

# E-CASH ISA 3

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	E-Cash ISA 3						
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>Tax-free rate</th></tr></thead><tbody><tr><td>£10+</td><td>0.35%</td></tr></tbody></table> <ul style="list-style-type: none"><li>• Interest can be paid twice a year on 1st April and 1st October, or yearly on 1st April.</li><li>• Interest will be paid on all funds in the account.</li><li>• 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.</li></ul>	Balance	Tax-free rate	£10+	0.35%		
Balance	Tax-free rate						
£10+	0.35%						
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>Tax-free rate</th><th>Balance at 12 months</th></tr></thead><tbody><tr><td>£1,000</td><td>0.35%</td><td>£1,003.50</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	Tax-free rate	Balance at 12 months	£1,000	0.35%	£1,003.50
Initial deposit	Tax-free rate	Balance at 12 months					
£1,000	0.35%	£1,003.50					
How do I open and manage my account?	<p>You can open an account by printing our online application form and posting to us.</p> <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 £10.</li><li>• You can set up a direct debit to pay into the account regularly.</li><li>• The annual ISA limit applies. The current ISA limit can be found at <a href="http://www.gov.uk/individual-savings-accounts">www.gov.uk/individual-savings-accounts</a>. The full amount can be saved in any combination of permitted ISAs.</li><li>• You can transfer an existing ISA to us.</li></ul> <p>You can manage the account over the telephone and online.</p>						

## 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 £10.</li><li>• Any money moved out of the account will lose its tax-free status unless it is paid back into the account before the end of the tax year. Tax treatment depends on your individual circumstances and may change in future.</li></ul>
Additional information	<ul style="list-style-type: none"><li>• Accounts can only be opened in a sole name.</li><li>• You must not pay into more than one cash ISA, or more than your yearly ISA allowance into any combination of permitted ISAs, within the same tax year.</li><li>• This is a flexible ISA, so if you make a withdrawal, you can pay that money back into the account before the end of the tax year and not limit the amount you can save in your cash ISA tax free.</li><li>• Tax-free is where interest is exempt from income tax.</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></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.

52221 Summary box 10/17

# E-CASH ISA 3

Provided by Scottish Widows Bank

## APPLICATION FORM

Account Number (For office use only)

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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 and comply with taxation regulations, you must provide the following:

- Declaration signed and all required details completed
- Completed Direct Debit mandate enclosed
- Email address completed for Internet Banking
- Completed ISA Transfer Instruction form (if applicable)

### 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 balance 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.

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.

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

Name	<input type="text"/>
Company name and address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>
Financial Services Register number (if applicable)	<input type="text"/>
If part of a network please give details	<input type="text"/>

## 2. PERSONAL DETAILS

Do you 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  Other

First name(s)\*

Surname\*

Permanent Residential 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.

Your date of birth\* (DD MM YYYY)

Place of birth\*: Town  Country

Sex\* Male  Female

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

Occupation\*

Telephone No Daytime   
Evening   
Mobile

Email address

An email address is required for Internet Banking.

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

National Insurance Number\*

If we request further identification documents we require these documents within 30 calendar days of the account opening or the account will be closed. You will not be able to operate the account until the Money Laundering checks are complete.

#### 4. PAYMENT

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 E-Cash ISA 3 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 4.3 of the Personal Savings Account Conditions)

Transfer of:  from my/our existing Scottish Widows Bank account –  
Account No.

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

Transfer my ISA from another provider to my Scottish Widows Bank E-Cash ISA 3.  
(Please complete the ISA transfer instruction form at the back of this application).

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

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

If we don't receive the minimum balance required to fund this account within 30 calendar days of the account opening, the account will be closed.

#### 5. INTEREST OPTIONS

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 to indicate how you would like your interest paid: Half yearly  Yearly

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

b) By adding to a different Scottish Widows Bank account held in your name or a joint account that you are named on.

a/c no

Held in the name of

c) By adding it to my/our bank or building society account detailed in section 6. (Minimum balance of £2,500 required.)

#### 6. NOMINATED BANK OR BUILDING SOCIETY (MAIN CURRENT ACCOUNT)

Bank/Building Society Name\*

Branch Address\*

Postcode\*

Account Name\*

Account Number\*

Branch Sort Code\*

Roll No\* (Building Society only)

## 7. IMPORTANT – FOR YOUR SECURITY

In order to provide telephone access we require details to be included for numbers 1, 2 and 3. 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 the next section.

1. First primary school\*

2. Mother's maiden name\*

3. Customer Code Word\*

When receiving telephone enquiries 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 your accounts. Take care when storing or getting rid of information about your accounts. You should take simple steps such as shredding printed material.**

## 8. 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, trustees, beneficiaries 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 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. DECLARATION

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank E-Cash ISA 3 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 bank/building society account in section 6. I apply to subscribe for an E-Cash ISA 3 for the tax year / and each subsequent year until further notice. **(NB: Tax year must be completed, e.g. 17/18)**

### 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 have not subscribed and will not subscribe to another cash ISA in the same tax year that I subscribe to this cash ISA, and 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 have received a copy of the Financial Services Compensation Scheme information sheet.

I agree to the Personal Savings Account Conditions.

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

Signature\*

Date (DD MM YYYY)

# ISA TRANSFER INSTRUCTION FORM

URN (For office use only)

CISA

We adhere to The British Bankers' Association Cash ISA transfer guidelines, which specify the legal requirement that the cash ISA transfer process should take no longer than 15 working days to complete. We'll pay interest at your new cash ISA rate from the date your existing cash ISA provider actions the request, which means you earn interest every day of the transfer process. Visit the British Bankers' Association website for more details: [www.bba.org.uk](http://www.bba.org.uk)

When transferring from a stocks & shares ISA, an innovative finance ISA or lifetime ISA, the process should take no longer than 30 calendar days. We'll pay interest from the date that is quoted on the ISA transfer form, in line with the HMRC ISA Guidance, as long as your funds were able to be transferred from your old account when we made the request.

This form will be sent by Scottish Widows Bank to your existing ISA provider as an instruction to transfer funds. Upon receipt of the funds Scottish Widows Bank will send you notification that the funds have been received and details of your new ISA account.

## A. ABOUT YOU

1. Your title Mr  Mrs  Miss  Ms  Other  (please specify)

2. Your surname

3. Your first name(s)

4. Your 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.

5. Telephone number

6. National Insurance Number           
(You'll find your National Insurance (NI) number on a pay slip, pension book, p60, p45 or tax return. If in doubt, ask your employer or tax office. Unfortunately we can't open an ISA for you if you can't provide your NI number).

7. Your date of birth (DD MM YYYY)

## B. DETAILS OF THE ISA TO BE TRANSFERRED

Existing ISA type: cash  stocks & shares  innovative finance  lifetime ISA

1. Existing ISA provider

2. Address of existing ISA provider

Postcode

3. Existing cash ISA sort code (if applicable)   -   -

4. Existing cash ISA account number

OR







# 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

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**.

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**SCOTTISH WIDOWS**

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