



# Guaranteed 50 Plus Life Cover

## data capture and application 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.

### client details

**Title**

**Surname**

**Forename(s)**

**Date of birth**

**Gender:** Male  Female

### address details

**Address**

**Postcode**

**Country**

### client contact details

**Daytime phone**

**Evening phone**

**Email address**

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

### quote details

Monthly premium  or Level of cover

### beneficiary details

Please read section 5 ("Can I nominate a beneficiary") in the Key Features document before completing (online application allows your client to nominate up to four beneficiaries).

**Title**

**Surname**

**Forename(s)**

**Date of birth**

**Gender:** Male  Female

**Address**

**Postcode**

**Country**

### bank details

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

If yes, is the account a joint account? Yes  No

If yes, can the account be operated independently or not? Either to sign  Both to sign

Name(s) of account holder(s)

Account number

Sort code (banks only)

Your client should read and sign the declaration overleaf. Please keep it for your records.

## data protection

Customer information will be held by **engage** Mutual Assurance 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.

## declaration

I understand that if my actual date of birth differs from that on which the figures overleaf are calculated, the cover available to me may differ from that shown. I declare that this application has been completed to the best of my knowledge. I confirm I have read the Key Features. I agree to be bound by the Terms and Conditions relating to the Guaranteed 50 Plus Life Cover and to inform **engage** Mutual Assurance in writing immediately of any changes in my circumstances.

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.

## important

### Please read these Client and Initial Services Agreements

#### Client Agreement

I agree to be bound by this Client Agreement, which is a legal agreement, and defines our respective rights and obligations.

#### Your Rights

You will be treated fairly in all of your dealings with **engage**, including.

- The product and associated services will be clearly described, so that you can decide whether it meets your needs
- Being provided with clear and accurate information, during and after the point of sale
- Being provided with a product and associated services that perform to an acceptable standard and as we have led you to expect
- Our dealing effectively with your queries and any complaints.

#### Your Obligations

- To complete the application to the best of your knowledge and inform **engage** in writing immediately of any changes in your circumstances
- To read the documentation that we will send to you, particularly the Key Features Document.

#### Our Obligations

- We will treat you fairly in all of your dealings with **engage**
- Our products and services will be designed to meet the needs of identified customer groups and will be targeted accordingly
- We will provide you with clear information and keep you appropriately informed before, during and after the point of sale
- We will ensure that you are provided with a product that performs as we have led you to believe, and the associated service will be both of an acceptable standard and as we have led you to expect
- We will deal effectively with your queries and any complaints.

#### Our Rights

- We will rely on the application being completed to the best of your knowledge and you informing us immediately of any changes in your circumstances
- We will rely on you having read and understood the documentation that we will send to you, particularly the Key Features Document.

#### Initial Services Agreement

I declare that I enter into an agreement with **engage** Mutual Assurance authorising it, once the contract has started, to:

- Collect and accept payments into the account from me or any other person;
- Invest payments in the way described in the Key Features Document;
- To the extent that the investment is linked to units/shares, to invest payments into the fund described in the Key Features Document.

Applicant's signature 

Date

**engage** Mutual Assurance, Hornbeam Park Avenue, Harrogate HG2 8XE, tel: 01423 855 000, fax: 01423 855 181.

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