

OFFICE USE ONLY	Member No	Policy No	Prop No	Proposal Input .....
PFA/IFA	Introducer	Date of Entry	Date of Maturity	Policy Doc Input .....
				New Bus Doc Chkd .....

**RED ROSE ASSURANCE**  
*Making Mutuality Meaningful*

**Personal Details of child**

Please complete fully in block capitals

Title	Surname
Forenames	
Address	
	Postcode
Home Telephone Number	Date of Birth

**Personal details of parent/guardian/grandparent**

Title	Surname
Forenames	
Address	
	Postcode
Home Telephone Number	Date of Birth

**Type of Policy**

Table No	Policy Type	Sum Assured	Term of Years	Premium	Frequency
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**Details of other Tax-Exempt policies on the life assured (if any)**

Company/Society	Premium	Frequency	Policy No	Policy Date	Sum Assured	Term
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**Medical Information: Is the child to be assured in good health and free from any mental and/or physical illness or condition ?**

No	Yes	If 'NO' Please give details
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Is there a family history of any hereditary illness and/or condition ?

No	Yes	If 'YES' Please give details
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Has the child been tested positive of HIV/AIDS or HEPATITIS B or C ?

No	Yes	If 'YES' Please give details
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Declarations: To be made by Parent, Guardian or Grandparent. Please read carefully before signing.

I hereby apply to the Red Rose Friendly Society Limited for the policy of Assurance in accordance with the details given above on the life of a child whose details appear above. I also apply for membership of the Society for the child. I agree that the child will be bound by the terms and conditions of the policy and the rules of the Society from time to time in force. I clearly understand that this proposal is made for the absolute benefit of the child, that any policy issued will be the property of the child and that an 'own life' assurance makes the child a member of the Society and that at age 16 and after, such child may avail himself or herself of all the rights and privileges under the Acts 1974 and 1992 and that any premiums paid by me will be paid on behalf of the child. I declare that to the best of my knowledge and belief the child is in good health and free from mental and physical illness or condition.

I agree that this application shall be the basis of the contract with the Society and that the assurance will not commence until the policy has been delivered to me and the first premium paid and that any such payment will be returned if the proposal is not accepted by the Society. If there are any material facts relating to the child's health, these must be disclosed. FAILURE TO DISCLOSE MATERIAL FACTS (WHETHER RELATING TO HEALTH OR NOT) MAY AFFECT THE BENEFITS PAYABLE UNDER THE POLICY. Material facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are in any doubt as to whether certain facts are material, they should be disclosed.

The child's birth certificate must be submitted with this application

**General Data Protection Regulation (GDPR)**

We take your privacy seriously and will only use your personal data to administer the policy and provide products and services you have requested from us. Full details of our GDPR policy and the Privacy Statement can be found on the website. You must sign our GDPR Document before we can process your application.

Signature of Grandparent (if applicable)	Date
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Signature of Parent/Guardian	Date
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<b>FOR OFFICE USE ONLY</b>	
I Recommend that this proposal be accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason .....	
Special terms & conditions .....	
Signed ..... Date .....	

Exit Mode .....
Exit Date .....
Amount Paid .....
Claim No .....

<b>FREE POLICY</b>	
Lapse Date .....	
Lapse Value .....	
WDL Date .....	
WDL No .....	