



Declaration Document

Data Protection Notice

The information provided in the application will be used to carry out an initial risk assessment of the application and to collect any medical reports or information required by Holloway Friendly to establish the terms for your application.

On completion of the collection of information it will be used to set up and administer the policy. If your application does not proceed, Holloway Friendly may hold a record of the application for a limited time period. A copy of the application form and any supporting information, including medical reports, may be given to a reinsurance company if the risk is shared with the reinsurance company. We may write to your GP if in our opinion a condition is noted at any medical examination, of which your GP may not be aware.

Information and where appropriate copies of correspondence may be given to your financial adviser to enable them to give you advice.

This will not include medical information.

Any medical information, which is provided in connection with your application, will be used only for underwriting and claims purposes.

If you would like to request a copy of the information held about you, please write to the Holloway Friendly Data Protection Co-ordinator. A fee may be charged for providing information. The information that you have supplied will be kept confidential and will not be disclosed to any other party without your consent, unless it is lawful to do so.

Some services are provided to Holloway Friendly by third parties such as underwriting and claims control or obtaining compliance or regulatory advice, which warrant the disclosure of more than just your basic contract details. You agree that personal information held by Holloway Friendly may be disclosed on a confidential basis, and in accordance with the Data Protection Act 1998, to any such third parties. You also agree that this information may be transferred electronically, e.g. email and you agree that ourselves, or any such third party, may contact you in future by any means of communication which we consider appropriate at the time.

Disclosure

This form is an application for Income Protection insurance. Its purpose is to obtain all the facts necessary to fully assess your case. A copy of your completed application is available on request and the Society's Memorandum, Rules and schedule pertaining to your application can be obtained by visiting our website: www.holloway.co.uk.

You must answer all questions honestly and completely. Therefore if you are in any doubt whether to disclose a fact you should give its full details on the form.

Failure to disclose all the facts could mean the insurer will refuse to pay any claim on your policy and you could also lose the premiums you have made.

Declaration Document



Continuing Duty to Disclose

You must advise us in writing if there is any change in your circumstances between completing this form and the start date of the policy. Please advise of any changes to the following:

- Your health details
- Family history
- Occupation
- Earnings
- Employment status
- Travel or residence
- Hazardous pastimes
- Alcohol consumption
- Smoking habit

Disclosures to any of the questions medical or otherwise are of equal importance and failure to advise us may result in non payment of a claim.

You can contact Underwriting at Holloway Friendly:-

On: 01452 782760, Monday to Friday 9.00am until 5.00pm, or

Fax on: 01452 386859, or

Email at: underwriting@holloway.co.uk, or

Write to: Underwriting, Holloway Friendly, Holloway House, 71 Eastgate Street, Gloucester, GL1 1PW.

This application form will form the basis of the contract with Holloway Friendly.

Access to Medical Reports Act

To consider your application we may have to obtain a medical report from a doctor who has cared for you. The Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 gives you certain legal rights over these reports.

Briefly your rights are as follows:

1. Before we can apply for a medical report from a doctor who has cared for you, we need your agreement. You can refuse but in this case we will not be able to make any offer to cover you.
2. You can ask to see a report before your doctor sends it to our Chief Medical Officer or you can ask your doctor to see a copy of the report for up to six months after it has been sent to us.
3. If you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your doctor will not agree to this, you may attach a statement of your own.

Your doctor does not have to let you see the report if he or she believes it is not in the interests of your health, or if the interests of other people have to be considered. Once you have seen the report your doctor cannot return it to us unless you agree.

If we need a report and you have said you want to see it before it is returned to us, we will write to let you know. You will then have 21 days to contact the doctor to arrange to see the report. After this period the doctor will be free to return the report.

Genetic Testing

You do not need to give information about any genetic test result you have had should this application together with any other insurance policies you have are within the following limits:

£500,000 or less for Life Assurance

£300,000 or less for Critical Illness or Long Term Care insurance

£30,000 annual benefit for Income Protection

Above these limits you may need to give information about certain test results when applying for insurance. Only genetic test results, which have been approved, by the Government's Genetics and Insurance Committee will be used.

You must however give information if you have a family history or symptoms of a genetic condition. It may be to your benefit to disclose if you have had a negative genetic test for such a condition.

Declaration and Consent

I hereby apply for membership of Holloway Friendly. I declare that I have included any material fact in this application which would affect the payment of any claim as failure to do so may result in any monies paid to Holloway Friendly, together with any claim made on the funds thereof, being forfeited. I confirm receipt, have read and understand the appropriate **Key Features** document of the plan.

I also fully understand in the event of a claim, my limitations to benefit entitlement as stated in the **Key Features** document.

I have read and understood the **Data Protection Notice**. I agree that my personal information (including sensitive data) may be used for the purposes described.

I declare that to the best of my knowledge and belief the answers I have given (whether in my handwriting or not) are true and complete. I confirm I have read and understand the **Disclosure** and **Continuing Duty to Disclose** notes in this form.

I am aware of my legal rights under the **Access to Medical Reports Act 1988** or **Access to Personal Files and Medical Reports (Northern Ireland) Order 1991**.

I agree that Holloway Friendly or any nominated Insurance Company may ask for medical information from any doctor who at any time has attended me about anything that affects my physical or mental health or ask for information, including medical reports, from any insurance office to which a proposal has been made on my life and I authorise the giving of such information.

I also agree that this consent allows the insurer to obtain a medical report at any time during the lifetime of the plan and after my death to support any claim on the plan.

I agree that a copy of this application can be treated as the original for all purposes.

I understand that if I have failed to give correct answers to any questions in this application then the plan may be cancelled.

I do not wish to see this report before it is sent to Holloway Friendly or any nominated Insurance Company.

If you wish to see the report please tick the box.

Signature	Date
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Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form and send to The Original Holloway Friendly Society Limited, Holloway House, 71 Eastgate Street Gloucester GL1 1PW

Name and full postal address of your Bank or Building Society

To: The Manager.....	Bank/Building Society
Address.....	
.....	
Postcode.....	

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Originator's Identification Number

9	3	0	4	3	9
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Reference Number

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Instruction to your Bank or Building Society.
Please pay The Original Holloway Friendly Society Limited 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 The Original Holloway Friendly Society Limited 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 from 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 take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, The Original Holloway Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by The Original Holloway Friendly Society Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.





CONFIRMATION OF VERIFICATION OF IDENTITY

PRIVATE INDIVIDUAL

INTRODUCTION BY AN FSA-REGULATED FIRM

1. DETAILS OF INDIVIDUAL (see explanatory notes below)

Full name Of Customer	
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Current Address		Previous address if individual has changed address in the last three months
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Date of Birth	
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2. CONFIRMATION

I/we confirm that

- a. the information in section 1 above was obtained by me/us in relation to the customer;**
- b. the evidence I/we have obtained to verify the identity of the customer:**

[tick only one]

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG ; or	
exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).	

Signed:	
Name:	
Position:	
Date:	

3. DETAILS OF INTRODUCING FIRM (OR SOLE TRADER)

Full Name of Regulated Firm (or Sole Trader):	
FSA Reference Number:	

Please return the signed forms to the address below.
The address should fit in a standard window envelope.
Please note it is a FREEPOST address and no stamp is required.

**Holloway Friendly
Freepost (GR 1502)
GLOUCESTER
GL1 1BR**

Please use this area for any additional information you may wish to forward

CHECKLIST

- Signed Declaration Form enclosed with Proposal Ref. No.
- Signed Client Identification Form
- Signed Direct Debit Mandate