MY EARNINGS CONTRACT

APPLICATION FOR CAREER BREAK

YOUR DETAILS

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1.	Please inser	ase insert your Membership Number						
2.	Mr	Mrs	Ms	Miss	Other	If 'other' please specify		
	First name(s	5)						
	Surname							
3.	Address							

Postcode

- 4. Telephone No. (Home) (Mobile)
- 5. Email address
- **6.** Date of birth
- 7. On what date would you like to commence your Career Break?
- 8. Please state the date on which your cover is to be restored?

IMPORTANT INFORMATION

- I understand that for any period of Career Break, the suspension shall be limited to a maximum period of 12 months.
- I understand no benefits will be payable, nor will they accrue, to the Member during the period for which cover has been suspended.

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	



