

# PENSION FUND DEPOSIT ACCOUNT 2

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	Pension Fund Deposit Account 2							
What is the interest rate?	The interest rate is variable. The current rate is shown in the table below. <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"><li>• Interest can be paid monthly, quarterly or annually.</li><li>• Monthly interest payments are only available on balances of at least £50,000.</li><li>• Interest will be paid on all funds in the account.</li><li>• Interest can be paid to the account or, providing the account balance is above £2,500, transferred to your pre-advised account.</li></ul>		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?	An illustration of the future balance is shown below. <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"><li>• You don't withdraw any money and interest isn't paid out of the account.</li><li>• The interest rate stays the same.</li><li>• You make your initial deposit payment on the day you open the account.</li><li>• You don't make any further deposits.</li></ul>		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?	You can open an account by printing our online application form and posting it to us. <ul style="list-style-type: none"><li>• Applicants must be aged 16 and over and a UK resident.</li><li>• The minimum initial deposit is £500.</li><li>• The account cannot have a balance of more than £5,000,000. If you wish to discuss special arrangements, please call us.</li><li>• Additional payments into the account must be at least £100.</li></ul> You can manage the account over the telephone and by post.							

## SUMMARY BOX (CONTINUED)

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

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.

52219 Summary box 10/17

# PENSION FUND DEPOSIT ACCOUNT 2

Provided by Scottish Widows Bank

## APPLICATION FORM

Account Number (For office use only)

SIC Code

6	5	3	0	0
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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 6 of this application form this is sufficient verification. If your opening deposit is being made by Direct Debit, or is coming from a different account to that listed in section 6 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

To allow us to verify the identity of your pension fund, you must provide HM Revenue & Customs documentation showing the scheme reference number for the pension fund.

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

Phone number

Email Address

Financial Services Register number (if applicable)

If they are part of a network please give details

## 1. DEPOSITOR DETAILS

Type of business:

PENSION FUND

HMRC Scheme Reference Number\*

Has the Pension Fund been incorporated / established in the UK?\*

Yes

No

If not UK, please specify the country it was incorporated / established in\*

Account Name\*

The 'Account Name' must be the same in sections 1 and 6 for the account to be fully operational.

Address\*

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 (MM YY)

From

To

From

To

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

Main Signatory Contact\*

Telephone Number

Email Address

## 2. TAXATION STATUS

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

## 3. CATEGORY OF PENSION FUNDS

(please tick as appropriate)

Designated funds

(Please refer to the undertakings and confirmation detailed in section 12 before completing the rest of the application form).

Pooled funds

(more than one beneficial owner)

(Please refer to the undertakings and confirmation detailed in section 13 before completing the rest of the application form).

#### 4. 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: £

Value Date: (If Applicable DD MM YYYY)

Frequency:

Start Date (DD MM YYYY)

End Date

(If Applicable DD MM YYYY)

#### 5. INTEREST APPLICATION

If you don't complete this section interest will be paid annually to the nominated account listed in section 6.

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 6.

#### 6. 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 6 for the account to be fully operational.

Account Number\*

Sort Code\*

Roll Number (if applicable)

## 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](http://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](http://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](http://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 team 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. SIGNATORIES

The persons whose signatures appear below, declare that monies are being/will be deposited in Scottish Widows Bank Pension Fund Deposit Account 2 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 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 6) 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 Pension Fund Deposit Account 2 and the main bank account (detailed in Section 6) will be undertaken.

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.

The persons whose signatures appear below agree to the Terms and Conditions of the Pension Fund Deposit Account 2 (you should read the Terms and Conditions before you decide whether to accept them) and all Undertakings as detailed in Sections 12 or 13 as applicable.

To comply with Money Laundering Regulations Scottish Widows Bank need to verify the identity of the pension fund and the individual pension fund holder.

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*	<input type="text"/>		
Capacity/Position	<input type="text"/>	Date of birth (DD MM YYYY)	<input type="text"/>
Do you have an existing relationship with Scottish Widows Bank?†	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
Address (personal)	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Date moved to address*	<input type="text"/>	(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	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date lived at this address (MM YY)	From <input type="text"/>	To <input type="text"/>
	From <input type="text"/>	To <input type="text"/>

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

Nationality*	<input type="text"/>	Sex Male <input type="checkbox"/>	Female <input type="checkbox"/>
<small>(List all if more than one held. Use additional details section if required)</small>			
Signature	<input type="text"/>	Date (DD MM YYYY)	<input type="text"/>

†Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.

9. SIGNATORIES (CONTINUED)

Name\*

Capacity/Position  Date of birth (DD MM YYYY)

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

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 (MM YY) From  To  From  To

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)

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

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 (MM YY) From  To  From  To

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

†Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.



## 9. SIGNATORIES (CONTINUED)

Nationality\*

Sex Male  Female

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

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

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 (MM YY)

From

To

From

To

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)

Signature

Date (DD MM YYYY)

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

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

**Important – This section should be completed by each individual pension fund holder not already listed as a signatory in Section 9.**

To comply with Money Laundering Regulations Scottish Widows Bank need to verify the identity of each individual pension fund holder.

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/the trustees/signatories confirming your identity and address. Please read our Privacy Statement in Section 7 for more details.

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

†Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.

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

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 (MM YY) From  To  From  To

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)  
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

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 (MM YY) From  To  From  To

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)  
Signature  Date (DD MM YYYY)

†Existing relationship may include customer, introducer, signatory, or beneficial owner.

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

Name

Capacity/Position  Date of birth (DD MM YYYY)

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

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 (MM YY) From  To  From  To

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)

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

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 (MM YY) From  To  From  To

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

†Existing relationship may include customer, introducer, signatory, or beneficial owner.

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

Nationality

Sex Male  Female

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

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.

## 11. UNDERTAKINGS AND CONFIRMATION FOR DESIGNATED FUNDS

To comply with Money Laundering Regulations Scottish Widows Bank needs to identify the underlying client for opening designated client fund accounts.

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

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

**Undertakings and Confirmation, you, hereby, confirm and undertake that:**

- a) you will only send monies from UK resident natural persons acting outside the course of their trade, industry or profession, and whose funds have come from a UK regulated entity and that only sterling payments will be accepted by you in respect of funds deposited with us.
- b) no monies will be forwarded by you to us in relation to customers who may not be dealt with under UK laws and regulations.
- c) the client made the decision to place or remove funds to/from this account and that you are not entitled to instruct us to make transactions on this account, unless you have an instruction from the client to do so.
- d) you will ensure that the client is aware that Scottish Widows Bank is the provider of the account.
- e) you will permit Scottish Widows Bank and its employees or agents access to your premises and/or records upon reasonable prior notice for the purpose of inspecting, verifying, monitoring or testing the manner and performance of our obligations under the terms and conditions of this account.
- f) you will promptly on request by Scottish Widows Bank or any other personnel acting for or on behalf of Scottish Widows Bank or the Financial Services Compensation Scheme ("FSCS") or any successor body, provide Scottish Widows Bank or the FSCS with the name of and contact details for all clients on behalf of whom accounts are/have been held by Scottish Widows Bank, and such other details relating to those clients and the accounts as such person may reasonably request, where such details are required by Scottish Widows Bank or the FSCS for the purpose of compensating clients under the FSCS or for the purposes of any liquidity assessment or audit.

## 12. CLIENT DETAIL

### Details of Client

Name of Client:

Address:

Postcode

Nationality:

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

Date of Birth: (DD MM YYYY)

## 13. UNDERTAKINGS AND CONFIRMATION FOR POOLED FUNDS (MORE THAN ONE BENEFICIAL OWNER)

### Undertakings and Confirmation, you, hereby, confirm and undertake that:

- a) pursuant to the AML Regulations, etc, appropriate checks (the AML checks) have been undertaken on all clients whose funds are included in the new account and that (pursuant to such AML checks) you hold copies of all necessary due diligence documents (the AML documents).
- b) you will provide us with confirmation in writing if you identify any issue with such AML checks and/or the AML documents.
- c) you will provide us, upon demand, with the underlying due diligence (including, without limitation, copies of relevant AML documents and evidence of individual client ownership of the funds) relating to any customer whose funds are included in the new account.
- d) you will provide us with information regarding any beneficial owner who owns 10% or more of the balance of the new account.
- e) you will only send monies from UK resident natural persons acting outside the course of their trade, industry or profession, and whose funds have come from a UK regulated entity and that only sterling payments will be accepted by you in respect of funds deposited with us.
- f) no monies will be forwarded by you to us in relation to customers who may not be dealt with under UK laws and regulations.
- g) the client made the decision to place or remove funds to/from this account and that you are not entitled to instruct us to make transactions on this account, unless you have an instruction from the client to do so.
- h) you will ensure that the client is aware that Scottish Widows Bank is the provider of the account.
- i) you will permit Scottish Widows Bank and its employees or agents access to your premises and/or records upon reasonable prior notice for the purpose of inspecting, verifying, monitoring or testing the manner and performance of our obligations under the terms and conditions of this account.
- j) you will promptly on request by Scottish Widows Bank or any other personnel acting for or on behalf of Scottish Widows Bank or the Financial Services Compensation Scheme ("FSCS") or any successor body, provide Scottish Widows Bank or the FSCS with the name of and contact details for all clients on behalf of whom accounts are/have been held by Scottish Widows Bank, and such other details relating to those clients and the accounts as such person may reasonably request, where such details are required by Scottish Widows Bank or the FSCS for the purpose of compensating clients under the FSCS or for the purposes of any liquidity assessment or audit.



# 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

Bank/Building Society  
Name and Address

Bank/Building Society  
Sort Code

ABC BANK LTD 17 MAIN ST YOUR TOWN		20-83-45	
Pay _____		£ _____	
_____		JOHN SMITH	
277860	208345	0052678	
Cheque Number	Bank/Building Society Sort Code	Account Number	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

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)

Originator's Identification 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)

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](http://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**

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