

Regular Savings Plan 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 Regular 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 3-8.

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

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. 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	<div></div>		
Surname			
Forename(s)			
Address			
Postcode			
Tel. No.	Day	<div></div>	
	Evening	<div></div>	
Email	<div></div>		
Date of birth	<div></div>	Male <input type="checkbox"/>	Female <input type="checkbox"/>

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.

3 plan details

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

Plan Term in years or Plan to mature at age

The plan is available from birth to 65 at entry and you must be no older than 75 on the date of maturity.

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 £250 per month or £3000 per year if paid annually.

The Regular 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 Regular 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 Regular Savings Plan. I declare that to the best of my knowledge and belief the answers given above, and in the attaching Medical Questionnaire, 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.

The right to benefit may be lost if disclosure is not made of facts likely to affect the risk. If in doubt, such facts should be disclosed on proposal.

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 Regular 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 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.

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 complete section 8 fully and then return your application to us.

Freeport 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.

8 Application Form Medical Questionnaire



KINGSTON UNITY
THE FRIENDLY SOCIETY
TRADITIONAL VALUES - MUTUAL BENEFITS

Please complete the medical questionnaire as this is an integral part of your application.
All questions refer to the prospective policyholder.

SECTION A - Health and lifestyle

Height and weight

Please state your height without shoes ft ins or m

Please state your weight in indoor clothes st lbs or kg

If you are currently pregnant, please state your pre-pregnancy weight

Cigarettes

Have you smoked any cigarettes in the last 12 months? ☐ Yes ☐ No

If Yes, please state number of cigarettes smoked per day

If you have given up smoking cigarettes within the last twelve months, please state your previous average daily consumption prior to giving up

(We may ask you to undergo a simple test to confirm your answers to these questions)

Have you used any other tobacco products or any nicotine replacement products in the last 12 months? ☐ Yes ☐ No

Other tobacco products include cigars, pipe smoking, and chewing tobacco.

(We may ask you to undergo a simple test to confirm your answers to these questions)

Alcohol

Do you consume alcoholic drinks? ☐ Yes ☐ No

If Yes, how many units of alcohol do you drink on average each week? units

A unit of alcohol is the equivalent to each of the following:

a half pint of normal strength beer, lager or cider ~ one standard glass of wine ~ a single measure of spirit

Alcohol advice

Have you ever sought or been given medical advice to reduce the level of your drinking? ☐ Yes ☐ No

If Yes, please give details ...

Drugs

Within the last five years, have you taken drugs other than for the treatment of a medical condition? ☐ Yes ☐ No
e.g. cocaine, heroin etc.

If Yes, please give details ...

If you answer YES, to any part of section B and/or C, please provide details on a separate sheet.

SECTION B - Other life applications

Has any application you've made for life, health or critical illness cover been declined, postponed or accepted with increased premiums, exclusions or restrictions? ☐ Yes ☐ No

SECTION C - Health and Medical details

a. Have you consulted your doctor during the last 12 months for anything other than minor ailments or those listed ☐ Yes ☐ No

Have you ever experienced:

b. angina, heart attack or any other disorder of the heart? ☐ Yes ☐ No

This question does include heart valve disorders, rheumatic fever, cardiomyopathy and heart abnormalities or defects present at birth.

SECTION C - Health and Medical details cont'd...

- c. stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or any permanent brain injury through accident? ☐ Yes ☐ No
- d. any form of cancer, leukaemia, Hodgkins disease, lymphoma, brain or spinal tumour? ☐ Yes ☐ No
- e. multiple sclerosis, optic neuritis, Parkinson's disease, paralysis, cerebral palsy, dementia or Alzheimer's disease? ☐ Yes ☐ No
- f. blurred or double vision, loss of feeling, numbness, pins and needles, tingling of the limbs or face or any disease or disorder of the central nervous system (brain, spinal cord and nerves), which has not already been mentioned in earlier questions? ☐ Yes ☐ No
- g. diabetes? ☐ Yes ☐ No
- h. any disease or disorder of the arteries including disease in the legs or of the aorta? ☐ Yes ☐ No

Within the last five years have you experienced:

- i. anxiety state, stress, depression, chronic fatigue, any other mental or nervous illness? ☐ Yes ☐ No
- j. any problem, disease or disorder affecting your digestive system, stomach, bowel, liver, pancreas or gall bladder? ☐ Yes ☐ No

Within the last two years, have you had any treatment for raised blood pressure or been advised to take treatment, or to have your blood pressure monitored?

☐ Yes ☐ No

Within the last five years, other than in respect of the conditions that you have already declared have you either?

☐ Yes ☐ No

received any medical attention at a hospital as an inpatient or outpatient ☐ Yes ☐ No

or

had or been advised to have any investigations, scans or blood tests including HIV ☐ Yes ☐ No

Other than in respect of the conditions that you have already declared, are you currently:

experiencing any symptoms or complaints for which you have not consulted a doctor ☐ Yes ☐ No

or

receiving any form of treatment or medication ☐ Yes ☐ No

or

awaiting any medical or surgical consultation or follow up ☐ Yes ☐ No

or

awaiting any test or investigation? ☐ Yes ☐ No

SECTION D - Doctor's details

(A report from your doctor will not always be requested).

Title

Practice address

Doctor's Initials

Doctor's surname

or

Medical Centre

Telephone No.

(please include the full code and any extensions)

Post code: <input type="text"/>

Signed

Date

Data Protection - The information provided will only be used by Kingston Unity to set up and administer the Policy.

Kingston Unity, 9 Navigation Court, Calder Park, Wakefield WF2 7BJ. Tel: 01924 240164 email: enquiries@kingstonunity.co.uk website: www.kingstonunity.co.uk

Kingston Unity is the trading name of Kingston Unity Friendly Society Limited, an incorporated Society within the meaning of the Friendly Societies Act 1992 (Register 775f).
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register 110056.