

# 3 YEAR FIXED TERM DEPOSIT ACCOUNT (NON-PERSONAL)

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 Deposit Account (Non-Personal)						
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"> <li>Interest will be paid on all funds in the account.</li> <li>Interest can be paid monthly, quarterly or annually.</li> </ul>	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"> <li>You make your initial deposit payment on the day you open the account.</li> </ul>	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"> <li>The minimum initial deposit is £10,000.</li> <li>The maximum deposit is £5,000,000.</li> <li>The initial deposit must be received within the offer period. Multiple deposits can be made within the offer period.</li> <li>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.</li> <li>No additional deposits are allowed after the offer period has ended.</li> <li>The fixed term starts immediately after the offer period.</li> </ul> <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"><li>• Withdrawals or early closure are not permitted during the term of the account.</li><li>• 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.</li><li>• 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.</li></ul>
Additional information	<ul style="list-style-type: none"><li>• There is a 14-day cancellation period from the account opening date during which the account can be closed without 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 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.

52416 Summary box 08/17

# 3 YEAR FIXED TERM DEPOSIT ACCOUNT (NON-PERSONAL)

Provided by Scottish Widows Bank

## APPLICATION FORM

FOR OFFICE USE ONLY

Issue

Interest Rate

 %

Please complete this form in **BLOCK CAPITALS** and in ink.

Account Number

### APPLICATION CHECKLIST

In order for us to open your account and complete our verification procedures you must provide the following:

Please confirm whether your application is for:

A new Fixed Term Deposit Account

A transfer from your existing matured Fixed Term Deposit Account

#### 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 7 of this application form this is sufficient verification. If your opening balance is coming from a different account to that listed in section 7 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

Not applicable as existing Scottish Widows Bank account

\*If you print out an online statement this must be certified by your branch.

#### Identification documentation

You must enclose the relevant information/documentation as listed below for us to verify the identity of your organisation.

Company: Relevant extract from the memorandum, or articles of association

Registered Charity: Complete the Charity: Registration Number in section 2

Club / Association / Unregistered Charity: Latest annual accounts (signed by auditors), or Deed of Constitution

Pension Fund: HM Revenue & Customs scheme reference number

Individual: HM Revenue & Customs appropriate form

Partnership: Relevant extract from the partnership agreement

Others: Please contact our customer service staff for guidance on the number below

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	<input type="text"/>
Company name and address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Telephone 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"/>

**1. TRAIL FEE BASIS (FINANCIAL ADVISERS/INTRODUCERS ONLY)**

If the account is being introduced by a Financial Adviser or other Introducer, we will automatically pay an introducer trail fee as detailed in the account terms and conditions.

If you are an introducer and do not wish to receive a trail fee, please contact us to arrange this once you have received the account welcome letter. You must disclose any trail fees received to your client(s), including those received for designated client fund accounts.

**2. DEPOSITOR DETAILS**

Please tick as appropriate:

<input type="checkbox"/> Charity	<input type="checkbox"/> Club/Association	<input type="checkbox"/> Independent Financial Advisers
<input type="checkbox"/> Stockbrokers	<input type="checkbox"/> Estate Agents	<input type="checkbox"/> Investment Managers
Other – please specify	<input type="text"/>	

To be eligible for this account your organisation must meet the definition of a Small and Medium-sized Enterprise (SME), which means having an average number of employees during your most recent financial year of less than 250, and either a total balance sheet not exceeding €43 million or an annual turnover not exceeding €50 million. Scottish Widows Bank reserves the right to request a copy of your last accounts to verify this.

Type of Club/Association or Charity (if applicable)	<input type="text"/>
Charity Registration Number (if applicable)	<input type="text"/>
Full name of Account	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Platform Agency Number (if applicable)	<input type="text"/>
Financial Services Register number (if applicable)	<input type="text"/>
Main Signatory Contact	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

## 2. DEPOSITOR DETAILS (CONTINUED)

In which country is the company tax-resident?

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

TIN

By TIN, we mean the Taxpayer Identification Number or similar taxpayer reference you hold for countries your charity is tax resident in. Use the additional details section to provide additional TINs (if you have more than one).

Company Registration Number

(As held by Companies House)

Company Standard Industry Code (SIC)

(As held by Companies House)

Country of Incorporation

Date of Incorporation

(DD MM YYYY)

Is 50% or more of your gross income for the preceding calendar year, or other appropriate reporting period, active income and 50% or more of the assets held by you during the preceding calendar year, or other appropriate reporting period, assets that produce, or are held for, the production of active income?

Yes  No  Don't know

If you've answered 'No' or 'Don't know' you MUST provide the **Controlling Persons** information in section 10.

### Guidance notes

- For limited companies/partnerships (based on latest financial accounts), is 50% or more of the income derived from the main active trade of the company (as opposed to 'passive' forms like bank interest, royalties, investment income).
- For government, this includes funds from grants, subsidies or tax receipts.
- For charities/clubs, this includes money from subscriptions, donations, fundraising and rebates/subsidies.
- For trusts, active income would include amounts received from business activities undertaken by the trust (e.g. income generated from managing or liquidating an estate) but would generally exclude dividends, interest and equivalent income or capital appreciation derived from investments made by the trust.
- For start-up companies, this question must be based on historic income and not on projected or forecast income. Start-up customers can therefore only answer 'Don't know' to this question.

## 3. TYPE OF CLIENT FUND ACCOUNT (IF APPLICABLE)

Undesignated (pooled) client fund account

(if you have ticked this box please proceed to Section 5)

Designated client fund account

(if you have ticked this box you must provide details of the client in Section 12)

## 4. TAXATION STATUS

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

## 5. INTEREST OPTIONS

If you don't complete this section interest will be paid annually to the nominated account detailed in Section 7.

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

Monthly\*  Quarterly  Annually

\* A 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, account number

b) By adding it to your organisations bank or building society account detailed in Section 7.

## 6. 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) By CHAPS transfer, please contact us on 0345 845 0829 for requirements.

## 7. EXISTING BANK OR BUILDING SOCIETY DETAILS (MAIN CURRENT ACCOUNT) – (THIS SECTION MUST BE COMPLETED IN ALL CASES)

Bank/Building Society Name

Branch Address

Postcode

Account Number

Branch Sort Code

 -  - 

Roll Number (Building Society Only)

Account Name

## 8. 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](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.

## 9. 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 11. **Proceed to section 9a**

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 9b**

### 9a

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 Staff on **0345 845 0829**.

### 9b

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 9b supersedes telephone instructions for transactions

Information only will be provided to any signatory on confirmation of the codewords given in section 9a, if required.

## 10. CONTROLLING PERSONS/SIGNATORIES

The persons whose signatures appear below, declare that monies are being/will be deposited in Scottish Widows Bank 3 Year Fixed Term Deposit Account 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 7) 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 3 Year Fixed Term Deposit Account and the main bank account (detailed in Section 7) 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 10.

The term 'Controlling Persons' means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

To comply with Money Laundering Regulations Scottish Widows Bank needs to verify the identity of your organisation, controlling persons, signatories, and beneficial owners when opening an account. 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.



## 10. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

### Controlling Person/Signatory 1

Name

Role: Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank? (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes  No

Date of birth  (DD MM YYYY)

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

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

Sex Male  Female

Signature

Date (DD MM YYYY)

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

10. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 2

Name

Role: Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank? (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes  No

Date of birth  (DD MM YYYY)

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

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

Sex Male  Female

Signature

Date (DD MM YYYY)

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?

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

Town/city of birth

Country of birth

TIN

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10. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 3

Name

Role: Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank? (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes  No

Date of birth  (DD MM YYYY)

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

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

Sex Male  Female

Signature

Date (DD MM YYYY)

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

10. CONTROLLING PERSONS/SIGNATORIES (CONTINUED)

Controlling Person/Signatory 4

Name

Role: Controlling person  Signatory

Capacity/position

(e.g. chairperson, secretary, treasurer, etc)

Do you have an existing relationship with Scottish Widows Bank? (e.g. customer, introducer, trustee, signatory or beneficial owner) Yes  No

Date of birth  (DD MM YYYY)

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

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

Sex Male  Female

Signature

Date (DD MM YYYY)

Additional details required for controlling persons (we cannot open the account without this information).

In which country are you tax-resident?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

For any additional controlling persons and/or signatories, please provide the same details as requested above in the additional details section at the back of this application form.

**11. OTHER INTERESTED PARTIES (FOR EXAMPLE BENEFICIARIES, CONTROLLING DIRECTORS)**

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 10. To comply with Money Laundering Regulations, Scottish Widows Bank needs 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    
(e.g. customer, introducer, trustee, signatory or beneficial owner)

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)

In which country   
are you tax-resident?  
(List all if more than one. Use additional details section if required)

Town/city of birth  Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

Signature  Date (DD MM YYYY)

11. 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

(e.g. customer, introducer, trustee, signatory or beneficial owner)

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)

In which country

are you tax-resident?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

Signature

Date (DD MM YYYY)

**11. 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   
 (e.g. customer, introducer, trustee, signatory or beneficial owner)

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)

In which country

are you tax-resident?  
 (List all if more than one. Use additional details section if required)

Town/city of birth  Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

Signature

Date (DD MM YYYY)

**11. 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    
 (e.g. customer, introducer, trustee, signatory or beneficial owner)

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)

In which country   
 are you tax-resident?  
 (List all if more than one. Use additional details section if required)

Town/city of birth  Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

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.



12. DETAILS OF CLIENT (FOR DESIGNATED CLIENT FUND ACCOUNTS)

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 on 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 or confirming the existence of their organisation.

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

**Details of Client (to be completed if the underlying client is an individual):**

Name of Client:

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.**

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

In which country are you tax-resident?   
(List all if more than one. Use additional details section if required)

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

Town/city of birth  Country of birth

Date of Birth: (DD MM YYYY)

12. DETAILS OF CLIENT (FOR DESIGNATED CLIENT FUND ACCOUNTS) (CONTINUED)

**Details of Client (to be completed if underlying client is a company, partnership):**

Name of Company or Partnership

Date and place of Incorporation:

Registration number:

Registered Address:

In which country  
are you tax-resident?

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

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).

**Details of Client (to be completed if underlying client is a trust or charity/foundation):**

Name of Trust or Foundation

Type of Trust/Foundation:

Registered Address of Trustees:

Registered Address of Trustees:

Date and place of Incorporation:

In which country  
are you tax-resident?

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

TIN

By TIN, we mean your Taxpayer Identification Number or similar taxpayer reference you hold for countries you are tax resident in. Use the additional details section at the back of this form to provide additional TINs (if you have more than one).



**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).

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**SCOTTISH WIDOWS**