

FAMILY

Provided by Scottish Widows Bank

APPLICATION FORM

This form is for the use of a trustee account application where the parent(s) or guardian(s) operate the account on behalf of a child, or when no formal trust document exists. If a formal trust exists please contact our customer service team on **0345 845 0829**

Account Number (for office use only)

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

FINANCIAL ADVISER DETAILS

Was this application introduced by a Financial Adviser?

Yes

No

If yes:

Name

Company name and address

Postcode

Phone number

E-mail address

Financial Services Register number (if applicable)

If they are part of a network please give details

1. TYPE OF ACCOUNT (PLEASE INDICATE THE TYPE OF ACCOUNT)

Instant Saver Account

Direct Transfer Account 2

3 Year Fixed Term Deposit Account

(Applications for this account MUST be introduced by a Financial Adviser)

2. TRUSTEE DETAILS

FIRST TRUSTEE DETAILS

SECOND TRUSTEE DETAILS

Do you have an existing relationship with
Scottish Widows Bank?

Yes

No

Yes

No

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

Title

Mr

Mrs

Miss

Ms

Mr

Mrs

Miss

Ms

Other

Other

First name(s)

Surname

2. TRUSTEE DETAILS (CONTINUED)

FIRST TRUSTEE DETAILS

SECOND TRUSTEE DETAILS

Address

Postcode

Date of Birth (DD MM YYYY)

Sex

Male

Female

Male

Female

Town/city of birth

Country of birth

In which country are you
tax-resident?

(List all if more than one. Use additional details section if required)

Nationality

(List all if more than one held. Use additional details section if required)

National insurance number

TIN

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).

Contact Numbers

(List all if more than one held. Use additional details section if required)

Daytime

Evening

Mobile

Email Address

(An email address is required if you would like to register for Internet Banking)

Internet Banking
access required?

Yes

No

Already Registered

Yes

No

Already Registered

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.

Occupation

Employer's Name

Employer's Address

Postcode

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.

Please read "EU Savings Tax Directive" section in the account Terms and Conditions booklet.

2. TRUSTEE DETAILS (CONTINUED)

Beneficiary Details:

Does the beneficiary 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	In which countries are you tax-resident?
Other					(List all if more than one. Use additional details section if required)
First name(s)					Nationality
Surname					
Address					(List all if more than one held. Use additional details section if required)
Postcode					Relationship to trustee(s)
Date of Birth (DD MM YYYY)					TIN
Sex	Male	Female		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).	
Town/city of birth					
Country of birth					

3. 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 to my deposit account with you. (tick one or more as appropriate)

Enclosed cheque(s) for: £ made payable to 'Scottish Widows Bank <account holder's name>'
(3rd party cheques are not permitted)

Transfer of*: £

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

*If you'd like to transfer the full balance and close your existing account please tick here.

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

Single Payment Amount: £ AND/OR

Regular Payment of: £ on the day of every month

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

4. INTEREST OPTIONS

Please complete the relevant box(es) to indicate how you would like your interest paid:

Monthly*

Quarterly

Annually

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

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

(This option is not available for Fixed Term Deposit Accounts)

b) By adding it to a different Scottish Widows Bank account in the same name or in an individual's name who is a trustee 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 5 (minimum balance of £2,500 required).

NB: Nominal interest rate is reduced by more frequent payment – Annual Equivalent Rate (AER) is unchanged.

5. EXISTING BANK OR BUILDING SOCIETY DETAILS (DESIGNATED EXTERNAL CURRENT ACCOUNT) – THIS MUST BE COMPLETED IN ALL CASES

Bank/Building Society Name

Branch Sort Code

Branch Address

Account Number

Roll Number

(Building Society only)

Postcode

Account Name

6. IMPORTANT – FOR YOUR SECURITY

In order to provide telephone access we require details to be included for numbers 1 and 2. Please note that number 3 (Customer Code Word) is optional, however, if you are an existing Scottish Widows Bank account holder and wish to use the security codewords already provided please tick here and proceed to section 7.

FIRST CUSTOMER

SECOND CUSTOMER

1. First primary school
2. Mother's maiden name
3. Customer code word (optional)

When receiving telephone instructions we will ask for the above passwords.

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 is 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.

ADDITIONAL DETAILS:

This box has been provided for you to provide any further information for any of the sections.

Section and Number	Description

8. PRIVACY STATEMENT

Note: Throughout this section the words 'we', 'our' and 'us' refer to Scottish Widows Bank plc. The words 'you' and 'your' refer to the applicants.

Who we are

Your information will be held by Scottish Widows Bank which is part of the Lloyds Banking Group. More information on the Group can be found at www.lloydsbankinggroup.com

How we share your information with Group companies

Your personal information will be shared within the Lloyds Banking Group to enable us to better understand your needs, run your accounts, and provide products in the efficient way that you expect.

Using your information for fraud prevention

We will share your personal information from your application with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified, details of this fraud will be passed to these agencies to prevent fraud and money laundering. Further details explaining how information held by the fraud prevention agencies may be used can be obtained by reading the privacy notice at www.scottishwidowsbank.co.uk or you can request a copy by calling us on **0345 845 0829**.

Checking your identity

We may ask you to provide physical forms of identity verification or search the files of credit reference agencies which will keep a record of our search, whether or not your application proceeds. This is not seen or used by lenders to assess your ability to obtain credit.

How we use your information to contact you about products and services

Lloyds Banking Group companies may use your information to contact you by mail, telephone, email or text message about products and services that may be of interest to you. If you do not wish to receive this information please tick the box

Further information

For further information please contact us on **0345 845 0829**.

Your consent to process your information

To understand how the personal information you give us will be used, we strongly advise that you read our full Privacy Notice, which you can find at www.scottishwidowsbank.co.uk or you can ask us for a copy. By signing this application, you agree to your personal information being used in the ways we describe. Please contact us if you have any questions.

Warning: Messages sent by email may not be secure and may be intercepted by third parties. For these reasons, please do not use email to send us communications which contain confidential information. If you disregard this warning and choose to send us confidential information, you agree that you do so at your own risk and that you will not hold Scottish Widows Bank responsible for any loss you suffer as a result.

9. IDENTIFICATION REQUIREMENTS

To comply with Money Laundering Regulations, we require to verify the identity of the trustees and the beneficiaries.

For beneficiaries we will require sight of one of the following original documents:

- birth certificate
- passport (certified copy)
- NHS Medical Card
- Child Benefit documentation
- Child Tax Credit documentation
- National Insurance Card or notification letter (for those aged 16 and over).

You will not be allowed to operate the account until the Money Laundering checks are complete.

10. CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 1999

This contract is between the Applicant(s) and Scottish Widows Bank plc. The terms of the Contracts (Rights of Third Parties) Act 1999 and any other legal third party rights are specifically excluded. This means that only the parties to the contract (or their legal successor(s), assignee(s) or other security holders) may have contractual rights.

Please return the completed application form and Direct Debit instruction form to us in the pre-paid envelope provided.

11. DECLARATION

I, the person whose signature appears below, declare that monies are being/will be deposited in a Scottish Widows Bank Deposit Account or trust for the benefit of the Beneficiary stated in section 2 of this form. I declare that the information given on this form is true to the best of my knowledge.

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

For joint account holders only:

We, as joint trustees, hereby authorise the bank to accept and act on either written or verbal instructions requesting account withdrawals/deposits given by any one of us.

Account withdrawals should be sent direct to my bank/building society account in section 5 above.

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

Signature (First trustee)	<input type="text"/>	Signature (Second trustee)	<input type="text"/>
Date (DD MM YYYY)	<input type="text"/>	Date (DD MM YYYY)	<input type="text"/>

Checklist

The following checklist has been compiled to assist you: (please tick as appropriate).

Declaration signed, details completed and cheque enclosed (if applicable).

Original beneficiary identification requirements submitted and enclosed as per section 9.

Completed Direct Debit mandate enclosed.

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 COMPLETE YOUR NEW DIRECT DEBIT

Using your cheque book as a guide please complete:

- 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 to
**Scottish Widows Bank PO Box 12757 67 Morrison Street
 Edinburgh EH3 8YJ**

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.
This Guarantee should be detached and retained by the Payer.



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please fill in the whole form and send it to:

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

1. Name and full postal address of your Bank or Building Society branch.

To the Manager

Bank/Building Society

Originator's Identification Number

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Address

Postcode

2. Name of account holder(s)

3. Branch Sort Code

4. Bank or Building Society account number

5. Scottish Widows Bank account 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)

(for Bank use only)



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

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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SCOTTISH WIDOWS
