

PERSONAL SAVINGS ACCOUNT

DETAILS AMENDMENT FORM

This form should be used to amend existing account details with us. If you require any assistance please contact our customer service team on **0345 845 0829**, lines are open 8am and 6pm Monday to Friday (10am Wednesdays). Please note that a separate form is required for each account you have with us. Additional forms are available to download from our website, www.scottishwidowsbank.co.uk or on request from our customer service team either by telephone or by post.

Please complete ALL fields in this section, and update other sections as required.

Account Number

First customer

Second customer

Name of Account Holder

Nationality (List all if more than one)

Countries of tax residency (List all if more than one)

Town/city of birth

Country of birth

Tin

By TIN, we mean your Taxpayer Identification Number or similar tax payer reference you hold for countries you are tax resident in.

Occupation

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

No: No activity planned. Yes: Monthly £ and/or Annually £

 CHANGE OF CODE WORD

Existing

New

First Primary School

Mother's Maiden Name

Personal Choice

Always take reasonable steps to keep the passwords and other security information secret at all times. This is essential to help prevent fraud and protect the accounts. Take care when storing or disposing of information about your accounts. You should take simple steps such as shredding printed material. It's essential that you tell us as soon as possible if you suspect or discover someone else knows your security information – call our customer service team on **0345 845 0829**.

CHANGE OF PERSONAL DETAILS (ADDRESS) – PLEASE AMEND YOUR RECORDS AS FOLLOWS:

From:
Address

Post Code
Daytime Tel. No.
Evening Tel. No.

To:
Address

Post Code
Daytime Tel. No.
Evening Tel. No.

CHANGE OF PERSONAL DETAILS (NAME*) – PLEASE AMEND YOUR RECORDS AS FOLLOWS:

From: Mr Mrs Ms Miss
Other
First Name
Surname

To: Mr Mrs Ms Miss
Other
First Name
Surname

*Supporting documentation required:

- Certified copy of a marriage certificate or decree absolute**
- Confirmation of name change e.g. enrolled deed poll

**Copies must be certified by an official of another bank, an IFA or a solicitor and must include the full name, address and status or position of the certifier. The copy must be dated and state 'original seen' or similar. Applicants are not permitted to certify their own documents.

PLEASE ENSURE YOU SIGN OVERLEAF BEFORE RETURNING THE FORM

CHANGE OF BANK OR BUILDING SOCIETY ACCOUNT DETAILS – PLEASE AMEND YOUR RECORDS AS FOLLOWS:

NB: Please enclose confirmation eg. original bank statement, cancelled cheque or pre printed bank giro credit slip.

From:
Sort Code - -
Bank/Society
Branch
Account Name(s)
Account Number

To:
Sort Code - -
Bank/Society
Branch
Account Name(s)
Account Number

Please forward a Direct Debit authorisation form for completion and return.

FREQUENCY OF INTEREST PAYMENT (PLEASE REFER TO YOUR ACCOUNTS TERMS & CONDITIONS FOR INTEREST OPTIONS AVAILABLE TO YOU)

Please amend the interest payment period to: Monthly* Quarterly Half Yearly Annually

*Minimum account balance required of £10,000.

If changing name, please supply confirmation of both your old and new signatures below.

If not, please sign in the new/current signature box/boxes only.

NEW/CURRENT SIGNATURE

First Customer:

Signature

Date (DD MM YYYY)

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Second Customer:

Signature

Date (DD MM YYYY)

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OLD SIGNATURE

First Customer:

Signature

Second Customer:

Signature

Return your completed form to us at:

Scottish Widows Bank
Deposit Customer Services
PO Box 12757
67 Morrison Street
Edinburgh
EH3 8YJ

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.

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