SCOTTISH WIDOWS BANK

DETAILS AMENDMENT FORM

MORTGAGES

(including Offset Saver Account & Mortgage Reserve Account)

Send your completed form to: Scottish Widows Bank plc, Mortgage Customer Services, PO Box 12757, 67 Morrison Street, Edinburgh, EH3 8YJ. Telephone: 0345 845 8555

This form should be used to amend existing account details with us. If you need any assistance please contact our customer service team, lines are open 8am to 6pm Monday to Friday (Wednesday from 10am). Please note that a separate form must be used for each mortgage account you have with us. Additional forms are available to download from our website, www.scottishwidowsbank.co.uk or on request 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(s)		
Nationality (List all if m	nore than one)	
Countries of tax res	idency (List all if more than one)	
Town/city of birth		
Country of birth		
Tin		
By TIN, we mean yo	ur Taxpayer Identification Number or similar tax payer refere	nce you hold for countries you are tax resident in.
Occupation		

Please ensure you sign overleaf before returning the form



CHANGE OF CODE WORD

Changes to codewords and personal details will apply to your Offset Saver Account, associated Scottish Widows Bank Mortgage and Mortgage Reserve Account (if applicable)

Do not complete this section if you don't want to change your existing code words.

If you can't remember your existing code word(s) please write 'unknown' in the Existing field.

First Primary School	Existing	New	
Mother's Maiden Name	Existing	New	
Personal Choice	Existing	New	

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 8555**.

CHANGE OF PERSONAL DETAILS (ADDRESS*)			
From:		To:	
Address		Address	
Postcode		Postcode	
Daytime Tel. No.		Daytime Tel. No.	
Evening Tel. No.		Evening Tel. No.	
*If you are changing	your address please provide the following details:		
What is the current occupancy status of the mortgaged property?			
Do you live in the mortgaged property at the moment?		Yes N	o
If not, do you intend	to let the mortgaged property?	Yes N	0

You are reminded under the terms of your mortgage, you should not enter into an agreement to let the property without obtaining our written consent first.

If you do wish to apply for consent to let please complete and return the Consent to Let Application Form. This can be downloaded from our website, www.scottishwidowsbank.co.uk, or is available upon request from our customer service team on 0345 845 0829.

If consent is granted you will be charged 0.5% of the total outstanding balance of the mortgage, including any further drawdowns, as at the 1st of the month in which consent to let is granted. Any consent granted will be for a maximum of 12 months. Whilst your property is let you won't be able to re-negotiate your mortgage interest rate or borrow any additional funds. After 12 months the property must revert to your main residence or you must contact us to discuss the options available to you.

CHANGE OF PERSONAL DETAILS (NAME*)				
chimal of	TENSONNE DETNIES (MAPLE)			
From:	Mr Mrs Ms Miss	To:	Mr Mrs Ms Miss	
Other		Other		
First Name		First Name		
Surname		Surname		
* Supporting docum	nentation required:			
	of a marriage certificate or decree absolute**			
	f name change e.g. enrolled deed poll			
	certified by an official of another bank, an IFA or a The copy must be dated and state 'original seen' o		clude the full name, address and status or position	
or the certifier.	The copy must be duted and state original seen of	Silintai. Appticants ai	e not permitted to certify their own documents.	
CHANGE OF	BANK OR BUILDING SOCIETY ACCOUNT DETAIL	S		
ND Diagon analysis		allad abaassa assassa	sointed bomb sine and it alim	
	confirmation e.g. original bank statement, cand		orinted bank giro credit slip.	
From:		То		
Sort Code		Sort Code		
Bank/Society		Bank/Society		
Branch		Branch		
Account Names		Account Names		
Account Number		Account Number		
Do you want this change to apply to:				
Offset Saver Account				
Scottish Widows Bank Mortgage				
Mortgage Res	erve Account			
CHANGE OF OFFSET BENEFIT				
Change my offset benefit to: reduced term reduced monthly payment				

(please tick one box)

OTHER INSTRUCTIONS (MISCELLANEOUS)			
DECLARATION			
Please accept this authority to carry out the above amendments in ac	ccordance with our acc	count instructions.	
If changing name, please supply confirmation of both your old and ne	ew signatures below.		
If not, please sign in the new/current signature box/boxes only.			
NEW/CURRENT SIGNATURE			
First Customer:	7	Second Customer:	
Signature	Signature		
Date (DD MM YYYY)	Date (DDMMYYYY)		
OLD SIGNATURE			
First Customer:	٦	Second Customer:	
Signature	Signature		
Date (DD MM YYYY)	Date (DD MM YYYY)		

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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