

LIFE INSURANCE SCHEME underwritten by The Foresters Friendly Society

Date member joined their Agency / Organisation <i>(became eligible to join the Global Connections Life policy)</i>	
Full name Mr/Mrs/Miss/Ms	
Home Address	
Postcode	
Date of Birth	
Members Reference / Agency	

NOMINATION OF BENEFICIARY

In the event of my death, whilst a subscribing member of this scheme, I hereby nominate *(name)*.

My *(relationship to applicant)* as my beneficiary.

Should you require more than one beneficiary, please write your wishes on a separate sheet and enclose with this application form, to be lodged at your employer.

ENTRANT DECLARATION

I confirm that where I have been in work I have not had more than 14 days absence through illness and / or injury during the last 12 months.

I confirm I am in good health and not aware of any condition or symptoms which may give rise to a claim under this insurance.

I confirm I am not in receipt of any ongoing treatment or care (including checkups or regular medication) for any accident, illness or medical condition.

I confirm that I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm I have not had any application for life insurance declined, postponed or subject to an increased premium or other special terms, and that I have not previously made any claim for Critical Illness.

I understand that if this declaration is found to be untrue then my insurance will be invalidated and scheme membership cancelled with no return of premiums.

Signature

Date: / /

Please Note: *If you are unable to confirm the above statements you may still be able to join the Scheme, but you will need to complete a full medical questionnaire for evaluation by our underwriters.*

PLEASE COMPLETE AND RETURN TO:

By Email: info@bannergroup.com