



## Guaranteed 50 Plus Life Cover Data Capture form

Please use this form to collect the information necessary to complete an online application for the **Guaranteed 50 Plus Life Cover Plan** on behalf of your client. This form should be retained for your own records and should NOT be sent to OneFamily.

### 1. Client details

Title	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Forename(s)	<input type="text"/>	Town	<input type="text"/>
Date of birth	<input type="text"/>	County	<input type="text"/>
Gender	male <input type="checkbox"/> female <input type="checkbox"/>	Postcode	<input type="text"/>
Tel. no. day	<input type="text"/>	Country	<input type="text"/>
Tel. no. eve	<input type="text"/>	Email	<input type="text"/>

Completing your phone number will minimise delays if we have any queries.

Has your client used tobacco products or nicotine replacement therapy within the last 12 months? Yes  No

### 2. Quote details

Monthly premium (€10-€75) £  or level of cover (Maximum €34,455) £

### 3. Funeral funding option

Tick below if your client wishes to add the funeral funding option to their policy (select only one).

The Co-operative Funeralcare  Golden Charter

(For their benefit and protection the applicant should read the funeral funding option booklet).

### 4. Beneficiary details

Please refer to the 'Important Information' section on the Form of Nomination form for full details. You should also use that form if your client wishes to nominate more than one beneficiary.

Title	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Forename(s)	<input type="text"/>	Town	<input type="text"/>
Date of birth	<input type="text"/>	County	<input type="text"/>
Gender	male <input type="checkbox"/> female <input type="checkbox"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Country	<input type="text"/>

### 5. Premium payments

Your client's first premium is always collected 10 working days from the policy start date. Please indicate if your client wishes their subsequent regular monthly premiums paid by Direct Debit to be on a specific day of the month  (1st to 31st of each month). If the selected date falls on a weekend or Bank Holiday, the payment will be made on the next available working day. **Depending on the payment date, the amount of the first premium may be equal to or more than the selected regular monthly premium amount. We will let your client know about this in their policy documents.**

Please turn over to read and sign the declaration

## 6. Client or spouse/partner bank details

If the payer of the premiums is to be someone other than the client or their spouse/partner, they will be required to complete and return a Direct Debit Form to us in the post.

Q1 Will the premiums be paid from a bank account held in the client's name? Yes  No

If yes, is the account a joint account? (then go to question 2) Yes  No

If no, is the account held by your client's spouse/partner? (then go to question 3) Yes  No

Q2 If the account is a joint account, can the account be operated independently or not? Either to sign  Both to sign

Q3 Has the spouse/partner given their authority to become the payer of the premiums? Yes  No

Q4 Has the payer been provided with and understood the Direct Debit Guarantee? Yes  No

Q5 Name(s) of account holder(s)

Account number  Sort code

## 7. Third party payer details (other than spouse/partner)

Please complete this section if someone other than your client or their spouse/partner will be paying the premiums. They will be required to complete and return a Direct Debit Form to us to complete the application.

Title  Address   
Surname   
Forename(s)   
Postcode

## 8. Data protection

Customer information will be held by OneFamily and used for general business purposes including administration, claims handling, customer services, business analysis, maintenance of statutory records and in particular for providing the services for which you are applying. To do this we may need to pass your data to our subsidiary companies, and occasionally other organisations.

## 9. Declaration

**The Guaranteed 50 Plus Life Cover is subject to the Policy Conditions and Table in the Policy Summary document. For your benefit and protection you should read these carefully before submitting your application. If you do not understand any point please ask your financial adviser for further information.**

I declare that this application has been completed to the best of my knowledge. I confirm I have read the Policy Summary. I agree to be bound by the Terms and Conditions relating to the **Guaranteed 50 Plus Life Cover** and to inform OneFamily in writing immediately of any change in my personal details. I permit the Society to share information with my appointed financial adviser relating to this policy and, where appropriate, they may receive copies of any correspondence to enable them to administer the policy on my behalf and give further financial advice.

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.

We may carry out electronic checks and/or ask you to supply documents as evidence of your identity and your address. If this information is not supplied within 30 days of our request, we reserve the right to cancel the policy and any premiums you have paid will be refunded. By signing this application and/or permitting your adviser to submit an application for Guaranteed 50 Plus Life Cover on your behalf you are agreeing to this.

Applicant's signature

Date

Please ensure your client reads and signs the declaration and retain this form for your records.

OneFamily, 16-17 West Street, Brighton, BN1 2RL, United Kingdom. Tel: 0808 100 5075

OneFamily is a trading name of Family Assurance Friendly Society Limited, (incorporated under the Friendly Societies Act 1992, Reg. No. 939F). Registered in England & Wales at 16-17 West Street, Brighton, BN1 2RL, United Kingdom. Family Assurance Friendly Society Limited is authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and the Prudential Regulation Authority. Family Assurance Friendly Society Limited's Financial Services Regulation number is 110067. You can check this on the Financial Services Register at [www.fca.org.uk/firms/systems-reporting/register](http://www.fca.org.uk/firms/systems-reporting/register) or by contacting the FCA on 0800 111 6768.

Engage Mutual Services Limited (EMSL)(Company Registration Number 3088162) is a non-regulated wholly owned subsidiary company of Family Assurance Friendly Society Limited. EMSL will introduce customers to Co-operative Legal Services Limited, The Co-operative Funeralcare, Golden Charter Ltd, Grace Consulting and RedArc Assured Limited, none of which are authorised or regulated by the FCA or the PRA. Co-operative Legal Services Limited are authorised and regulated by the Solicitors Regulation Authority (Registration Number 567391). The Co-operative Funeralcare is a member of the Funeral Planning Authority and the National Association of Funeral Directors. EMSL will introduce customers to Golden Charter Ltd which is a registered provider with the Funeral Planning Authority.