

Application for 5 Year Fixed Term Deposit Account

Scottish Widows Bank plc

(For office use only)

Issue Interest Rate

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1. Introducer details

Was this application introduced by a Financial Adviser or other Introducer? Yes No

Name

Company name and address

Postcode

Telephone number

E-mail address

FSA Authorisation number (if applicable)

If you are part of a network please give details

2. Personal details

First Customer

Second Customer

Do you have an existing relationship with Scottish Widows Bank?

Yes No

Yes No

This may include customer, power of attorney or third party.

Title Mr Mrs Miss

Mr Mrs Miss

Ms Other

Ms Other

First name(s)

Surname

Address

Postcode

Date of birth (DD/MM/YYYY)

Place of birth: Town

Country

Sex Male Female

Male Female

Country of residence

Country of nationality

National Insurance Number

Daytime Telephone Number

Evening Telephone Number

Mobile Telephone Number

Email Address

2. Personal details (continued)

	First Customer	Second Customer
Occupation	<input type="text"/>	<input type="text"/>
Employer Name	<input type="text"/>	<input type="text"/>
Employer's 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"/>
Tax identification Number <small>(for overseas customers only)</small>	<input type="text"/>	<input type="text"/>

NB: If your primary place of residence ceases to be in the UK or if your country of residence changes you must inform Scottish Widows Bank as soon as possible. See the EU Savings Tax Directive section in the account Terms and Conditions booklet.

3. Deposit details

Deposits made before the start date will earn a variable rate of interest equivalent to the Bank of England base rate until the start date, when the fixed rate of interest will begin.

Please credit the following to my Fixed Term Deposit Account with you (tick one or more as appropriate).

Initial Payment

Enclosed cheque(s) for: £ made payable to 'Scottish Widows Bank' <account holders name>
(3rd party cheques are not permitted)

Transfer of: £ from my/our existing Scottish Widows Bank account:
a/c no.

4. Interest options

Please complete the relevant box to indicate how you would like your interest paid:

Monthly* Quarterly* Annually

* The contracted rate of interest on your account will be lower than the annual gross interest rate if you choose to have interest paid monthly or quarterly. The fixed rate applicable to each issue can be found on our website at www.scottishwidowsbank.co.uk or by calling our Customer Service team on 0845 845 0829.

Please complete the relevant box to indicate how you would like your interest paid:

(a) By adding it to a different Scottish Widows Bank account in the same name or in an individuals name who is party:
to the account – a/c no
held in the name of

(b) By adding it to my/our bank or building society account detailed in Section 5.

5. Nominated Bank or Building Society details (Main Current Account) – (This section must be completed in all cases)

Bank/Building Society Name	<input type="text"/>
Branch Address	<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"/>
Branch Sort Code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Roll Number (Building Society Only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Name	<input type="text"/>

If you are opening your account with a personal cheque drawn from the above account we will not require further verification of your bank details.

6. 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 section 7.

	First Customer	Second Customer
1. First primary school	<input type="text"/>	<input type="text"/>
2. Mother's maiden name	<input type="text"/>	<input type="text"/>
3. Customer Code Word (optional)	<input type="text"/>	<input type="text"/>

When receiving telephone instructions we will ask for the above passwords.

Always take responsible 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 material.

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 0845 845 0829.

7. Privacy Statement

Note: Throughout Section 7 the words 'we', 'our' and 'us' refer to Scottish Widows Bank plc. The words 'you' and 'your' refer to the applicants

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

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 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 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.

8. Declaration

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank Deposit Account as sole beneficial owner/as joint beneficial owners. I declare that the information given on this form is true to the best of my knowledge. (For joint account holders only.) We as joint account holders, hereby authorise Scottish Widows Bank to accept and act on either written or verbal instructions requesting account closure given by any one of

us. We can only accept instructions to collect funds from a pre-advised account you are a party to. Account closure should be sent direct to my bank/building society account in Section 5 above.

I acknowledge that no payments in favour of third parties will be made. I agree to the 5 Year Fixed Term Deposit Account terms and conditions (you should read the terms and conditions before you decide whether to accept them).

Signature (First customer) Date (DD/MM/YYYY)

Signature (Second customer) Date (DD/MM/YYYY)

Note: Throughout this application form the words “I” and “we” may be taken where appropriate to mean the plural as well as the singular.

If you are opening the account with a cheque drawn on your nominated account in section 5, 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.

For non-tax payers.

I/We require HM Revenue and Customs Form(s) in order to receive interest gross.

R85 – UK residents R105 – overseas residents

Additional Details

This page has been provided for your use should you require to give further information on any of the sections.

Section and Number	Description

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.