

Part 1 – Life assured details (the life or lives assured must be exactly the same as under the existing policy)

	FIRST (or only) LIFE ASSURED	SECOND LIFE ASSURED
1 Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
	Other (please specify) <input type="text"/>	Other (please specify) <input type="text"/>
2 Surname	<input type="text"/>	<input type="text"/>
3 First name(s)	<input type="text"/>	<input type="text"/>
4 Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Town <input type="text"/>	Town <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
5 Contact telephone number (including STD code)	<input type="text"/>	<input type="text"/>
6 Email address	<input type="text"/>	<input type="text"/>
7 Date of birth	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Part 2 – Applicant(s) details (the applicant(s) must be exactly the same as under the existing policy)

ONLY COMPLETE THIS SECTION IF THE LIFE OR LIVES TO BE ASSURED NAMED IN PART 1 ARE NOT THE OWNER(S) OF THE POLICY.

A – If applicant is a business

1 Business name	<input type="text"/>
2 Contact name	<input type="text"/>
3 Business address	<input type="text"/>
	<input type="text"/>
	Town <input type="text"/>
	County <input type="text"/>
Postcode	<input type="text"/>
5 Contact telephone number (including STD code)	<input type="text"/>
6 Email address	<input type="text"/>

B – If applicant is an individual

FIRST (or only) APPLICANT

SECOND APPLICANT

1 Title

Mr		Mrs		Miss		Ms	
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Mr		Mrs		Miss		Ms	
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Other (please specify)	
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Other (please specify)	
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2 Surname

3 First name(s)

4 Address

Town

Town

County

County

Postcode

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5 Contact telephone number
(including STD code)

6 Email address

C – If applicants are trustees

FIRST (or only) APPLICANT

SECOND APPLICANT

1 Title

Mr		Mrs		Miss		Ms	
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Mr		Mrs		Miss		Ms	
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Other (please specify)	
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Other (please specify)	
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2 Surname

3 First name(s)

4 Address

Town

Town

County

County

Postcode

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5 Contact telephone number
(including STD code)

6 Email address

Part 3 – Reason for increase in cover

Please tick one of the following three options and insert the amount of increase since the latest of :

- The start date of the existing policy
- The start date of any policy effected as a result of the increase option

1 Commercial loan - an increase in the amount of business loanThe amount of the applicant's business loan from a bank or recognised lender, excluding overdrafts, has increased by £ since the start date of the latest existing policy2 Partnership and shareholder protection - an increase in the value of the applicant's interest in the businessThe applicant's interest in the business has increased by £ since the start date of the latest existing policy3 Keyperson - an increase in the life assured's value to the businessThe life assured's annual taxable earned income has increased by £ since the start date of the latest existing policy

Part 4 – Plan details

- 1 Amount of cover
- 2 Term of plan in years years

Note: any increase in term is subject to a minimum of 1 year for level cover and 5 years for decreasing cover

Part 5 – Account details

(To be completed on behalf of business if applicant is a business or to be completed by an individual applicant.)

I give my permission for Friends Life to collect premiums on any new policy from the same bank account as the original policy and understand that the reference number used to collect premiums may change.

Note: If you have ticked the above, the direct debit guarantee will still apply

Alternatively, if premiums are to be collected from a different account number, please complete the direct debit instruction.

Part 6 – Applicant(s) declaration

This section must be read and signed by the policyholder(s) under the existing policy.

- I submit this application with a view to entering into a contract for the benefits set out in Part 4.
- I have read the answers to all the questions in this application form and declare that, to the best of my knowledge and belief, all the information given is true and that no relevant fact has been withheld.
- I understand that the contract will start on the acceptance of the application by Friends Life on its normal terms and conditions which are available on request.
- I agree Friends Life will use the information I give for administration, underwriting, claims, research and statistical purposes. This may involve agencies located outside the United Kingdom that do not have laws to protect the information. Details of the companies and countries involved in your case will be provided on request. Friends Life will remain responsible for making sure that the information is held securely.
- I also agree Friends Life will pass the information to third parties for the prevention or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.
- I would like Friends Life to use the information supplied to let me know about other products and services in the Friends Life group that may interest me.

	First applicant	Second applicant
If signing on behalf of a company or partnership please state in what capacity you are signing (for example Company Secretary)	Signature	Signature
	Capacity	Capacity
	Date	Date

Part 7 – Effective date

Non-loan related plans

Unless you have stated below a date on which you would like your cover to start or have instructed us otherwise, **we will start your cover immediately.**

Effective date

Loan related plans

We shall assume risk and begin cover when you instruct us unless you have stated below a date on which you would like cover to start.

Effective date

Service user number

9	9	0	4	5	7
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Please fill in the whole form using a ball point pen and send it to:

Friends Life
PO Box 1550
Milford, Salisbury
Wiltshire SP1 2TW
Tel: 0845 602 9199

1 Name and full postal address of bank or building society branch

To: The Manager	Bank/building Society
Address	
Postcode	

2 Name(s) of account holder(s)

3 Branch sort code (from the top right hand corner of your cheque)

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4 Bank/building society account number

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5 Friends Life reference number


6 Instruction to your bank or building society. Please pay Friends Life 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 Friends Life and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

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 Friends Life will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Friends Life 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 Friends Life 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 Friends Life 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.

Friends Life Limited

Registered Office: Pixham End, Dorking, Surrey RH4 1QA

Incorporated company limited by shares and registered in England and Wales number 4096141

Authorised and regulated by the Financial Services Authority

www.friendslife.com

Telephone 0845 602 9189

Friends Life is a registered trade mark of the Friends Life group

