


Tax-Free Savings Plan Child Application Form

For helpful points on filling in this form, please see overleaf.

Details	FIRST CHILD	SECOND CHILD
Children must be aged under 16	Surname Mr/Miss	Surname Mr/Miss
	Full Forename(s)	Full Forename(s)
	Date of Birth / / Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth / / Male <input type="checkbox"/> Female <input type="checkbox"/>
	Savings details Monthly Savings £25 <input checked="" type="checkbox"/>	Savings details Monthly Savings £25 <input checked="" type="checkbox"/>
	Savings period 10yrs (min) <input type="checkbox"/> 15yrs <input type="checkbox"/> 25yrs (max) <input type="checkbox"/> Other <input type="checkbox"/> yrs	Savings period 10yrs (min) <input type="checkbox"/> 15yrs <input type="checkbox"/> 25yrs (max) <input type="checkbox"/> Other <input type="checkbox"/> yrs


Details	PARENT/GUARDIAN
	Surname Mr/Mrs/Miss/Ms
	Full Forename(s)
	Address
	Postcode
	Date of Birth / /
	Tel

Details	CONTRIBUTOR (if not Parent or Guardian shown above)	
 For details of how we use your information, please see Data Protection Notice overleaf	Surname Mr/Mrs/Miss/Ms	
	Full Forename(s)	
	Address	
	Postcode	
	Date of Birth / /	
	Tel	
	Relationship to the child	
	<small>I hereby gift the money to the child(ren) to be applied for the premiums payable under the plan(s). I understand that on maturity the proceeds of the Plan will be payable to the child or to the parent/guardian if the child is then under 16.</small>	
	<input checked="" type="checkbox"/> Contributor's Signature	Date

Declaration	DECLARATION TO BE SIGNED BY PARENT OR GUARDIAN
	<p>I have read the 'Key Features of the Tax-Free Savings Plan' including the risk rating for this product and 'A Guide to How we Manage Our With-Profits Fund' and I hereby apply to Teachers Provident Society Limited for a Child's Tax-Free Savings Plan including life assurance on my child(ren)'s life/lives, on behalf of my child(ren). I understand that on maturity the proceeds of the Plan will be payable to the child or to the parent/guardian if the child is then under 16. I confirm that, for each child, they do not already have a tax-free/tax-exempt savings plan with any friendly society. I hereby declare that all answers given are to the best of my knowledge, true and complete. I undertake to inform the Society if there is any change in the information provided by me in this application or in the declaration prior to receiving the Society's acceptance of this application. I agree that all statements made by me in connection with this proposal shall be the basis of the contract between me and the Society on behalf of my child(ren).</p>
	<input checked="" type="checkbox"/> Signature of Parent or Guardian
	Date

Direct Debit

This guarantee should be detached and retained by the Payer.



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 Teachers Provident Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Teachers Provident Society Limited 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 Teachers Provident Society Limited 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 Teachers Provident Society Limited 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.

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT	
Please fill in the form and send to: Teachers Provident Society Limited, Tringham House, Deansleigh Road, Bournemouth, BH7 7DT.	
Name and full postal address of your Bank or Building Society	Service User Number
To: The Manager Bank/Building Society	9 9 5 3 3 3
Address	Reference
Postcode	
Name(s) of Account Holder(s)	Instruction to your Bank or Building Society
Branch Sort Code	Please pay Teachers Provident Society Limited 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 Teachers Provident Society and, if so, details will be passed electronically to my Bank/Building Society.
Bank/Building Society account number	Signature(s)
	Date
<small>Banks and Building Societies may not accept Direct Debit instructions for some types of account Teachers Provident Society Limited is an incorporated Friendly Society authorised and regulated by the Financial Services Authority</small>	



You're just 5 steps away from the benefits of a Child's Tax Free Savings Plan

- 1** Read the documents - 'Key Features of the Tax-Free Savings Plan' and 'A Guide To How We Manage Our With-Profits Fund'.
- 2** Print off the application form and complete all relevant sections making sure you state the savings period you prefer.
- 3** Sign the DECLARATION.
- 4** Complete and sign the Direct Debit instruction at the bottom of the form.
- 5** Return your completed application form and Direct Debit instruction to us at Teachers Assurance, FREEPOST, Bournemouth BH7 7DT (no stamp required)

You have 30 days in which to cancel should you decide the savings plan is not for you after all.

No advice has been offered in connection with this plan. If you would like support when completing this application form or more information about the product itself please call our Customer Support line on 0800 056 0563

Lines are open 8.30am - 8pm Monday to Fridays and 9am - 1pm Saturdays

Data protection

HOW WE USE YOUR INFORMATION



Your information will be held by Teachers Assurance and added to our marketing databases. It may be used to keep your records up to date, for business analysis and market research purposes and to advise you by post, telephone and/or electronic methods about any products and services that may be of interest to you. We may pass your details to other carefully selected organisations but only for the purposes mentioned above.

If you do not want to receive such marketing information please tick this box []

Subject to payment of a fee, you can ask for a copy of the personal information we hold about you by writing to the Data Protection Officer, Teachers Assurance, Tringham House, Bournemouth BH7 7DT. For details of the Teachers group of companies, please refer to our website www.teachersassurance.co.uk.

Teachers Assurance, Tringham House, Deansleigh Road, Bournemouth BH7 7DT Tel: 01202 435000 www.teachersassurance.co.uk

Teachers Assurance is a trading name of Teachers Provident Society Limited (TPS) an incorporated Friendly Society No 372F, authorised and regulated by the Financial Services Authority (FSA). A member of the Association of British Insurers and the Association of Financial Mutuals. The Teachers Assurance companies, which are authorised and regulated by the FSA, include Teachers Assurance Company Limited No 314801, Teachers Financial Services Limited No 3401635 and Sovereign Unit Trust Managers Limited No 2072297, Teachers Management Services Limited No 3401641 is not a regulated company. All companies are wholly owned subsidiaries of TPS. Registered in England & Wales. To help us continually improve customer service, calls may be monitored and recorded.

Direct Debit

FOR OFFICE USE

CM NUMBER(S) _____
CONTRIBUTOR CM No. _____
POLICY No.(s) _____
INPUT DONE _____ INCEPTION DATE _____
ML CHECK COMPLETED BY _____
COMPLETED BY _____

