

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.

\_\_\_\_\_

Company name

\_\_\_\_\_

\*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.



## ▶ 7. 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## ▶ 8. 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.

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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 Wessex Administration Services Ltd Re The Exeter Cash Plan will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Wessex Administration Services Ltd Re The Exeter Cash Plan 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 Wessex Administration Services Ltd Re The Exeter Cash Plan 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 Wessex Administration Services Ltd Re The Exeter Cash Plan 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.

## Contact us

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

### Customers

0300 123 3256

cashplan@the-exeter.com

### Financial Advisers

0300 123 3257

cashplan.adviser@the-exeter.com

**[www.the-exeter.com](http://www.the-exeter.com)**

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.