

CLUB AND ASSOCIATION DEPOSIT 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	Club and Association Deposit Account						
What is the interest rate?	<p>The interest rate is variable. The current rate is shown in the table below.</p> <table border="1"><thead><tr><th>Balance</th><th>Gross rate / AER</th></tr></thead><tbody><tr><td>£500+</td><td>0.01%</td></tr></tbody></table> <ul style="list-style-type: none">• Interest can be paid monthly, quarterly or annually.• Monthly interest payments are only available on balances of at least £50,000.• Interest will be paid on all funds in the account.• 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.	Balance	Gross rate / AER	£500+	0.01%		
Balance	Gross rate / AER						
£500+	0.01%						
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?	<p>An illustration of the future balance is shown below.</p> <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>0.01%</td><td>£1,000.10</td></tr></tbody></table> <p>This is an illustrative example and assumes that:</p> <ul style="list-style-type: none">• You don't withdraw any money and interest isn't paid out of the account.• The interest rate stays the same.• You make your initial deposit payment on the day you open the account.• You don't make any further deposits.	Initial deposit	Gross rate / AER	Balance at 12 months	£1,000	0.01%	£1,000.10
Initial deposit	Gross rate / AER	Balance at 12 months					
£1,000	0.01%	£1,000.10					
How do I open and manage my account?	<p>You can open an account by printing our online application form and posting it to us.</p> <ul style="list-style-type: none">• The minimum initial deposit is £500.• The account cannot have a balance of more than £5,000,000. If you wish to discuss special arrangements, please call us.• Additional payments into the account must be at least £100. <p>You can manage the account by telephone or by post.</p>						

SUMMARY BOX (CONTINUED)

SUMMARY BOX (CONTINUED)	
Can I withdraw money?	<ul style="list-style-type: none">• Yes. You can make withdrawals from the account.• Individual withdrawals must be at least £100.
Additional information	<ul style="list-style-type: none">• You can close the account at any time.• There is a 14-day cancellation period from the account opening date during which the account can be closed without any charge.• AER stands for Annual Equivalent Rate and illustrates what the interest rate would be if interest was paid and compounded once each year.• 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 & Customs (HMRC).

Scottish Widows Bank is a trading name of Lloyds Bank plc. Registered office: 25 Gresham Street, London EC2V 7HN. Registered in England and Wales, no. 2065. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under number 119278.

52218 Summary box 01/18

CLUB AND ASSOCIATION DEPOSIT ACCOUNT

Provided by Scottish Widows Bank

APPLICATION FORM

Account Number (For office use only)

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

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 5 of this application form this is sufficient verification. If your opening balance is coming from a different account to that listed in section 5 you must provide one of the following documents as verification of the account you are using:

An original, recent bank/building society statement* **OR**

A cancelled cheque

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

Identification documentation

You must enclose the relevant information/documentation as listed below for us to verify the identity of your organisation,

Registered Charity: Complete the Charity Registration Number in section 1

Clubs, Associations or Unregistered Charities: Latest annual accounts (signed by auditors), or Deed of Constitution

Company: Relevant extract of memorandum or articles of association

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.

All fields marked with an * are completed.

INTRODUCER DETAILS (TO BE COMPLETED BY FINANCIAL ADVISER OR OTHER INTRODUCER IF APPLICABLE)

Name

Company name and address

Postcode

Telephone Number

Email Address

Financial Services Register number (if applicable)

If part of a network please give details



1. DEPOSITOR DETAILS

Type of Club/Association

Account Name*

The 'Account Name' must be the same in sections 1 and 5 for the account to be fully operational.

Charity Registration Number (if applicable)

Address*

Postcode*

Main Signatory Contact*

Telephone Number

Email Address

In which country is the company tax-resident?*

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

TIN

By TIN, we mean the Taxpayer Identification Number or similar taxpayer reference you hold for countries your charity is tax resident in. Use the additional details section to provide additional TINs (if you have more than one).

1A. DEPOSITOR DETAILS

Company Registration Number

(As held by Companies House)

Company Standard Industry Code (SIC)

(As held by Companies House)

Country of Incorporation

Date of Incorporation

(DD MM YYYY)

Is 50% or more of your gross income for the preceding calendar year, or other appropriate reporting period, active income and 50% or more of the assets held by you during the preceding calendar year, or other appropriate reporting period, assets that produce, or are held for, the production of active income?*

Yes	No	Don't know
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If you've answered 'No' or 'Don't know' you MUST provide the **Controlling Persons** information in section 9.

Guidance notes

- For limited companies/partnerships (based on latest financial accounts), is 50% or more of the income derived from the main active trade of the company (as opposed to 'passive' forms like bank interest, royalties, investment income).
- For government, this includes funds from grants, subsidies or tax receipts.
- For charities/clubs, this includes money from subscriptions, donations, fundraising and rebates/subsidies.
- For trusts, active income would include amounts received from business activities undertaken by the trust (e.g. income generated from managing or liquidating an estate) but would generally exclude dividends, interest and equivalent income or capital appreciation derived from investments made by the trust.
- For start-up companies, this question must be based on historic income and not on projected or forecast income. Start-up customers can therefore only answer 'Don't know' to this question.

2. TAXATION STATUS

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

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 into my account:

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

b) Transfer of† £

from 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

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:

Start Date

(If Applicable DD MM YYYY)

(DD MM YYYY)

End Date

(If Applicable DD MM YYYY)

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

4. INTEREST APPLICATION

If you don't complete this section interest will be paid annually to the nominated account listed in section 5.

Please complete the relevant boxes.

Monthly† Quarterly Annually a) by adding it to this account.

†A minimum balance of £50,000 is required for monthly interest.

b) by sending it to the bank or building society account in section 5.

5. NOMINATED BANK OR BUILDING SOCIETY (MAIN CURRENT ACCOUNT)

Bank/Building Society Name*

Address*

Postcode*

Account Name*

The 'Account Name' must be the same in sections 1 and 5 for the account to be fully operational.

Account Number*

Sort Code*

Roll Number (if applicable)

6. 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

7. PRIVACY STATEMENT

Note: Throughout this section the words 'we', 'our' and 'us' refer to Scottish Widows Bank. The words 'you' and 'your' refer to the applicants, signatories, underlying client or other interested parties as appropriate.

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**.

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.

8. ACCOUNT OPERATING AND SIGNING INSTRUCTIONS

Please indicate on which basis you wish to operate the account:

Telephone basis with any one signatory from the appointed persons in Section 9. **Proceed to section 8a.**

or

Postal basis only – by choosing this option we can only transfer funds if we have written authority signed in accordance with the signing instructions. **Proceed to section 8b.**

8a In order to provide confidential telephone access we require the following codewords. When receiving telephone instructions we will ask for both of these.

Any UK place name

Codeword of your 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 materials.

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 staff on **0345 845 0829**.

8b Signing instructions:

For Example:

- Any two persons from three to sign.
- Director/Treasurer/Named person plus one other to sign.

Please note:

Any signing instruction noted in **8b** supersedes telephone instructions for transactions.

Information only will be provided to any signatory on confirmation of the codewords given in section **8a**, if required.

9. CONTROLLING PERSONS/SIGNATORIES

The persons whose signatures appear below, declare that monies are being/will be deposited in Scottish Widows Bank Club and Association Deposit Account in the name of the account holder(s) as legal owner(s).

You declare that the information given on this form is true to the best of your knowledge.

You can confirm that your organisation has received a copy of the Financial Services Compensation Scheme information sheet.

You hereby authorise us to provide account information or transfer funds to or from the main bank account (detailed in Section 5) on receiving written or verbal instructions in accordance with the applicable Terms and Conditions.

You acknowledge that no third party transactions will take place and that only electronic funds transfer between the Club and Association Deposit Account and the main bank account (detailed in Section 5) will be undertaken.

To comply with Money Laundering Regulations Scottish Widows Bank needs to verify the identity of your organisation, controlling persons, signatories and beneficial owners when opening the account. 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 or confirming the existence of your organisation.

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

You, the undersigned, hereby authorise us to accept and act on instructions requesting account withdrawals in accordance with the account operation and signing instructions given in Section 8.

You agree to the Club and Association Deposit Account Terms and Conditions (you should read the Terms and Conditions before you decide whether to accept them).

The term 'Controlling Persons' means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

9. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 1

Name*

Role*: Controlling person Signatory

Capacity/position*
(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank?* (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes No

Date of birth* (DD MM YYYY)

Address (personal)*

Postcode*

Date moved to address* (DD MM YYYY)

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

Postcode

Date lived at
this address From (MM YYYY) To (MM YYYY)

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

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

Sex* Male Female

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Signature*

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Date (DD MM YYYY)*

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?*

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

Town/city of birth*

Country of birth*

TIN*

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

9. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 2

Name*

Role*: Controlling person Signatory

Capacity/position*
(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank?* (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes No

Date of birth* (DD MM YYYY)

Address (personal)*

Postcode*

Date moved to address* (DD MM YYYY)

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

Postcode

Date lived at this address From (MM YYYY) To (MM YYYY)

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

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

Sex* Male Female

Signature*

Date (DD MM YYYY)*

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?*

Town/city of birth*

Country of birth*

TIN*

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

9. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 3

Name*

Role*: Controlling person Signatory

Capacity/position*

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank?* (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes No

Date of birth* (DD MM YYYY)

Address (personal)*

Postcode*

Date moved to address* (DD MM YYYY)

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

Postcode

Date lived at

this address From (MM YYYY) To (MM YYYY)

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

Nationality*

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

Sex*

Male Female

--

Signature*

Date (DD MM YYYY)*

--

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?*

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

Town/city of birth*

Country of birth*

TIN*

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

9. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 4

Name*

Role*: Controlling person Signatory

Capacity/position*

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank?* (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes No

Date of birth* (DD MM YYYY)

Address (personal)*

Postcode*

Date moved to address* (DD MM YYYY)

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

Postcode

Date lived at
this address From (MM YYYY) To (MM YYYY)

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

Nationality*

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

Sex* Male Female

Signature*

Date (DD MM YYYY)*

Additional details required for controlling persons (we cannot open the account without this information).

In which country are
you tax-resident?*

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

Town/city of birth*

Country of birth*

TIN*

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

For any additional controlling persons and/or signatories, please provide the same details as requested above in the additional details section at the back of this application form.

10. OTHER INTERESTED PARTIES (FOR EXAMPLE BENEFICIARIES)

Please complete this section if you are an individual entitled to 10% or more of the funds and are not already listed as a controlling person/signatory in section 9.

To comply with Money Laundering Regulations Scottish Widows Bank needs to verify the identity of your organisation, controlling person/signatory and beneficial owners when opening the account.

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 or confirming the existence of your organisation.

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

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

(e.g. customer, introducer, trustee, signatory or beneficial owner)

Address (personal)

Postcode

Date moved to address (DD MM YYYY)

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

Postcode

Date lived at

this address From (MM YYYY) To (MM YYYY)

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

Nationality Sex Male Female

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

In which country are you tax-resident?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

Signature

Date (DD MM YYYY)

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

(e.g. customer, introducer, trustee, signatory or beneficial owner)

Address (personal)

Postcode

10. OTHER INTERESTED PARTIES (FOR EXAMPLE BENEFICIARIES) (CONTINUED)

Date moved to address (DD MM YYYY)

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

Postcode

Date lived at this address From (MM YYYY) To (MM YYYY)

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

Nationality Sex Male Female
(List all if more than one held. Use additional details section if required)

In which country are you tax-resident?
(List all if more than one. Use additional details section if required)

Town/city of birth

Country of birth

TIN
By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

Signature [Signature Box] Date (DD MM YYYY) [Date Box]

Name

Capacity/Position Date of birth (DD MM YYYY)

Do you have an existing relationship with Scottish Widows Bank? Yes No
(e.g. customer, introducer, trustee, signatory or beneficial owner)

Address (personal)

Postcode

Date moved to address (DD MM YYYY)

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

Postcode

Date lived at this address From (MM YYYY) To (MM YYYY)

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

Nationality Sex Male Female
(List all if more than one held. Use additional details section if required)

In which country are you tax-resident?
(List all if more than one. Use additional details section if required)

10. OTHER INTERESTED PARTIES (FOR EXAMPLE BENEFICIARIES) (CONTINUED)

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

Signature Date (DD MM YYYY)

Name

Capacity/Position

Date of birth (DD MM YYYY)

Do you have an existing relationship with Scottish Widows Bank? Yes No
(e.g. customer, introducer, trustee, signatory or beneficial owner)

Address (personal)

Postcode

Date moved to address (DD MM YYYY)

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

Postcode

Date lived at

this address From (MM YYYY) To (MM YYYY)

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

Nationality

Sex Male Female

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

In which country are you tax-resident?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer 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).

Signature Date (DD MM YYYY)

For any additional 'other interested parties', please provide the same details as requested above in the additional details section at the back of the application form.

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

9	0	9	2	4	6
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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

_____	(for Bank use only)
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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

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

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**.

Scottish Widows Bank is a trading name of Lloyds Bank plc. Registered office: 25 Gresham Street, London EC2V 7HN. Registered in England and Wales, no. 2065.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under number 119278.

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SCOTTISH WIDOWS
