

3 YEAR FIXED TERM PENSION FUND 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	3 Year Fixed Term Pension Fund Deposit Account						
What is the interest rate?	<p>The interest rate is fixed. The 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>£10,000+</td><td>0.80%</td></tr></tbody></table> <ul style="list-style-type: none">Interest will be paid on all funds in the account.Interest can be paid monthly, quarterly or annually.	Balance	Gross rate / AER	£10,000+	0.80%		
Balance	Gross rate / AER						
£10,000+	0.80%						
Can Scottish Widows Bank change the interest rate?	No. The account has a fixed rate of interest. This means we will not change your interest rate during the term of the account.						
What would the estimated balance be after 36 months based on £10,000 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 36 months</th></tr></thead><tbody><tr><td>£10,000</td><td>0.80%</td><td>£10,240</td></tr></tbody></table> <p>This is an illustrative example and assumes that:</p> <ul style="list-style-type: none">You make your initial deposit payment on the day you open the account.	Initial deposit	Gross rate / AER	Balance at 36 months	£10,000	0.80%	£10,240
Initial deposit	Gross rate / AER	Balance at 36 months					
£10,000	0.80%	£10,240					
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">Applicants must be aged 16 and over and a UK resident.The minimum initial deposit is £10,000.The maximum deposit is £5,000,000.The initial deposit must be received within the offer period. Multiple deposits can be made within the offer period.The interest rate available during the offer period will be the same as the interest rate for the fixed term. Interest earned during this period will be paid to your pre-advised account at the end of the offer period.No additional deposits are allowed after the offer period has ended.The fixed term starts immediately after the offer period. <p>You can manage the account over the telephone and by post.</p>						

SUMMARY BOX (CONTINUED)

SUMMARY BOX (CONTINUED)	
Can I withdraw money?	<ul style="list-style-type: none">• Withdrawals or early closure are not permitted during the term of the account except in the event of the death of the account holder.• A maturity letter will be sent to you at least 30 days before the account maturity date. If your maturity instructions are not received before the maturity date, your account will automatically be rolled over to a Scottish Widows Bank Maturity Base Rate Tracker Account with interest payable at the Bank of England base rate.• If you close the account and wish to withdraw your money the same day by CHAPS payment, a charge will be applied to cover our transfer costs. Withdrawal by other forms of electronic transfer will be free of charge.
Additional information	<ul style="list-style-type: none">• 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 and Customs (HMRC).

Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 201601.

52413 Summary box 12/16

3 YEAR FIXED TERM PENSION FUND DEPOSIT ACCOUNT

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APPLICATION FORM

		FOR OFFICE USE ONLY				
Issue	<input type="text"/>	Interest Rate	<input type="text"/>	%		
Account Number	<input type="text"/>					
SIC Code	<input type="text" value="6"/>	<input type="text" value="5"/>	<input type="text" value="3"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

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 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.

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.

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 (ALL PARTS TO BE COMPLETED)

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 5 for the account to be fully operational.

Pension Administrator's Address

Postcode

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. INTEREST OPTIONS

Please complete the relevant box to indicate how you would like your interest paid. If you do not complete this section interest will be paid annually to your nominated account.

Monthly*

Quarterly

Annually

*Minimum balance of £50,000 is required for monthly interest.

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.

4. DEPOSIT DETAILS

Please credit the following into my account:

- (a) Enclosed cheque made payable to Scottish Widows Bank plc/account holder(s) name.
- (b) Transfer of £
from our existing Scottish Widows Bank account – a/c no.
- (c) Transfer of £ by CHAPS (once account is opened)
For requirements please contact us on 0345 845 0829.

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

Bank/Building Society Name

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 No: (if applicable)

6. PRIVACY STATEMENT

Note: Throughout this section the words 'we', 'our' and 'us' refer to Scottish Widows Bank plc. 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 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.

7. 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 8. Proceed to section 7a

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 7b

7a

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.

7b

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 7b supersedes telephone instructions for transactions

Information only will be provided to any signatory on confirmation of the codewords given in section 7a, if required.

8. SIGNATORIES

We, the persons whose signatures appear below, declare that monies are being/will be deposited in Scottish Widows Bank 3 Year Fixed Term Pension Fund Deposit Account with you in name of the account holder(s) as legal owner(s).

We declare that the information given on this form is true to the best of our knowledge.

We confirm that our organisation has received a copy of the Financial Services Compensation Scheme information sheet.

We hereby authorise you 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.

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

We, the undersigned, hereby authorise you to accept and act on instructions requesting account withdrawals in accordance with the account operation and signing instructions given in Section 7.

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.

We confirm the Trustees have authority from the Individual Pension Fund Holder(s) to allow Scottish Widows Bank to undertake the appropriate online reference agency checks. Scottish Widows Bank may make searches now and in the future about the Individual Pension Fund Holder with an online reference agency who will supply information for the purpose of verifying their identity. Scottish Widows Bank may also obtain documents from the Trustees confirming the Individual Pension Fund holder's identity or address.

8. 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) Date (DD MM YYYY)

Signature

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) Date (DD MM YYYY)

Signature

*Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.
For any additional signatories, please provide the same details as requested above in the additional details section at the back of the application form.

8. 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

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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) Date (DD MM YYYY)

Signature

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)

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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) Date (DD MM YYYY)

Signature

*Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.
For any additional signatories, please provide the same details as requested above in the additional details section at the back of the application form.

9. OTHER INTERESTED PARTIES (FOR EXAMPLE BENEFICIARIES)

Is any beneficiary entitled to 10% or more of the trust? Yes No If yes please provide the details below.

Please complete this section if you are an individual owning 10% or more of the business and are not already listed as a signatory in section 8. To comply with Money Laundering Regulations, Scottish Widows Bank need to verify the identity of your organisation, signatories and beneficial owners when opening an account.

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) Date (DD MM YYYY)

Signature

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) Date (DD MM YYYY)

Signature

9. 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) Date (DD MM YYYY)

Signature

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) Date (DD MM YYYY)

Signature

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

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.

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 team on **0345 845 0829**.
Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).

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

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SCOTTISH WIDOWS