

CHILD TRUST FUND (CTF) REGISTERED CONTACT APPLICATION FORM

Please complete this application using BLOCK CAPITALS and return to Unity Mutual.

Please ensure that you sign the Declaration.

1. APPLICANT'S DETAILS

Please note. The person who applies must be aged 16 or over and have parental responsibility for the child (usually the Child Benefit Claimant).

Title		Address	
Surname			
Forename(s)		Town	
*Date of Birth (DD/MM/YYYY)		County	
*Daytime Tel No		Postcode	
*Mobile Tel No		*Email	

***Completion of this information is optional.**

2. CHILD'S DETAILS

Title		Address	
Surname			
Forename(s)		Town	
Date of Birth (DD/MM/YYYY)		County	Postcode
Child's Unique Reference No			

Tick this box if you are applying because you have adopted the child named above. **If so please send us a copy of the new birth certificate so we can update our records with your child's new name.**

3. DECLARATION AND SIGNATURE

I apply to become the Registered Contact

I declare that:

I am 16 years of age or over

I have parental responsibility for the child

I will be the registered contact for the Child Trust Fund

I authorise Unity Mutual:

To hold the child's HM Revenue & Customs contributions, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash; and

To make on the child's behalf any claims to relief from tax in respect of CTF investments.

By signing this application you will be agreeing to the Terms and Conditions which you will have previously received.

Signature:	Date:
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Data Protection

The information you provide within this application form is used to process your application and administrate your CTF policy.

We will never share your data with any third party without your consent. We may, however, wish to contact you in the future with marketing material that we believe may be of interest to you. However, we will only do this if you are happy to receive such information. If you're happy to receive marketing information from us, please let us know how you prefer to be contacted. You can tick as many of the boxes below as you wish. If you do not wish to be added to our marketing list, simply leave the tick boxes empty.

Post **Email** **Telephone (home)** **Telephone (Mobile - including SMS/MMS)**

Your marketing preferences will remain in place until you let us know otherwise. You can update us at any time, opting in or out of marketing, or change the ways in which you would prefer us to contact you. You can update your marketing preferences by contacting us directly. You can find further information at <https://www.unitymutual.co.uk/privacy/>

Money Laundering and Fraud Prevention

International regulations require that Unity Mutual sometimes check certain details about customers. To do this Unity Mutual may use an agency to carry out a search to verify a customer's identity. The details on the application form may be used by the agency to check against other databases (public or otherwise) that are available. The details may also be used in the future to help other organisations to verify the customer's identity and confidential records would be retained. By signing the application form as Registered Contact, you give Unity Mutual authority to do this.

If you have any queries when completing your Unity Mutual Registered Contact Application Form, please contact Unity Mutual on 0151 724 1930 (9am – 5pm Monday to Friday).

Unity Mutual, 30 Mather Avenue, Liverpool L18 5HT. Tel: 0151 724 1930 Fax: 0151 724 1971
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