



Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

The easy, flexible way to save and watch your money grow

CASHBUILDER PLAN - APPLICATION

APPLICANT INFORMATION

Name:

Date of Birth:	Mr/Mrs/Miss/Ms	Phone:
Current address:		
City/Town:	County	Post Code:
National Insurance Number →		Occupation
Proposed by →	If proposed by self - enter "own life"	Relationship to Proposed Assured ↓

REGULAR CONTRIBUTIONS

Payment → £	Quarterly/Monthly/Annually <i>delete</i>	
Policy to be payable after →	years -	e-mail address →

NB : If the premium is paid at greater frequencies than annually, the rates quoted increase by 4%

OTHER INFORMATION

Are there any other facts or circumstances affecting this proposal which you think should be stated?
 Yes No If "Yes", please state all material facts below :

HOW WILL WE USE YOUR DATA

The information that you provide on this form will be held by the Grand United Order of Oddfellows and used to set up and administer the policy for which you are applying and for other business purposes. By taking out this policy we will rely on upon this as our standard client agreement and for your own benefit and protection, you should read the terms within the Financial Products Key Facts Document that you have been supplied with before signing. If you do not understand any point, please ask for further information. I confirm that I have not been given any advice by the Grand United Order of Oddfellows in relation to the purchase of this plan

DECLARATION

I agree that such statements that have been made shall be the basis of any Contract for affecting the required Assurance with the said Society and I agree to accept the Contract subject to the usual conditions prescribed by the Society

I wish to apply for the Grand United Order of Oddfellows Friendly Society Tax Exempt Savings Plan (TESP). I have read and understood the TESP Key Facts. I confirm that I am a UK resident (excluding the Isle of Man and Channel Islands) and I declare to the best of my knowledge and belief that the statements I have provided on this Application Form are true and correct and I agree to the TESP terms and conditions provided. I declare that I do not have any other Tax Exempt Plans

(excluding ISA's) with this or any other Friendly Society and that by taking out this plan, my maximum entitlement of £25 per month or £270 per annum to TESP's is not exceeded. Furthermore, I declare that the total of my contributions to this TESP and other taxable qualifying policies under HMRC rules does not exceed £3600 per annum.

Signature of applicant	Date
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