

- 1 Print and complete this form to gift to an existing CTF. Complete all fields in BLOCK CAPITALS and black ink.
- 2 Return to FREEPOST Foresters Financial, Forester Life, 2 Cromwell Avenue, Bromley BR2 9BF. No stamp required.
- 3 We will process the instruction, and inform you once this is complete.


Note: All contributions will be made in line with the current fund choice. Only Registered Contacts can change the fund choice at any time on MyPlans or by completing a fund switch form from foresters.com or contacting Customer Services.


1. Child's Plan Information

Plan Number or URN	<input type="text"/>
Title and Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Address (permanent residence)	<input type="text"/> <div style="text-align: right;">Postcode</div>

2. Gifter's Details (the person making the payment)

Title and Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (permanent residence)	<input type="text"/> <div style="text-align: right;">Postcode</div>
Telephone number (in the event of queries)	<input type="text"/>
Email address	<input type="text"/>

 **Enjoy the convenience of going paperless!**
 You will be set up to receive documents by email, if you have a MyPlans account you can view them online.
 I want to opt out of the eco-friendly email option and receive documents by post: ☐

 **Stay connected with tailored updates**
 We may contact you about our products and services. Tick the boxes below to opt-in, you can opt-out anytime.

☒ Email
 ☒ SMS (text)

3. Contribution Details (minimum amount of £10)

Monthly Contribution Please turn over to complete the Direct Debit form.

Please turn over >

3a. Please complete the below Direct Debit form for monthly contributions.

Earliest start date for monthly contributions



Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Name and full postal address of your Bank or Building Society

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society Account Number

Direct Debit Guarantee will be sent to you following set up.

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

Service User Number

Reference Number

Instruction to your Bank or Building Society

Please pay Forester Life 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 Forester Life Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

4. Single Contribution Details (minimum amount of £10)

Single Contribution £ Please enclose a cheque payable to Forester Life Limited.

4a. Please complete if you wish to make a single contribution by Direct Credit

Single contribution via bank £ Account Holder's Name

Sort Code -- Account Number

Please note this payment does not happen automatically. You will need to instruct the bank to make the payment to us. Our bank details for you to make the payment are:

Account Name: Forester Life Ltd

Account Sort Code: 60-00-01

Account Number: 00761060

IBAN: GB16NWBK6000 0100 7610 60

Please quote the Plan number as the reference when making your payment.

5. Using your personal information

We will use the data you provide to administer your Plan. For more information on the data we collect, why we collect it, how we use it for processing purposes and how we store your information, please visit foresters.com/UKprivacy

6. Declaration and Authority

I apply to contribute to the CTF for the benefit of the child named in this Application.

I declare that:

- I am 16 years of age or over;
- all contributions made by me are gifts to the child and cannot be reclaimed by me;
- I have not received any financial advice from a Forester Life Financial Adviser in respect of this Additional Gift Payment; and

- the information provided by me in making this application is true and complete and to the best of my knowledge and belief.

I authorise Forester Life Limited:

- to use the child's and my personal information for the purpose set out under 'Using your Personal Information' section above.

I confirm that I have read this Declaration in full and wish to proceed.

Signature of applicant

Date