

OFFICE USE ONLY	Introducer	PFA/IFA	Date of Entry	Prop Input Signed	Prop Doc Produced	New Bus Doc CHKD
PROP NO:	MEMBER NO:	POLICY NUMBER:	NOMINATION NO:	NOMINEE NO:		

Whole of Life Over 50's 'With Profits' Plan

RED ROSE ASSURANCE
Making Mutuality Meaningful

PERSONAL DETAILS

Please complete fully in block capitals
 Life Proposed

TITLE:	SURNAME:	
FORENAMES:	D.O.B.:	
ADDRESS:		
ADDRESS:		
POST CODE:	OCCUPATION:	
MARITAL STATUS:	AGE NEXT BIRTHDAY AT ENTRY:	
TEL NO:	MOBILE NO:	
EMAIL ADDRESS:		

NOMINEE 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:	
FORENAMES:	D.O.B.:	
ADDRESS:		
ADDRESS:		
POST CODE:	OCCUPATION:	
TEL NO:	MOBILE NO:	
EMAIL ADDRESS:		

Should you wish to change your nominee at a later date, simply write to us with the new details.

DO YOU SMOKE OR HAVE YOU SMOKED CIGARETTES IN THE PAST 12 MONTHS?
 If you intend to smoke cigarettes in the future tick "YES" - If you only intend to smoke cigars or a pipe tick "NO"

YES ☐ NO ☐

A COPY OF THE POLICY CONDITIONS AND OF THIS PROPOSAL WILL BE AVAILABLE ON REQUEST

I declare that to the best of my knowledge and belief the above statements are true and no material facts have been withheld. I agree that these statements shall form the basis of the proposed contract of Assurance between me and The Red Rose Friendly Society Limited and that I will be bound by the terms and conditions of the Policy and the rules of the Society from time to time in force. I apply for membership Of the Society, on behalf of myself.

SUM ASSURED

PREMIUM
 Calendar Monthly

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SIGNATURE: DATE :

CLAIM

Mode of Exit
 Date of Exit
 Amount Paid: £
 Claim Number:

FREE POLICY

Lapse Date:
 Lapse Value:
 Withdrawal Date: Number.....
 Claw Back: Yes/No £.....

I accept this proposal on behalf of the Society under the rules of table OB A (93) guaranteed acceptance

C.C.T.L/B.D.M: DATE: