

Accident Only Income Protection Application form

Get paid a regular benefit if you can't work due to an accident

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 and, if so, to what extent we cover you and how much you will pay. It could also mean we don't pay some or all of your claims.

This Accident Only Income Protection policy is designed to meet the demands and needs of individuals who need insurance for loss of earnings in the event that they suffer a disabling injury as a result of an accident.

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:

0333 014 6244 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. Lines are open 8am-6pm, Monday to Friday excluding bank holidays. Calls are recorded for training and quality purposes.

1	Policyholder details							
	Title Full name							
	Address	ress						
			Postcode					
	Contact tel.		Email					
	Date of birth	DD MM YYYY	Male ✓ Female ✓					
	Occupation							
	Employed Self-employed Director of own limited company							
	Annual earning	d:						
2	Payer and pa	yment details						
			bank accounts. If payment is from a business bank account, . Please leave blank unless different to policyholder.					
	Title	Full name						
	Address							
			Postcode					
	Contact tel.		Email					
	Date of birth DD MM YYYY							
	Basis of payment: Age-costed Reviewable V							
	Basis of paymer	nt: Age-costed Reviewable	Level Reviewable					
3	Policy details		Level Reviewable					
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3	Po	licy details (d	contin	ued)									
Do you wish to apply for the fracture cover?									Ī				
✓ Yes ✓ No													
Do you wish to apply for the accidental death benefit?													
	~	Yes	~	No									
Do you intend to apply for the benefit guarantee?													
	~	Yes	~	No									
In order to apply for the benefit guarantee, you must provide us with proof of your earnings eithe with this application or within 6 months of taking out the policy.							earnings either						
	Please enter your preferred cover date (must not be a date in the past):												
	DD	MM YYYY											
4	Da	nta protection	n and	confidentiality									
			Tana	.omacmaticy									
	Data protection By submitting this application form (and in any subsequent dealings, which may include telephone calls) National Deposit Friendly Society Limited will hold and use your personal data. We will only hold and use your information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we hold and use your personal data, please see our full Privacy Notice which sets out: The types of information we collect about you How we collect and use the information Who we might share the information with and where such information may be transferred How long we will hold the information for The steps we will take to make sure it stays private and secure Your rights in respect of your information							ata. We will only ta Protection Act ur full Privacy					
		·		ailable to view at: w				4.4					
	If you would like us to send you the Privacy Notice, please call us on: 0333 014 6244 Or write to us at: National Friendly, 11-12 Queen Square, Bristol BS1 4NT												
	Or۱	write to us at:	Natior	at Friendly, 11-12 Qu	een Square, I	Sristol BST 4N	11						
	You are responsible for making sure you provide us with accurate and up-to-date information. Please inform us when your personal information changes. If you provide information for or about another person in the context of your dealing with National Friendly, you will need to tell them how to find the Privacy Notice and make sure they agree to us using their information for the purposes set out in it.												
	Marketing Preferences National Friendly will never sell your personal data to any third parties. We would, however, like to keep you up to date with Society news, offers, competitions and other products and services that we offer. Please let us know how you'd like to be contacted below.												
	l ag	ree to Nation	al Frie	ndly contacting me b	y:								
	Ema	ail:		Telephone:	Text/	SMS:	Po	ost:					
				arketing preferences	easily at any	time by phon	e, email, in	writing or online					

5 Declaration

If you do not understand any point please ask us for further information before signing.

I would like to apply for an Accident Only Income Protection policy and confirm that:

- I am aware that this application is subject to acceptance by National Friendly.
- Where this application has been completed by someone else, it was done so at my request.
- If I am applying for the benefit guarantee, I understand I must provide National Friendly with my proof of earnings either with this application or within 6 months of the policy starting. If I include my proof of earnings with this application, I will complete the checklist of enclosures below.
- I agree to National Friendly processing my personal information as detailed in the Privacy Notice.
- I agree that to the best of my knowledge and belief the information provided in this application
 is true, accurate and complete and I will advise you of any changes to this information before this
 application is accepted.
- I understand that I won't be covered for injuries sustained before the policy started or in the first 7 days of the policy.

Your signature	Date									
			D	D	М	М	Υ	Υ	Υ	Υ

Please ensure the payer completes the direct debit form on the opposite page, even if one is already set up with us.

We will send you your welcome pack of policy documents by email. Please make sure you have included your email address on this application. If you would prefer the pack to be sent through the post, please tick here:

Checklist of enclosures:

If you are including your proof of earnings with this application, please tick the box next to the statement that applies to you:

I am employed and include my latest P60 and 3 most recent payslips

I am self-employed and include my self-assessment tax return

I am a director of my own limited company and include my latest P60 and most recent Reports & Accounts





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

National Friendly 11-12 Queen Square Bristol BS1 4NT	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	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
To: The Manager Bank/Building Society	Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.
Address	Signature(s)
Postcode	
Reference	Date DD17
Panks and building societies may not assent D	hiract Dahit 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.

Here's how you can contact us

We're here to help

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:

www.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.

