

# INSTANT SAVER 2 ACCOUNT

Provided by Scottish Widows Bank

## SUMMARY BOX

PLEASE READ THIS SUMMARY BOX BEFORE YOU COMPLETE THE APPLICATION AND THEN KEEP IT FOR YOUR RECORDS. **DON'T RETURN IT WITH THE APPLICATION.**

This summary is designed to give enough information to help you easily compare the account with other savings products. It is not intended to replace any terms and conditions.

SUMMARY BOX								
Account name	Instant Saver 2 Account							
What is the interest rate?	The interest rate is variable. The current rate is shown in the table below. <table border="1"><thead><tr><th>Balance</th><th>Gross rate / AER</th></tr></thead><tbody><tr><td>£100+</td><td>0.35%</td></tr></tbody></table> <ul style="list-style-type: none"><li>• Interest can be paid monthly, quarterly, half yearly or annually.</li><li>• Monthly interest payments are only available on balances of at least £10,000.</li><li>• Interest will be paid on all funds in the account.</li><li>• Interest can be paid to the account. Alternatively, it can be transferred to a different account with us in the same name or, providing the account balance is above £2,500, transferred to your pre-advised account.</li></ul>		Balance	Gross rate / AER	£100+	0.35%		
Balance	Gross rate / AER							
£100+	0.35%							
Can Scottish Widows Bank change the interest rate?	Yes. We can move the interest rate up or down at any time. For example, if the Bank of England base rate changes, we will review our rates. The terms and conditions explain when and how we will do this.							
What would the estimated balance be after 12 months based on £1,000 deposit?	An illustration of the future balance is shown below. <table border="1"><thead><tr><th>Initial deposit</th><th>Gross rate / AER</th><th>Balance at 12 months</th></tr></thead><tbody><tr><td>£1,000</td><td>0.35%</td><td>£1,003.50</td></tr></tbody></table> <p>This is an illustrative example and assumes that:</p> <ul style="list-style-type: none"><li>• You don't withdraw any money and interest isn't paid out of the account.</li><li>• The interest rate stays the same.</li><li>• You make your initial deposit payment on the day you open the account.</li><li>• You don't make any further deposits.</li></ul>		Initial deposit	Gross rate / AER	Balance at 12 months	£1,000	0.35%	£1,003.50
Initial deposit	Gross rate / AER	Balance at 12 months						
£1,000	0.35%	£1,003.50						
How do I open and manage my account?	You can open an account by printing our online application form and posting it to us. <ul style="list-style-type: none"><li>• Applicants must be aged 16 and over and a UK resident.</li><li>• The minimum initial deposit is £100.</li><li>• The account cannot have a balance of more than £1,000,000. If you wish to discuss special arrangements, please call us.</li><li>• Additional deposits must be either for a minimum of £100 or a regular payment via direct debit of £10 or more.</li></ul> You can manage the account over the telephone, by post and online.							



## SUMMARY BOX (CONTINUED)

SUMMARY BOX (CONTINUED)	
Can I withdraw money?	<ul style="list-style-type: none"><li>• Yes. You can make withdrawals from the account.</li><li>• Individual withdrawals must be at least £100.</li></ul>
Additional information	<ul style="list-style-type: none"><li>• Accounts can be opened in sole or joint names.</li><li>• You can close the account at any time.</li><li>• There is a 14-day cancellation period from the account opening date during which the account can be closed without any charge.</li><li>• AER stands for Annual Equivalent Rate and illustrates what the interest rate would be if interest was paid and compounded once each year.</li><li>• Gross rate means we will not deduct tax from the interest we pay on money in the account. It's your responsibility to pay any tax you may owe to HM Revenue &amp; Customs (HMRC).</li></ul>

Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 201601.

52258 Summary box 06/17

# INSTANT SAVER 2 ACCOUNT

Provided by Scottish Widows Bank

## APPLICATION FORM

This form is only for the use of personal customers.

Please complete this form in **BLOCK CAPITALS** and in ink.

Account Number (For office use only)

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### APPLICATION CHECKLIST

In order for us to open your account and complete our verification procedures you must provide the following:

#### Bank identification

We're required to verify the account you use to fund the opening balance of this account. If you're opening this account with a cheque drawn on the nominated account listed in section 4 of this application form this is sufficient verification. If your opening deposit is being made by Direct Debit, or coming from a different account to that listed in section 4 you must provide one of the following documents as verification of the account you are using:

- An original bank/building society statement\* **OR**  
 A cancelled cheque

\*If you print out an online statement this must be certified by your branch.

If we can help clarify any of these requirements please call us on **0345 845 0829**

**We cannot process your application without sight of these documents, which will be returned accordingly.**

### 1. PERSONAL DETAILS

#### FIRST CUSTOMER

Do you have an existing relationship with Scottish Widows Bank? Yes  No

This may include customer, power of attorney or third party.

Title Mr  Mrs  Miss   
Ms  Other

First Name(s)

Surname

Address

Postcode

Date moved to address

(DD MM YYYY)

#### SECOND CUSTOMER

Do you have an existing relationship with Scottish Widows Bank? Yes  No

Title Mr  Mrs  Miss   
Ms  Other

First Name(s)

Surname

Address

Postcode

Date moved to address

(DD MM YYYY)



1. PERSONAL DETAILS (CONTINUED)

FIRST CUSTOMER

SECOND CUSTOMER

If the applicant has been at their present address for less than three years please provide previous addresses to cover this period. For foreign nationals we require a five year address history.

Previous address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date lived at this address (MM YY)	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Use the additional details section at the back of the form to list additional previous addresses as required.

Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(DD MM YYYY)	(DD MM YYYY)
Town/city of birth	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Which countries are you are tax resident in?	<input type="text"/>	<input type="text"/>
<small>(List all if more than one. Use additional details section if required. NB If you are a US Citizen or resident in the US for tax purposes by any other means, include the US as one of your countries of tax residency.)</small>		
Nationality	<input type="text"/>	<input type="text"/>
<small>(List all if more than one held. Use additional details section if required)</small>		
National Insurance number	<input type="text"/>	<input type="text"/>
Contact numbers; Daytime	<input type="text"/>	<input type="text"/>
Evening	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
<small>Include dialling code and country/international dialling code if non UK.</small>		
Email address	<input type="text"/>	<input type="text"/>
<small>(An email address is required if you would like to register for Internet Banking)</small>		
Internet Banking access required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Already registered <input type="checkbox"/>	Already registered <input type="checkbox"/>
<small>Internet Banking allows you to manage your account online. Please note, Internet Banking cannot be accessed or operated by Powers of Attorney or Third Party Mandate Holders.</small>		
Occupation	<input type="text"/>	<input type="text"/>
TIN	<input type="text"/>	<input type="text"/>

By TIN, we mean your Taxpayer Identification Number or similar tax payer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

## 1. PERSONAL DETAILS (CONTINUED)

### FIRST CUSTOMER

Employer's name

Employer's address

Postcode

### SECOND CUSTOMER

**NB:** If your primary place of residence ceases to be in the UK or if your country of residence changes you must inform Scottish Widows Bank as soon as possible. See EU Savings Tax Directive section in account Terms and Conditions.

If calling from overseas please contact our customer service team on **00 44 131 655 2000** to confirm our current requirements.

## 2. DEPOSIT DETAILS

You must complete the following details, as we're unable to open your account without this information:

Do you intend to save into this account on an ongoing basis? (please select)

No: Initial deposit only.  Yes: Monthly  £  and/or Annually  £

Please credit the following into my account:

a) Enclosed cheque made payable to Scottish Widows Bank plc/account holder(s) name.  £

b) Transfer of  £

from our existing Scottish Widows Bank account – a/c no.

c) By CHAPS transfer, please contact us on **0345 845 0829** for requirements.

d) By Direct Debit (Please note that a Direct Debit will not be effective until three working days after receipt).

Single Payment Amount:  £

OR

Regular Payment Amount:  £

Frequency:

Value Date:

(If Applicable DD MM YYYY)

Start Date:

(DD MM YYYY)

End Date:

(If Applicable DD MM YYYY)

Please complete the Direct Debit form at the back of this application.

## 3. INTEREST OPTIONS

Interest will be paid gross and you will be responsible for paying any tax due to HMRC.

If you don't complete this section interest will be paid annually to the nominated account listed in section 4.

Please complete the relevant boxes to indicate how you would like your interest paid:

Annually  Quarterly  Monthly\*

\*A minimum balance of £10,000 is required for monthly interest.

a) By adding it to this Scottish Widows Bank account.

b) By adding it to a different Scottish Widows Bank account in the same name or in an individual's name who is party:

to the account – a/c no

held in the name of

c) By adding it to my/our bank or building society account detailed in section 4. (Minimum balance of £2,500 required.)





**8. DECLARATION – PLEASE SIGN NOW**

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank Deposit Account as sole beneficial owner/as joint beneficial owners. I declare that the information given on this form is true to the best of my knowledge. (For joint account holders only.) We as joint account holders, hereby authorise the bank to accept and act on either written or verbal instructions requesting account withdrawals/deposits given by any one of us.

Scottish Widows Bank plc can only accept instructions to collect funds from a pre-advised account you are a party to. Account withdrawals should be sent direct to my bank/building society account in section 4.

I acknowledge that no payments in favour of third parties will be made.

I have received a copy of the Financial Services Compensation Scheme information sheet.

I agree to the Instant Saver 2 Account terms and conditions (You should read the terms and conditions before you decide whether to accept them).

Signature (First customer)

Date     
(DD MM YYYY)

Signature (Second customer)

Date     
(DD MM YYYY)

Note: Throughout this application form the words “I” and “we” may be taken where appropriate to mean the plural as well as the singular.

**SEND YOUR COMPLETED APPLICATION FORM TO:**

Scottish Widows Bank plc PO Box 12757 67 Morrison Street Edinburgh EH3 8YJ

If you have any questions about your application, please call our customer service team on **0345 845 0829**.  
Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).



# DIRECT DEBIT INSTRUCTION

## HOW TO FILL IN YOUR DIRECT DEBIT

(Please keep this top section, only return the bottom half to us.)

Using your cheque book as a guide please complete the following on the form below:

1. The full name and address of the bank or building society where your account is held.
2. The name of the account holder as shown on your cheques.
3. The branch sort code number.
4. The account number.

Finally, sign and date the instruction and return it with your application form in the envelope provided.

1. Bank/Building Society Name and Address		3. Bank/Building Society Sort Code	
ABC BANK LTD 17 MAIN ST YOUR TOWN		20-83-45	
Pay _____		£ _____	
_____		JOHN SMITH	
277860	208345	0052678	
Cheque Number	3. Bank/Building Society Sort Code	4. Account Number	2. Name of Account to be debited

## 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 Scottish Widows Bank will notify you 10 working days\* in advance of your account being debited or as otherwise agreed. If you request Scottish Widows Bank 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 Scottish Widows Bank 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 Scottish Widows Bank 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.



\*If you wish to change the amount to be paid or the payment dates, we require only 3 working days' notice to arrange the transfer.

## INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS

Please fill in the whole form and return it to us.

### INSTANT SAVER 2 ACCOUNT

1. Name and full postal address of your bank or building society branch.

To the Manager

 Bank or building society

Address

  
  


Postcode

2. Name of account holder(s)

  


3. Branch sort code  -  -

4. Bank or building society account number

5. Scottish Widows Bank reference number

 (for Bank use only)

Originator's ID Number



## INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Please pay Scottish Widows Bank, Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

I understand that this instruction may remain with Scottish Widows Bank and, if so, details will be passed electronically to my bank/building society.

Signature(s)

  


Date  (DD MM YYYY)

Banks and building societies may not accept Direct Debit instructions from some types of account.



**FOR MORE INFORMATION**

For further information on the products and services provided by Scottish Widows Bank,  
please call our customer service team on:



0345 845 0829

If calling from overseas telephone:

00 44 131 655 2000



Or visit our website:

**[www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk)**

Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).

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