

ISA REACTIVATION FORM

If you need any help completing this form please contact our customer service team on: 0345 845 0829.

This form is used to reactivate your E-Cash/Cash ISA where a valid subscription has not been made in the previous tax year.

Please complete this form in BLOCK CAPITALS and in ink.

Existing Account Number

PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

First name(s)

Surname

Permanent Residential Address

Postcode

Date of birth (DD MM YYYY)

Sex Male Female

Occupation

Country of Nationality

Telephone No Daytime

Evening

Mobile

Email address

(An email address is required for Internet Banking)

Internet Banking cannot be accessed or operated by Powers of Attorney or Third Party Mandate Holders.

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 the Bank responsible for any loss that you suffer as a result.

NATIONAL INSURANCE NUMBER

National Insurance Number

This is an HMRC requirement. If you do not know the number it is normally quoted on your payslip, form P45 or P60, a letter from HMRC, a letter from the DSS or pension order book.

PAYMENT

Please credit the following to my E-Cash/Cash ISA Account with you (tick one or more as appropriate).

Enclosed cheque(s) for: £ _____ made payable to 'Scottish Widows Bank <account holder's name>'.
(Third party cheques are not permitted – please see section 2 under terms and conditions)

Transfer of: £ _____ from my/our existing Scottish Widows Bank account –

Account No. _____

Transfer my Cash ISA from another provider to my Scottish Widows Bank E-Cash/Cash ISA.
(Please complete a Cash ISA transfer instruction).

By monthly transfer of: £ _____ on _____ day every month by Direct Debit.

By annual transfer of: £ _____ on _____ date of every year by Direct Debit.

Expected savings into this account:

Monthly £ _____

Yearly £ _____

FREQUENCY OF STATEMENTS

Please complete the relevant box to indicate how often you would like to receive your statement:

*Please note that this will be in paper form: Monthly Quarterly Six-monthly Annually

PRIVACY STATEMENT

Who we are

Your information will be held by Scottish Widows Bank, a trading name of Lloyds Bank plc, 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.

PRIVACY STATEMENT (continued)

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.

IDENTIFICATION REQUIREMENTS

Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you confirming your identity and address.

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

DECLARATION

I declare that

- all subscriptions made, and to be made, belong to me;
- I am 16 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year;
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Scottish Widows Bank if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

I authorise Scottish Widows Bank

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash; and
- to make on my behalf any claims to relief from tax in respect of ISA investments.

I agree to the ISA terms and conditions.

I declare that this application form has been completed to the best of my knowledge and belief.

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank E-Cash/Cash ISA as sole beneficial owner. I declare that the information given on this form is true to the best of my knowledge. Account withdrawals should be sent direct to my nominated bank/building society account.

I apply to subscribe for an E-Cash/Cash ISA for the tax year _____ and each subsequent year until further notice.
(We cannot reactivate your ISA if tax year is not completed, e.g. 17/18.)

Signature

Date (DD MM YYYY)

Copies of our literature can be provided in large print or in Braille and additional assistance is available to any customer upon request.

If you have any special requirements please contact our customer service team on **0345 845 0829**.

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