

<b>OFFICE USE ONLY</b>		MEMBER 1 NO	MEMBER 2 NO			
BOND NUMBER	PFA/IFA	DATE OF ENTRY	DATE PAID	AMOUNT PAID	EXIT MODE	EXIT DATE

**RED ROSE ASSURANCE**

*Making Mutuality Meaningful*

**FIRST APPLICANT DETAILS**

Please complete fully in block capitals  
Applicant

**SECOND APPLICANT DETAILS**

In the event of my death, the proceeds of this Policy (Subject to a maximum of £25,000 under Current nomination rules) are to be paid to:

TITLE:	SURNAME:	TITLE:	SURNAME:
FORENAMES:		FORENAMES:	
ADDRESS:		ADDRESS:	
POST CODE:	TEL NO:	POST CODE:	TEL NO:
MOBILE NO:	DATE OF BIRTH:	MOBILE NO:	DATE OF BIRTH:
EMAIL ADDRESS		EMAIL ADDRESS	

**INVESTMENT**

I WOULD LIKE TO INVEST  UNITS AT £500 PER UNIT TOTAL INVESTMENT  MINIMUM £500

I WOULD LIKE TO RECEIVE INCOME PAYMENTS YES  NO  NB: TO TAKE ADVANTAGE OF THE INCOME OPTION, YOU NEED TO INVEST AT LEAST £25,000

IF YES, THE AMOUNT OF MONTHLY, QUARTERLY, HALF YEARLY OR YEARLY INCOME REQUIRED.  % MONTHLY, QUARTERLY, HALF YEARLY OR YEARLY

I WOULD LIKE THE PAYMENTS TO COMMENCE ON: (PLEASE INSERT DATE)  /  /

IF THE INCOME OPTIONS IS NOT SPECIFIED AT COMMENCEMENT THEN IT CAN BE STARTED AT ANY POLICY ANNIVERSARY BY GIVING 30 DAYS PRIOR NOTICE.

YOUR PAYMENT WILL BE MADE DIRECTLY TO YOUR BANK OR BUILDING SOCIETY ACCOUNT. PLEASE GIVE DETAILS BELOW:

BANK / BUILDING SOCIETY:	
ADDRESS:	
ADDRESS:	POST CODE:
BANK/BUILDING SOCIETY ACCOUNT NUMBER:	SORT CODE:

**DECLARATION**

I HEREBY APPLY TO THE RED ROSE FRIENDLY SOCIETY LIMITED FOR A WITH-PROFITS INVESTMENT BOND CONTRACT ACCORDING TO OUR INSTRUCTIONS ABOVE, AND AGREE THAT THIS APPLICATION SHALL FORM THE BASIS OF THE CONTRACT BETWEEN US.

SIGNATURE 1:	SIGNATURE 2:	DATE:
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The Red Rose Friendly Society Limited, Parkgates, 52a Preston New Road, Blackburn, Lancashire, BB2 6AH  
Freephone: 0800 7310072 facsimile: 01254 222705 email: info@redroseassurance.co.uk