

Income Assured Enhanced Application for Career Break

PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS, ANSWER ALL QUESTIONS AND WHERE APPLICABLE TICK YOUR CHOICE

For office use only

Ref _____

YOUR DETAILS

We will use this information to update you on the status of your application or for other service related matters.

1. Please insert your Membership Number
2. Mr Mrs Ms Miss Other If 'other' please specify
First name(s)
Surname
3. Address

Postcode
4. Telephone No. (Home) (Work)
(Mobile)
5. Email address
6. Date of birth / /

ACTION REQUESTED

7. Have you read and understood the Society's Guide to Career Breaks for Income Assured Enhanced?
(If you require further information please contact our Customer Care Team on 0800 587 5098, option 1) Yes No
8. On what date would you like to commence your career break? / /
9. If applicable, while on a career break, would you like to continue your additional premium for My Extra Benefits*? Yes No N/A
10. Do you know the month on which you anticipate ending your career break? Yes No
If 'yes' please give anticipated date / /
(Please note this will always be the 1st of the month. We will contact you prior to this date to confirm this or if you are unable to provide a date the Society will contact you prior to the expiry of 12 months from the commencement date)

* Please note, you may continue with My Extra Benefits: Fracture & Hospitalisation Benefits and Immediate Death Benefit, if you are not working or the contract is on a career break, as long as your premiums for My Extra Benefits remain up to date.

DECLARATION

I hereby apply to amend the terms of my Membership of the Society in accordance with this application to start my Career Break and understand that, if approved, the changes contained in this application form shall amend, where appropriate, the contract between me and the Society. I agree to abide by the Society's Rules, present and future.

Signature Date / /

Print Full Name

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