



### 3. National Insurance Number

Do you have a National Insurance Number? Yes  No  (please tick)

If yes, you must enter it here:

Please note that this is an HM Revenue and Customs requirement. If you do not know the number it is normally quoted on your payslip, form P45 or P60, a letter from HM Revenue and Customs, a letter from the DWP or pension order book.

### 4. Payment

Please credit the following to my E-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 ISA.  
(Please complete the Cash 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.

### 5. Interest options

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  Account Number

Branch Sort Code

Roll No (Building Society only)

Postcode

Account Name

If you are opening the account with a cheque drawn on the above account, this is sufficient verification of your bank account. In all other instances we require one of the following documents (it must show the account name, sort code and account number of your nominated account)

- A void cheque (a cheque with the words 'void' or 'cancelled' written across the front in pen)
- A pre-printed deposit/paying in slip, or
- Original bank statement. If you're printing out an online bank statement this must be certified by your branch. To discuss alternative options please call our Customer Services Team on 0845 845 0829.

**We will not be able to open your account without this document.**

## 7. Important – For Your Security

In order to provide telephone access we require details to be included for numbers 1 and 2. Please note that number 3 (Customer Code Word) is optional, 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 (optional)

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 Section 8 the words “we”, “our”, and “us” refer to Scottish Widows Bank plc. The words “you” and “your” refer to the applicant.**

### Who we are

Your information will be held by Scottish Widows Bank plc which is part of the Lloyds Banking Group.

### Our Group

The Lloyds Banking Group includes us and a number of other companies using brands including Lloyds TSB, Halifax and Bank of Scotland, and their associated companies. More information on the Lloyds Banking 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 so that we and any other companies in our Group can look after your relationship with us. By sharing this information it enables 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 full Privacy Notice at [www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk) or contact us on 0845 845 0829.

### Checking your identity

We may ask you to provide physical forms of identity verification when you open your account. Alternatively, we may search credit reference agency files in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit.

### Obtaining a copy of your information

Under the Data Protection Act you have the right of access to your personal data. The Act allows us to charge a fee of £10 for this service. If anything is inaccurate or incorrect, please let us know and we will correct it.

### 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 0845 845 0829.

### Your consent to process your information

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our 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 in our Privacy Notice. Please let us know if you have any questions about the use of your personal information.

**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 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 for the tax year  /  and each subsequent year until further notice. **(NB: Tax year must be completed, e.g. 12/13)**

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 to more than the overall subscription limit in total to a cash ISA and a stocks and shares ISA in the same tax year;
- I have not subscribed and will not subscribe more than the cash ISA subscription limit to one cash ISA;
- I am resident and ordinarily 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 plc if I cease to be so resident and ordinarily 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 plc

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash;
- to make on my behalf any claims to relief from tax in respect of ISA investments; and
- on my request to transfer or pay to me, as the case may be, ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.

### I agree to the ISA terms and conditions.

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

Signature

Date (DD MM YYYY)

## Checklist

The following Checklist has been compiled to assist you: (please tick as appropriate)

- Declaration signed, details completed and cheque enclosed (if applicable).
- A document verifying your nominated bank details (see section 5 for details).
- Completed Direct Debit mandate enclosed.

Please return the completed application and Direct Debit mandate to us in the pre-paid envelope provided.

- Email address details completed for Internet Banking.
- Completed Cash ISA transfer instruction form overleaf (if applicable).

### Send your completed application form to:

Scottish Widows Bank plc  
PO Box 12757  
67 Morrison Street  
Edinburgh  
EH3 8YJ

If you have any questions about your application, please call our customer service staff on 0845 845 0829 (calls charged at local rates) – lines are open 8am to 6pm Monday to Friday, Wednesdays from 10am.

Scottish Widows Bank plc. Company Number 154554. Registered in Scotland having its Registered Office at:  
PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ.

# Cash ISA transfer instruction form

We adhere to The British Bankers' Association Cash ISA transfer guidelines, which specify that the ISA transfer process should take no longer than 15 working days to complete. We'll pay interest at your new ISA rate from the date they action 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/consumer-guide-to-cash-isa-transfers](http://www.bba.org.uk/consumer-guide-to-cash-isa-transfers)

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
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 cash ISA to be transferred

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

Do you want to transfer all or part of your existing savings? All  or Please transfer (part) £   
(if requesting a partial transfer, please check with your existing ISA provider that this is possible).

Do you want to transfer your current tax year subscription as part of this transfer? Yes  No

(If you are transferring money from your current tax year ISA, you must transfer the full amount.)

### Transfer Authority

I authorise you to provide Scottish Widows Bank with any information they require about the cash ISA detailed on this form, and to transfer it to them as detailed.

Signature

Date (DD MM YYYY)

### Payment Options (For existing ISA company's use)

Please make payment to Scottish Widows Bank via the following methods:-

- Cheque payable to "Scottish Widows Bank – Customer's Name"
- BACS Payment to Scottish Widows Bank **Sort Code 30-18-05, A/C No 00030267**, quoting the customer's name and Scottish Widows Bank ISA account number.



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 plc

PO Box 12757  
67 Morrison Street  
Edinburgh  
EH3 8YJ

1. Bank/Building Society Name and Address		3. Bank/Building Society Sort Code	
Any Bank plc 1 Main Street Anywhere		20-83-45	
Pay _____		£	
_____		JOHN SMITH	
_____		_____	
222860	208345	00582678	2. Name of Account to be Debited
Cheque Number	3. Bank/Building Society Sort Code	4. Account Number	

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.



This Guarantee should be detached and retained by the Payer.

Instruction to your bank or building society to pay Direct Debits

Please fill in the whole form and send it to:

Scottish Widows Bank plc, 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 or Building Society  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Originator's ID Number

9	0	9	2	4	6
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Instruction to your Bank or Building Society

Please pay Scottish Widows Bank plc, 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 plc and, if so, details will be passed electronically to my bank/building society.

2. Name of account holder(s)

\_\_\_\_\_  
\_\_\_\_\_

3. Branch Sort Code

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4. Bank or Building Society account number

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5. Scottish Widows Bank plc account number

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(for Bank use only)

Signature(s) \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

Banks and building societies may not accept Direct Debit instructions from some types of account.

For further information on the products and services provided by Scottish Widows Bank, please call our Customer Service Staff on:

0845 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)



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