

# NON-PERSONAL SAVINGS ACCOUNT

## DETAILS AMENDMENT FORM

Send your completed form to: Scottish Widows Bank, PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Telephone: 0345 845 0829.

This form should be used to amend existing account details with us. If you need any assistance please contact our customer service team, lines are open 8am to 6pm Monday to Friday (Wednesday from 10am). Please note that a separate form is required for each account you have with us. Additional forms are available to download from our website, [www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk), or on request from our customer service team either by telephone or by post.

**Please complete ALL fields in this section and update other sections as required, ensuring the authority to carry out any amendments on page 9 is fully completed.**

Account Number

Name of Account

Do you intend to save into this account on an ongoing basis? (please select)

No:      No activity planned.      Yes:      Monthly £      and/or Annually £

### EXISTING SIGNATORY/AUTHORITY DETAILS (YOU MUST COMPLETE THESE DETAILS FOR ALL CHANGES)

You must complete these details for all existing signatories/authorities who are to remain. (Details of signatories/authorities to be added or removed should be completed in the relevant section later in the form.)

Name

Role:                      Controlling person                      Signatory

Capacity/position  
(e.g. chairperson, secretary, treasurer, etc)

Date of birth    (DD MM YYYY)                      Sex      Male      Female

Address (personal)

Postcode

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

EXISTING SIGNATORY/AUTHORITY DETAILS (CONTINUED)

Which countries are you tax resident in?

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

Town/city of birth

Country of birth

TIN

By TIN, we mean your Taxpayer Identification Number or similar tax payer 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).

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Name

Role:                      Controlling person                      Signatory

Capacity/position

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

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EXISTING SIGNATORY/AUTHORITY DETAILS (CONTINUED)

Name

Role: Controlling person Signatory

Capacity/position  
(e.g. chairperson, secretary, treasurer, etc)

Date of birth (DD MM YYYY) Sex Male Female

Address (personal)

Postcode

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

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

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Capacity/position  
(e.g. chairperson, secretary, treasurer, etc)

Date of birth (DD MM YYYY) Sex Male Female

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Postcode

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

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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.

CHANGE OF CODE WORD(S)

Any UK Place Name

Code name of your choice

Existing

New

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 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 team on **0345 845 0829**.

CHANGE OF CORRESPONDENCE DETAILS – PLEASE AMEND YOUR RECORDS AS FOLLOWS:

	From:				To:			
Title	Mr	Mrs	Ms	Miss	Mr	Mrs	Ms	Miss
	Other				Other			

First Name

Surname

Address

Post Code

Daytime Tel. No.

Evening Tel. No.

PLEASE ENSURE YOU SIGN OVERLEAF BEFORE RETURNING THE FORM

CHANGE OF BANK OR BUILDING SOCIETY ACCOUNT DETAILS

**NB: Please enclose confirmation eg, original Bank Statement or Cancelled Cheque.**

	From:	To:
Sort Code		
Bank/Building Society		
Branch		
Account Name(s)		
Account Number		

Please forward a Direct Debit authorisation form for completion and return.

FREQUENCY OF INTEREST PAYMENT

Frequency of Interest Payment: Please amend the interest payment period to:      Monthly\*      Quarterly      Annually

\*Minimum account balance required of £50,000

## FREQUENCY OF STATEMENTS

The Payment Services Regulations (2017) changed the rules around how often banks send statements for savings accounts. We'd like you to confirm your preferred statement frequency (annually, six-monthly, quarterly or monthly). **These statements will be in paper form.** Whatever you decide, you can ask us for a statement of your recent transactions at any time, and free of charge, by contacting us.

How often would you like to receive your printed statements?

Annually

Six monthly

Quarterly

Monthly

## PRIVACY STATEMENT

It is important that you understand how the personal information you give us will be used. Therefore please read our short privacy notice below before continuing with this application.

Note: The words 'you' and 'your' refer to the applicants, signatories, underlying client or other interested parties as appropriate. The words 'we', 'our' and 'us' refer to Scottish Widows Bank.

### PRIVACY STATEMENT

#### Who looks after your personal information

Your personal 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 use your personal information

We will use your personal information:

- to provide products and services, manage your relationship with us and comply with any laws or regulations we are subject to (for example the laws that prevent financial crime or the regulatory requirements governing the products we offer).
- for other purposes including improving our services, exercising our rights in relation to agreements and contracts and identifying products and services that may be of interest.

To support us with the above we analyse information we know about you and how you use our products and services, including some automated decision making. You can find out more about how we do this, and in what circumstances you can ask us to stop, in our full privacy notice.

#### Who we share your personal information with

Your personal information will be shared within Lloyds Banking Group and other companies that provide services to you or us, 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 our customers' needs, run accounts and policies, and provide products and services efficiently. This processing may include activities which take place outside of the European Economic Area. If this is the case we will ensure appropriate safeguards are in place to protect your personal information. You can find out more about how we share your personal information with credit reference agencies below and can access more information about how else we share your information in our full privacy notice.

#### Where we collect your personal information from

We will collect personal information about you from a number of sources including:

- information given to us on application forms, when you talk to us in branch, over the phone or through the device you use and when new services are requested.
- from analysis of how you operate our products and services, including the frequency, nature, location, origin and recipients of any payments.
- from, or through, other organisations (for example card associations, credit reference agencies, insurance companies, retailers, comparison websites, social media and fraud prevention agencies).
- In certain circumstances we may also use information about health or criminal convictions but we will only do this where allowed by law or if you give us your consent.

You can find out more about where we collect personal information about you from in our full privacy notice.

#### Do you have to give us your personal information

We may be required by law, or as a consequence of any contractual relationship we have, to collect certain personal information. Failure to provide this information may prevent or delay us fulfilling these obligations or performing services.

#### What rights you have over your personal information

The law gives you a number of rights in relation to your personal information including:

- The right to access the personal information we have about you. This includes information from application forms, statements, correspondence and call recordings.
- The right to get us to correct personal information that is wrong or incomplete.
- In certain circumstances, the right to ask us to stop using or delete your personal information.
- From 25th May 2018 you will have the right to receive any personal information we have collected from you in an easily re-usable format when it's processed on certain grounds, such as consent or for contractual reasons. You can also ask us to pass this information on to another organisation.

You can find out more about these rights and how you can exercise them in our full privacy notice.

**Other individuals you have financial links with**

We may also collect personal information about other individuals who you have a financial link with. This may include people who you have joint accounts or policies with such as your partner/spouse, dependents, beneficiaries or people you have commercial links to, for example other directors or officers of your company.

We will collect this information to assess any applications, provide the services requested and to carry out credit reference and fraud prevention checks. You can find out more about how we process personal information about individuals with whom you have a financial link in our full privacy notice.

**How we use credit reference agencies**

In order to process your application we may supply your personal information to credit reference agencies (CRAs) including how you use our products and services and they will give us information about you, such as about your financial history. We do this to assess creditworthiness and product suitability, check your identity, manage your account, trace and recover debts and prevent criminal activity.

We may also continue to exchange information about you with CRAs on an ongoing basis, including about your settled accounts and any debts not fully repaid on time, information on funds going into the account, the balance on the account and, if you borrow, details of your repayments or whether you repay in full and on time. CRAs will share your information with other organisations, for example other organisations you ask to provide you with products and services. Your data will also be linked to the data of any joint applicants or other financial associates as explained above.

You can find out more about the identities of the CRAs, and the ways in which they use and share personal information, in our full privacy notice.

**How we use fraud prevention agencies**

The personal information we have collected from you and anyone you have a financial link with may be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found in our full privacy notice.

**Our full privacy notice**

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our full privacy notice, which you can find at [http://www.scottishwidows.co.uk/bank/savings/full\\_privacy\\_notice.html](http://www.scottishwidows.co.uk/bank/savings/full_privacy_notice.html) or you can ask us for a copy.

**How you can contact us**

If you have any questions or require more information about how we use your personal information please contact us using <https://www.scottishwidows.co.uk/secure/forms/bank/global/product-enquiries> You can also call us on 0345 845 0829 (or 0044 131 655 2000 from overseas).

If you feel we have not answered your question Lloyds Banking Group has a Group Data Privacy Officer, who you can contact on 0345 845 0829 (or 0044 131 655 2000 from overseas) and tell us you want to speak to our Data Privacy Officer.

**Version Control**

This notice was last updated in February 2018.

**NEW SIGNATORY/AUTHORITY**

**Identification Requirements**

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.

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

For more details about identity checks, please refer to [www.moneyadviceservice.org.uk](http://www.moneyadviceservice.org.uk)

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) Sex Male Female

Address (personal)

Postcode

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

Signature

Date (DD MM YYYY)

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

Which countries are you tax resident in?

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

Town/city of birth

Country of birth

TIN

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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)                      Sex      Male                      Female

Address (personal)

Postcode

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

Signature

Date (DD MM YYYY)

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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) Sex Male Female

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Postcode

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(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) Sex Male Female

Address (personal)

Postcode

Nationality

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

Signature

Date (DD MM YYYY)



NEW SIGNATORY/AUTHORITY (CONTINUED)

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

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SIGNATORY/AUTHORITY TO BE REMOVED

To be removed (1):

To be removed (2):

Name

Capacity/Position

Address (personal)

Postcode

Date of birth (DD MM YYYY)

Sex  Male  Female

Sex  Male  Female

Nationality

Signature\*

Date (DD MM YYYY)

To be removed (3):

To be removed (4):

Name

Capacity/Position

Address (personal)

Postcode

Date of birth (DD MM YYYY)

Sex  Male  Female

Sex  Male  Female

Nationality

Signature\*

Date (DD MM YYYY)

Please accept this authority to carry out the above amendments in accordance with our account instructions  
To be signed by existing signatories in line with the prevailing instructions.

If a signatory being removed is unavailable to sign please contact our customer service team on 0345 845 0829.

1. Signature	<input type="text"/>	3.	<input type="text"/>
Date (DD MM YYYY)			
2. Signature	<input type="text"/>	4.	<input type="text"/>
Date (DD MM YYYY)			



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**.

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.

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