

### Unum DENTAL

#### Continuation application form

Please fill in the whole form and send it to **Unum Dental, Milton Court, Dorking, Surrey, RH4 3LZ**

## Instruction to your bank or building society to pay by Direct Debit

To: The Manager	Bank/building society
Address	
Postcode	

#### Service user number

<b>5</b>	<b>0</b>	<b>9</b>	<b>8</b>	<b>2</b>	<b>8</b>
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#### Name(s) of account holder(s)


#### Instruction to your bank or building society

Please pay Unum Dental 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 Unum Dental and, if so, details will be passed electronically to my bank/building society.

#### Bank/building society account number

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#### Branch sort code

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#### Reference

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Signature(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD14

This is not part of the Instruction to your bank or building society and must be detached by Unum Dental before submission to the paying bank.

Monthly premiums <i>Please circle</i>	Clear 1	Clear 2	Clear 3	Clear 4	Clear 5	Clear 6
Self only	£8.97	£11.61	£16.90	£18.99	£29.05	£33.26
Self and partner or children	£17.94	£23.22	£33.80	£37.98	£58.10	£66.52
Self, partner and children	£26.91	£34.83	£50.70	£56.97	£87.15	£99.78

MEMBER SURNAME:	MEMBER FORENAME:	MEMBERSHIP NO:
MY MONTHLY PREMIUM IS: £	SIGNATURE:	
PLEASE EMAIL MY DOCUMENTS TO*:		

\*Paper copies available upon request

If you wish to add your partner and/or children to your policy, please provide their details below.

PARTNER SURNAME:		FORENAME:		DOB:
CHILD 1:	DOB:	CHILD 2:	DOB:	
CHILD 3:	DOB:	CHILD 4:	DOB:	

By signing this application form and Direct Debit mandate you initiate a contract with Unum Dental to pay 12 equal instalments over the 12 months of the policy. Your premiums will be collected on or around the 1<sup>st</sup> of each month.

Please check the policy documents carefully before applying.

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 Unum Dental will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Unum Dental 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 Unum Dental 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 Unum Dental 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.