



# Friendly Shield

## Application Form

---

Financial assistance when  
you need it most

**You must take reasonable care to ensure the information you provide to us is truthful, complete and accurate. If you don't, this could affect whether we're prepared to cover you. It could also mean we don't pay some or all of your claims.**

Friendly Shield provides short-term essential protection against unexpected accidents. We do not offer advice or recommendations. To check whether this product will meet your demands and needs, you should read the Policy Summary and Policy Conditions carefully. Both documents are available from your broker or by contacting us on the phone number below.

You can apply by:

- Completing an application online at: [nationalfriendly.co.uk/FS](https://nationalfriendly.co.uk/FS)
- Completing this application form and:
  - scanning and emailing it to [info@nationalfriendly.co.uk](mailto:info@nationalfriendly.co.uk)
  - posting it to **National Friendly, 11-12 Queen Square, Bristol BS1 4NT**
- Completing an application over the phone by calling us on: **0333 014 6244**  
Lines are open 8am-6pm, Monday to Friday excluding bank holidays.

### 1 Pre-application details

In order to apply for this policy (please tick):

- You work 16+ hours a week:
- You have been registered with a UK GP for at least 2 years:
- What other product is being sold alongside your Friendly Shield policy?

None:  Critical illness:  Income protection:  Life insurance:  Mortgage:

Personal loan:  Other:  If other, please state policy type:

## 2 Policyholder details

Title	First name	Last name
Address		
Postcode		
Phone number	Email	
Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender at birth: Male <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>
Gross annual income before deductions		
Employment status: Employed <input checked="" type="checkbox"/>	Self-employed <input checked="" type="checkbox"/>	
Occupation		

## 3 How we will use your data

The information that you provide in this form will be held and used by National Friendly for the purposes of providing our products and services. Please inform us at any time if your details change. The ways in which we will use your data is laid out in our Privacy Policy. The Privacy Notice is available to view at: [www.nationalfriendly.co.uk/privacy](http://www.nationalfriendly.co.uk/privacy). We will never share your data with any other companies for their marketing purposes.

We will always respect your preferences as to the information you receive from us. To be kept up to date with competitions, offers, news, products and services, please let us know how you'd like to be contacted below:

Email:  Telephone:  Text/SMS:  Post:

## 4 Additional applicants

Any additional applicants must live at the same address as the policyholder. Spouses should be between the ages 18-60 and children 6 months – 22 years inclusive.

Person	Title	First name	Last name	Date of birth	Gender at birth
Spouse				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 1				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 2				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 3				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 4				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 5				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 6				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 7				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 8				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 9				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>
Child 10				DD MM YYYY	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>

## 5 Policy options

Which cover level do you require?

Bronze  Silver  Gold

Please enter your preferred start date (must not be a date in the past):

Would you like to add sickness cover to your policy?  Yes  No

## 6 Payment details (if different from policyholder)

**Please note:** You are the account holder and the only person needed to authorise direct debits on this account or if this is a company bank account you are authorised to set up new direct debits on this account and only one signatory is required. Please ensure you also complete the direct debit form below.

Title	First name	Last name						
Address								
		Postcode						
Phone number	Email							
Date of birth:	D	D	M	M	Y	Y	Y	Y

## 7 Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form using a pen and send to:

National Friendly  
11-12 Queen Square  
Bristol  
BS1 4NT

### Instruction to your bank or building society to pay by Direct Debit

Service user number

6 7 7 9 0 2

FOR NATIONAL DEPOSIT FRIENDLY SOCIETY LTD  
OFFICIAL USE ONLY  
This is not part of the instruction to your bank or building society

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager Bank/Building Society

Address

Postcode

Reference

### Instruction to your bank or building society

Please pay National Deposit Friendly Society Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with National Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

DD17

Banks and building societies may not accept Direct Debit instructions for some types of account.  
This Guarantee should be detached and retained by the payer.



### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit National Deposit Friendly Society Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request National Deposit Friendly Society Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by National Deposit Friendly Society Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.  
– If you receive a refund you are not entitled to, you must pay it back when National Deposit Friendly Society Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## 8 Declaration

**The Policy Schedule and the Policy Conditions documents will form the basis of the policy. These documents will be sent to the policyholder once the application has been processed.**

**I would like to apply for a Friendly Shield policy and confirm that:**

- If this application was completed by a Financial Intermediary, it was done so at my request.
- I have read and understood the Policy Summary, or have been provided with sufficient information by my Financial Intermediary to make an informed decision about buying a Friendly Shield policy.
- The information I have provided is correct, and I will inform National Friendly immediately should any of it change.
- I agree that National Friendly may verify my identity by undertaking a search with Experian. A record of any search may be retained but will not affect my credit score.
- I agree to my welcome pack being sent by email where an email address has been provided.
- I agree to National Friendly processing my personal information as detailed in the Privacy Notice.
- In the event of a claim on the policy, I understand that National Friendly may request that all persons covered under this policy attend a medical examination paid for by them and that they may contact my GP/other medical provider to access medical records.

Your signature

Date

DD MM YYYY

## Here's how you can contact us

For information on this policy, to request a copy in Braille, large print, or audio, please get in touch.

You can call us on:

**0333 014 6244** 8am-6pm Monday to Friday excluding bank holidays.

Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. Calls are recorded for training and quality purposes.

Or email us at:

**info@nationalfriendly.co.uk**

Or visit us at:

**nationalfriendly.co.uk**

Or mail us at:

**National Friendly**  
**11-12 Queen Square, Bristol**  
**BS1 4NT**

National Friendly is a trading name of National Deposit Friendly Society Limited. Registered office: 11-12 Queen Square, Bristol BS1 4NT. Registered in England and Wales no. 369F. National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at: <https://register.fca.org.uk>. National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme and Financial Ombudsman Service.