

HEALTH

Application Form



You matter more.

For completion by Intermediary:

The Exeter unique reference number _____

FCA Number _____ Adviser Name _____

Company Name _____

Company Address _____

Company Postcode _____ Telephone _____

Email _____

Important – who is eligible for Health+?

- The main applicant and partner, if applicable, must be aged between 18 and 79 inclusive at the start date and reside at the same address
- Children under 21, or under 25 and still in full time education, may be included on the policy
- All applicants must live in England, Scotland, Wales or Northern Ireland
- All applicants must be registered with a GP in the UK. If any applicant makes a claim, we may require full medical records in English depending on the underwriting option selected. If medical records cannot be provided, we may not be able to pay a claim.

Applying for Health+

- You can use this application form to apply for you, your partner and children (if applicable). If applying for more than one person, please note that the cover that you choose applies to all applicants on this form. All premiums must be paid from the same account
- Please complete in block capitals using black ink.

A. Your details

Title _____ First Name _____ Surname _____

Address _____

Postcode _____

Date of birth _____ Gender _____

Have you smoked or used nicotine replacement products in the last 12 months? yes no

Home tel: _____ Work tel: _____ Mobile tel: _____

Email _____

B. Partner & children details

Note: Complete only if there are other people to be covered by this policy.

Partner

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Have you smoked or used nicotine replacement products in the last 12 months? yes no

Home tel: _____ Work tel: _____ Mobile tel: _____

Email _____

Children

Note: For additional children please use the notes section at the back of this document.

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Children aged 18 and over:

Have you smoked or used nicotine replacement products in the last 12 months? yes no

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Children aged 18 and over:

Have you smoked or used nicotine replacement products in the last 12 months? yes no

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Children aged 18 and over:

Have you smoked or used nicotine replacement products in the last 12 months? yes no

C. Product & cover options

Health⁺

Health⁺ is a flexible health insurance product that lets you tailor cover to suit your requirements and budget. Your core cover and options to personalise your cover are shown below. To ensure this plan meets your demands and needs and that you understand what is and isn't covered, please ensure you have read the Health⁺ Insurance Product Information Document and the Health⁺ Policy Document, which are available to download on our website, [the-exeter.com](https://www.the-exeter.com)

Core cover

Included as standard. Covers you for consultations and diagnostic tests as an in-patient or day-patient and treatment and consultations for diagnosed cancer, among many other benefits.

Benefit add-ons

Out-patient cover	<input type="checkbox"/> No cover	<input type="checkbox"/> £500	<input type="checkbox"/> £1,000	<input type="checkbox"/> Unlimited
Therapies cover	<input type="checkbox"/> No cover	<input type="checkbox"/> £500	<input type="checkbox"/> £1,000	<input type="checkbox"/> Unlimited
Mental health	<input type="checkbox"/> No cover	<input type="checkbox"/> Unlimited (28 days in/day-patient cover)		

Policy choices

Premium structure (tick one) No Claims Discount Community Rated

Note – a Community Rated premium structure can only be selected if you apply through Full Medical Underwriting or Standard Moratorium in section E.

Protected No Claims Discount No Yes

Note – this option only applies if you choose a No Claims Discount premium structure. If you are switching to us from another insurer, this option can only be selected if all applicants have not made a claim in the last 5 years.

Excess

<input type="checkbox"/> £0	<input type="checkbox"/> £100	<input type="checkbox"/> £250	<input type="checkbox"/> £500	<input type="checkbox"/> £1,000
<input type="checkbox"/> £3,000	<input type="checkbox"/> £5,000			

Hospital list

Essential Standard Extended

D. Policy start date

On acceptance of your application Or on this date _____ (up to one month in advance)

When would you prefer us to collect your direct debit payment? Day of the month

E. Underwriting options

Note: This section details our four underwriting options.
Please select your underwriting option and go to the relevant page.

Full Medical Underwriting (see [page 6](#))

With this option you will need to complete a full medical declaration for you and any family members. Any pre-existing conditions will be excluded unless we agree to accept them.

Standard Moratorium (see [page 11](#))

With this option you won't need to provide information about your medical history with your application. For the first two years of your membership, we won't cover any medical conditions for which you've had symptoms, medication, treatment and advice in the last five years before joining us. However, as long as there has been a clear two-year period after the start of your policy during which you have been free of symptoms, medication, treatment and advice in connection with that condition, you'll be covered for it in the future.

Continued Personal Medical Exclusions (see [page 12](#))

This option is available if you have an existing health insurance policy and your current cover is on a Full Medical Underwriting or Continued Personal Medical Exclusions basis. We will transfer any personal exclusions from your existing policy and we may apply additional medical exclusions.

You must supply a copy of your current insurance certificate showing details of any personal exclusions.

Continued Moratorium (see [page 14](#))

This option is available if you have an existing health insurance policy and your current cover is on a moratorium basis. We will apply our moratorium wording with effect from the start date on your existing policy. This means that pre-existing conditions may be covered by us if you have been free of symptoms, medication, treatment and advice in connection with them for a two-year period.

You must supply a copy of your current insurance certificate showing the original moratorium start date.

Full Medical Underwriting (optional)

Note: If you select Full Medical Underwriting, complete [pages 6 – 10](#).
Our other underwriting options are shown on [pages 11 – 14](#).

The Exeter will not pay benefit for the treatment of any symptoms, illnesses, injuries or conditions which were foreseeable, or that start before the date the policy commences, unless these have been fully disclosed in this application (or subsequently disclosed) and are accepted by The Exeter. Any eligible medical conditions starting after the policy begins will be covered immediately.

It is your responsibility to ensure that all relevant facts are disclosed and we recommend you contact your doctor if you are unsure about any of the following details. Our underwriters will not automatically approach your GP or specialist for additional medical information therefore you must ensure that all questions are answered fully and accurately. If you are unsure whether or not any details are relevant, you should include them.

Note: Questions 1 and 2 are to be filled in by all applicants aged 18 and over.

1. What is your average weekly level of alcohol consumption in units?

Note: 1 unit equals approximately 1/2 pint of ordinary strength beer or lager, 1 small glass of wine or a measure of spirit.

You	Partner	Child 1	Child 2	Child 3
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2. Has a doctor or medical professional ever advised you to reduce your alcohol consumption?

Note: (Please answer 'Y' yes or 'N' no).

You	Partner	Child 1	Child 2	Child 3
-----	---------	---------	---------	---------

If 'yes' please give details:

Note: The following questions apply to all applicants (adults and children).
Please ensure you answer yes or no to every question.

Have you or anyone to be covered under this policy ever had any of the following:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 3. Diabetes or sugar in the urine? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 4. A malignant condition such as tumour/cancer? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 5. Heart problems e.g. any arterial or cardiac surgery, chest pains, angina or irregular heartbeat? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 6. Stroke? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 7. Circulation problems or varicose veins? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 8. Surgery as a result of a bone or joint condition? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 9. HIV, hepatitis B or C? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 10. Multiple Sclerosis or Epilepsy? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 11. Stomach, intestine, liver, gall bladder or bowel disorders e.g. Crohn's disease, ulcerative colitis etc? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 12. Psychological or sleep disorders, personality/mood disorders, eating/compulsive disorders, depression, anxiety or been diagnosed with a stress related illness? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

In the last 5 years have you or anyone to be covered by the policy had:

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| 13. Migraines? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 14. Nerve pain, muscle, bone or joint conditions e.g. fractures, neck, hip, knee, back, tendon, cartilage or ligament problems? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 15. High blood pressure or high cholesterol? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 16. Any disease of the kidney, bladder or urinary system? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 17. Asthma, bronchitis or any other lung or respiratory problems? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 18. Any disease or disorder of the skin e.g. psoriasis, eczema, skin cancers or dermatitis? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 19. Any disease or disorder of the eyes, ears, nose or throat? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 20. Any glandular disorders e.g. thyroid, hormonal problems? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 21. Any blood disorders e.g. abnormal blood tests, anaemia? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| 22. Hernia e.g. umbilical hernia, inguinal hernia, hiatus hernia? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

Females only:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 23. Any gynaecological disorder or breast problem? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
|--|--------------------------|-----|--------------------------|----|

Males only:

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 24. Any prostate conditions (including raised PSA test)? | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
|--|--------------------------|-----|--------------------------|----|

Have you or anyone to be covered under the policy ever had:

25. Any medical conditions or symptoms for which you are receiving treatment, seeing a doctor or other health professional, or for which check-ups, investigations or treatment are considered necessary or advisable? yes no

In the past year have you or anyone to be covered under the policy:

26. Taken or been advised to take any medicines or drugs or any other type of treatment? yes no

Note: If you have answered 'yes' to any of questions 3-25, please complete the 'Detailed Medical History' below. If you answered 'yes' to question 26, please also complete 'Current Medication' on [page 10](#).

Detailed Medical History

Note: If you require more space please use the notes section at the back of this document.

Please answer the following supplementary questions as fully as possible. If you wish to provide additional medical documents (e.g. a doctor's report) you may attach this to your application, but please be aware that any such documents do not take the place of a fully completed medical declaration.

Question number from 3-25

To whom does this relate? _____

What is/was the problem? You Partner Child 1 Child 2 Child 3

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Question number from 3–25 _____

To whom does this relate?

You

Partner

Child 1

Child 2

Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Question number from 3–25 _____

To whom does this relate?

You

Partner

Child 1

Child 2

Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Current Medication

Note: If you answered 'yes' to question 26.

If you require more space please use the notes section at the back of this document.

Who is the medication for? You Partner Child 1 Child 2 Child 3
 Prescribed Self Prescribed

Name of medication, dosage and frequency

Who is the medication for? You Partner Child 1 Child 2 Child 3
 Prescribed Self Prescribed

Name of medication, dosage and frequency

Who is the medication for? You Partner Child 1 Child 2 Child 3
 Prescribed Self Prescribed

Name of medication, dosage and frequency

Who is the medication for? You Partner Child 1 Child 2 Child 3
 Prescribed Self Prescribed

Name of medication, dosage and frequency

Note: Please turn to section F on [page 16](#) to complete the rest of the form.

Standard Moratorium (optional)

Under this option, benefits will not be available for treatment of any condition suffered by an applicant if:

- the applicant had symptoms, medication, treatment or advice in connection with that condition in the five years before the start of their policy

and

- there has not been a clear two year period after the start of their policy during which the applicant has been free of symptoms, medication, treatment and advice in connection with that condition.

Important - If any applicant makes a claim, we may request up to 5 years of medical records in English to determine whether the condition was pre-existing or not, or whether there have been two clear years free of the condition. If this cannot be provided, we may not be able to pay a claim.

Please turn to section F on [page 16](#) to complete the rest of the form.

Continued Personal Medical Exclusions (optional)

About your previous claims

Please tell us about your recent claims so we can provide an accurate quote. You don't need to tell us about the following conditions or procedures providing a full recovery has been made and no further consultations, investigations or treatment is planned or recommended:

- GP referred Physiotherapy, Osteopathy or Chiropractic treatment
- Claims for Dental or Optical treatment
- Claims for NHS cash benefit.

	How many years of continuous cover? (1 year / 2 years / 3 years / 4 years / 5+ years)	How many years claim free? (Less than 1 year / 1 year / 2 years / 3 years / 4 years / 5+ years)	Number of claims in the last 5 years? (1 / 2 / 3+)
You	_____	_____	_____
Partner	_____	_____	_____
Child 1	_____	_____	_____
Child 2	_____	_____	_____
Child 3	_____	_____	_____

About your health

- Does anyone to be covered have any consultations, investigations or treatment planned or pending in the next 12 months (NHS or Private)?
 yes no
- Has anyone to be covered had any consultations, investigations or treatment in the last 12 months (NHS or Private)?
 yes no

Has anyone to be covered been treated for, diagnosed with, or advised that they have any of the following in the last 5 years?

- Heart condition? yes no
- Cancer? yes no
- Stroke? yes no
- Mental health illness? yes no
- Joint replacement or joint resurfacing? yes no
- Diabetes? yes no

Note: For a definition of heart condition, cancer or diabetes please refer to the Definitions section on [page 18](#).

If you have answered 'yes' to any questions from 1–8, please give details below.

If you require more space please use the notes section at the back of this document and attach any other medical information that may be helpful. If you are in any doubt regarding the information we require and how it will affect your application, please call **0300 123 3201** and ask to speak to our Underwriting Department.

Question number _____

To whom does this relate?

You

Partner

Child 1

Child 2

Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Note: Please turn to section F on [page 16](#) to complete the rest of the form.

Continued Moratorium (optional)

About your previous claims

Please tell us about your recent claims so we can provide an accurate quote. You don't need to tell us about the following conditions or procedures providing a full recovery has been made and no further consultations, investigations or treatment is planned or recommended:

- GP referred Physiotherapy, Osteopathy or Chiropractic treatment
- Claims for Dental or Optical treatment
- Claims for NHS cash benefit.

	How many years of continuous cover? (1 year / 2 years / 3 years / 4 years / 5+ years)	How many years claim free? (Less than 1 year / 1 year / 2 years / 3 years / 4 years / 5+ years)	Number of claims in the last 5 years? (1 / 2 / 3+)
You	<hr/>	<hr/>	<hr/>
Partner	<hr/>	<hr/>	<hr/>
Child 1	<hr/>	<hr/>	<hr/>
Child 2	<hr/>	<hr/>	<hr/>
Child 3	<hr/>	<hr/>	<hr/>

About your health

- Does anyone to be covered have any consultations, investigations or treatment planned or pending in the next 12 months (NHS or Private)? yes no
- Has anyone to be covered had any consultations, investigations or treatment in the last 12 months (NHS or Private)? yes no

Has anyone to be covered been treated for, diagnosed with, or advised that they have any of the following in the last 5 years?

- Heart condition? yes no
- Cancer? yes no
- Stroke? yes no
- Mental health illness? yes no
- Joint replacement or joint resurfacing? yes no
- Diabetes? yes no

Note: For a definition of heart condition, cancer or diabetes please refer to the Definitions section on [page 18](#).

If you have answered 'yes' to any questions from 1–8, please give details below.

If you require more space please use the notes section at the back of this document and attach any other medical information that may be helpful. If you are in any doubt regarding the information we require and how it will affect your application, please call **0300 123 3201** and ask to speak to our Underwriting Department.

Question number _____

To whom does this relate? You Partner Child 1 Child 2 Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Note: If we accept your application for Continued Moratorium underwriting, benefits will not be available for treatment of any condition suffered by an applicant if:

- the applicant had symptoms, medication, treatment or advice in connection with that condition in the five years before the start date on their existing policy, and
- there has not been a clear two year period after the start date of their existing policy during which the applicant has been free of symptoms, medication, treatment and advice in connection with that condition.

Important - If any applicant makes a claim, we may request up to 5 years of medical records in English to determine whether the condition was pre-existing or not, or whether there have been two clear years free of the condition. If this cannot be provided, we may not be able to pay a claim.

Please turn to section F on page 16 to complete the rest of the form.

F. Data protection notice

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 www.the-exeter.com/privacypolicy or contact us and we will send you a copy.

G. ABI Guide

For information from the Association of British Insurers about buying private medical insurance, please contact us and we will send you a copy of their guide.

H. Declaration

Note to advisers

Before proceeding with this application, please ensure you have:

- Authorisation to sell this product
- Confirmed that this product meets your client's demands and needs. The Exeter publish a Target Market Assessment document at www.the-exeter.com/documents which can assist with this
- Provided your client with a copy of the Health+ Insurance Product Information Document (IPID)

Applicant declaration

Note: Please read this declaration carefully. If you do not understand any point, please ask for further information.

Insurance Product Information Document (IPID)

I confirm that my partner (if applicable) and I have read and understood the Policy Document and Insurance Product Information Document (IPID).

Declaration

- I, on behalf of any included partner, children and myself, apply for private medical insurance cover and agree to be bound by the terms of The Exeter and the plan for which I am applying
- I declare that, to the best of my knowledge and belief the answers and information that I have given are true, accurate and complete and that I have not withheld any information regarding the questions I have been asked. I understand that if any of the information provided by me is incorrect or incomplete, The Exeter will be entitled to refuse to pay my benefits and/or cancel my policy
- If after submitting the application and before the policy starts there are any changes to my health, or the health of any included partner and children, I will notify The Exeter immediately
- I have read and understand the basis on which The Exeter will underwrite my policy
- I understand that I and any partner on the policy will have the same entitlement to make changes to the policy and make claims for each other and any children. Please note that if this isn't the intention, an individual policy would be more suitable
- I understand that any children on the policy over the age of 16 are entitled to claim for themselves
- I understand that on policies with a No Claims Discount, claims made by any member of the policy will be likely to impact that individual's premiums at renewal
- I confirm that I give explicit consent for The Exeter to process my personal data and that of any included partner and children in accordance with The Exeter's Privacy Policy. To find out more, go to our website www.the-exeter.com/privacypolicy or contact us and we will send you a copy. I will inform my partner and any included child who is old enough to understand this consent
- I have read and understand the complaints procedure outlined in the Policy Document.

I confirm and accept this declaration on behalf of all applicants and by signing I agree to all of its contents.

Signature of policyholder _____

Date _____

Note: You are recommended to retain a copy of this form.

I. Premium payment

If the payer of the premium is not the main applicant shown in Section A, please complete the following:

Name & address of premium payer

Title _____ First Name _____ Surname _____

Address _____

Postcode _____

The policyholder is responsible for premiums being paid for this plan. Sometimes policyholders arrange for someone else to pay the premiums on their behalf. We will only send information about premiums and other correspondence about the administration of the plan to the policyholder and so the policyholder must pass this to the person who pays the premium. The policyholder retains ultimate responsibility for all matters concerning the payment of the premium.

Definitions

Benefit

The amount we pay following a successful claim.

Cancer

A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Child/children

Any child for whom you or your partner holds or has held the position of a legal guardian

Community Rated

A premium structure where future premiums reflect the claims made by a wider pool of customers, not individual claims made only by members under this policy.

Day-patient

A patient who is admitted to a hospital or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

Diabetes

We use the term diabetes to refer to the condition of diabetes mellitus, which occurs due to insulin resistance or insulin deficiency and results in the body's inability to regulate blood glucose levels. We do not include the rarer, unrelated condition of diabetes Insipidus which is a disease of excessive urination not linked to blood sugar levels.

Excess

The amount which will be deducted from the eligible benefits for each member, each policy year.

Heart condition

A disorder of the heart that impairs its function. For illustration, the most common conditions falling into this definition are:

- Ischaemic heart disease (angina, heart attacks, coronary artery disease)
- Valvular heart disease (adult murmurs, valve narrowing or weakness)
- Congenital heart disease
- Arrhythmias (irregular heartbeat)
- Cardiomyopathy
- Left ventricular hypertrophy (LVH).

However, we do not include heart murmurs that were resolved in childhood or hypertension in this definition.

In-patient

A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

No Claims Discount

A premium structure where future premiums reflect the claims made by individual members. The No Claims Discount (NCD) scale has 15 levels and the maximum discount you can receive is 75%.

Out-patient

A patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a day-patient or an in-patient.

Policy

Our contract of insurance with you.

Policyholder

Anyone named as a policyholder on the Policy Certificate and who can make changes to this policy.

Pre-existing condition

Any disease, illness or injury, for which:

- You have received medication, advice or treatment;
- or

- You have experienced symptoms;

whether the condition has been diagnosed or not before the start of your cover.

Premium

The amount payable to us by the policyholder as detailed on the Policy Certificate.

Specialist

A registered healthcare professional who must hold the appropriate qualifications and be on the GMC specialist register and must belong to a recognised professional regulatory body.

Treatment

Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

United Kingdom (UK)

England, Scotland, Wales and Northern Ireland.

Notes

Get in touch.

For a first-hand introduction to first-class health insurance please contact our Adviser team.



You can find out more about us and all our products at:

www.the-exeter.com



Write to us:

The Exeter, Lakeside House, Emperor Way, Exeter EX1 3FD



Call us:

Members

General enquiries: **0300 123 3201**

Claims: **0300 123 3253**

Financial Advisers

All enquiries: **0300 123 3203**

Calls may be recorded and monitored.



Email us:

Members

member@the-exeter.com

Financial Advisers

adviser@the-exeter.com



Originator's Identification Number

Reference Number (For Exeter official use only)

930420

Instruction to your bank or building society to pay by direct debit

Please fill in the whole form using a ball point pen and send it to: The Exeter, Lakeside House, Emperor Way, Exeter, EX1 3FD

Name and full postal address of your bank/building society

Bank/Building Society Account Number

□ □ □ □ □ □ □ □

Branch Sort Code

□ □ □ □ □ □

Your instruction to the Bank or Building Society

Please pay Exeter Friendly Society Ltd (EFS) Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with EFS and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

Signature

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

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 Exeter Friendly Society Ltd (EFS) will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request EFS 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 EFS 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 EFS 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.

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



You matter more.

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.