicable) <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
Third applicant's signature (if applicable) <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
Fourth applicant's signature (if applicable) <input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>

7 declaration - please ensure that all applicant(s) in section 3 sign and date this section

I/We hereby apply for the Investment Bond. I/We declare that to the best of my/our knowledge and belief the answers given above are true and complete.

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

I/We 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/We authorise such checks.

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

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

Client Agreement

I/We 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 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.

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. If it is a joint bond, all applicants must sign and date.

First applicant's signature X	Date
Second applicant's signature (if applicable) X	Date
Third applicant's signature (if applicable) X	Date
Fourth applicant's signature (if applicable) X	Date

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

Signed: (all applicants) Date:

9 return to us

Please return your completed application and any relevant trust forms 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) ☐