

Please complete the form in full and hand in to your employer.

▶ 1. Please select who you are applying for

New application/s

You

Your partner

Both

▶ 2. Your choice of cover

Please select your cover level by ticking one of the boxes below:

Level 1

Level 2

Level 3

Level 4

Level 5

Level 6

Level 7

▶ 3. Your personal details

Title (Please state)*

Mr

Mrs

Miss

Ms

Other

Forename(s)*

Surname*

Address*

Postcode*

Date of birth*

____ / ____ / ____

Gender*

Male

Female

Telephone no.

Email

Preferred collection date*

____ / ____ / ____

Employer name*

Payroll no.*

Date of 1st deduction to be taken from salary*

____ / ____ / ____

Cover will begin on the 1st of the month following your first salary deduction.

*This information is mandatory.

▶ 4. Partner's details (required only where a partner is taking out a plan)

Title (Please state)*

Mr

Mrs

Miss

Ms

Other

Forename(s)*

Surname*

Address*

Postcode*

Date of birth*

____ / ____ / ____

Gender*

Male

Female

Telephone no.

Email

*This information is mandatory.

▶ 5. Children's details

Children can be covered by either parent/legal guardian but cannot be covered by both. Please continue on a separate sheet if you wish to cover more than two children on the plan.

Where you are also applying for a partner plan, and you wish to cover more than one child, you can divide the children to be covered between both plans.

First child

Which plan would you like to add your first child to?

My plan My partner's plan

Gender* Male Female

Surname* _____

First name* _____

Date of birth* _____ / _____ / _____

*This information is mandatory.

Second child

Which plan would you like to add your second child to?

My plan My partner's plan

Gender* Male Female

Surname* _____

First name* _____

Date of birth* _____ / _____ / _____

▶ 6. Declaration

The One Fund plan is subject to the Benefit Rules and Tables, Terms and Conditions and Plan Summary contained in the 'Plan summary & Terms and conditions' brochure. For your benefit and protection, you should read these carefully before signing this application form. If you do not understand any point please ask us for further information.

Please sign and date below.

I confirm that I have read the Benefit Rules and Tables, Terms and Conditions and Plan Summary and accept that they are the basis upon which benefits shall be payable under the plan.

I agree that I and my family members specified in this form, and on any separate sheet, will be bound by the Benefit Rules and Tables, Terms and Conditions and Plan Summary and accept they shall be the basis upon which benefits shall be payable under the scheme.

Copies of all the documents mentioned above are available on request.

I declare that to the best of my knowledge and belief, all of the information I have given in this application form is true and complete and that I have confirmed the family details with the respective family members. I agree that I will inform The Exeter if any of the details given in this application form change.

I authorise my doctor or any other medical services provider to disclose to The Exeter any information which may be relevant to this plan, or any future claim for benefit.

I understand that I will have the option of cancelling the contract providing I do so in writing within 28 days of me receiving my initial letter from The Exeter confirming my membership of the scheme.

On the basis of this legal declaration I now apply for membership of the scheme.

Employee signature _____ Date _____ / _____ / _____

Partner signature _____ Date _____ / _____ / _____

▶ 7. Data consent & confidentiality

For information on how we use and safeguard your personal information, please refer to our Privacy Policy.

To find out more, go to our website <https://www.the-exeter.com/privacypolicy.html> or contact us and we will send you a copy.

▶ 8. To be retained by the employer (Authority for deduction from pay)

Surname (employee) _____ First name _____

Employer _____

Department/branch/location _____

National Insurance _____ Payroll No. _____

Deductions of £ _____ per month

I am paid: weekly 4 weekly monthly

Where your partner is also applying for a plan, please ensure that you have allowed for both premiums in your deductions.

I hereby authorise a deduction from my pay, until further notice in writing from me, the sum indicated above by way of contribution in accordance with the rules and regulations of The Exeter, and pay the amounts so deducted to The Exeter.

Where applicable this authority replaces any previous authority for deductions in respect of my existing plan.

I agree that The Exeter may vary membership rates at any time.

Signature _____ Date _____ / _____ / _____

Your payslip should be checked to ensure this request has been correctly applied.

Contact us

The Exeter, Jewry House, Jewry Street, Winchester, Hampshire, SO23 8RZ

Customers

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Calls may be recorded and monitored.

The Exeter is a trading name of The Exeter Cash Plan, which is authorised by the Prudential Regulatory Authority and regulated by the Financial Conduct Authority and the Prudential Regulatory Authority (Financial Services Register No. 202311). Registered in England, Company No. 00515058 with its registered office at Lakeside House, Emperor Way, Exeter EX1 3FD.