INCOME ASSURED CONTRACT
APPLICATION FOR CAREER BREAK

YOUR DETAILS

We'll use this information to update you on the status of your application or for other service related matters.

1. Please insert your Membership Number

2. Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ *If 'other' please specify*

First name(s)

Surname

3. Address

Postcode

4. Telephone No. (Home) (Mobile)

5. Email address

6. Date of birth

ACTION REQUESTED

7. Have you read and understood our Income Assured Guide to Career Breaks? Yes ☐ No ☐
*(If you need further information, please contact our **Member Services Team** on **0800 587 5098**)*

8. On what date would you like to start your Career Break?

9. Do you know which month you'll be ending your Career Break? Yes ☐ No ☐

If yes, please give the expected date.

Please note, this will always be the 1st of the month. We'll contact you before this date to confirm. If you're not able to provide a date, we'll contact you before the expiry of your Career Break.

DECLARATION

I hereby apply to amend the terms of my Membership of the Society in accordance with this application to start my Career Break and understand that, if approved, the changes contained in this application form shall amend, where appropriate, the contract between me and the Society. I agree to abide by the Society's Rules, present and future.

Signature

Date

Print Full Name

Cirencester Friendly Society Limited, Mutuality House, The Mallards,
South Cerney, Cirencester, Glos. GL7 5TQ
Tel: **01285 652492**
Email: info@cirencester-friendly.co.uk www.cirencester-friendly.co.uk

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CIRENCESTER FRIENDLY