

Savings Application Form

FOR SOCIETY USE	Date opened	Source	Account Number	Cust No(s)

Please use **BLOCK LETTERS** throughout. Complete **ALL** sections where appropriate. Fields marked with * must be completed. This form is for individual or joint savings accounts. It should not be used for Cash ISAs, Junior ISAs or Deposit Accounts.

I/We wish to save in a (type of account)

Source of funds (e.g. salary, savings, investments) Purpose (what are you saving for?) Expected frequency of deposits (e.g. weekly, monthly, one-off)

APPLICANT 1

Title

Forename(s)

Surname

Address

Postcode

Number of years at current address If less than two years, please provide details below of previous addresses in the last two years:

Email Address

Contact Phone No (Please see MARKETING PREFERENCES)

Alternative Phone No

Date of Birth

NI Number

Occupation

Nationality

Place of Birth

Are you resident for tax purposes only in the UK and a citizen only of the UK? Yes No If No please complete a separate Tax Residency Self Certification Form

Are you an existing member? Yes No

Preferred contact method: Post Email Phone (Please see MARKETING PREFERENCES)

APPLICANT 2

Title

Forename(s)

Surname

Address

Postcode

Number of years at current address If less than two years, please provide details below of previous addresses in the last two years:

Email Address

Contact Phone No (Please see MARKETING PREFERENCES)

Alternative Phone No

Date of Birth

NI Number

Occupation

Nationality

Place of Birth

Are you resident for tax purposes only in the UK and a citizen only of the UK? Yes No If No please complete a separate Tax Residency Self Certification Form

Are you an existing member? Yes No

Preferred contact method: Post Email Phone (Please see MARKETING PREFERENCES)

IF MORE THAN TWO APPLICANTS, PLEASE COMPLETE AN ADDITIONAL FORM WITH RELEVANT DETAILS

ADDRESS FOR CORRESPONDENCE

(if different from Applicant 1 above)

JOINT ACCOUNTS ONLY

We confirm that authorisation for withdrawals, closures and any account amendments may be signed by:

- ANY ONE SIGNATORY ALL SIGNATORIES
 ANY SIGNATORIES (please specify number)

DECLARATIONS

- 1) I/We understand that the operation of this account will be governed by the terms and conditions for the specific product chosen and by the Savings Terms and Conditions. I/We understand that it is my/our responsibility to read these carefully and to ask for clarification if there is anything in them that I/we do not understand.
- 2) I/We agree to be bound by the Rules of Scottish Building Society and the Assignment of Windfall Benefits detailed in the Savings Accounts Terms and Conditions.
- 3) I/We declare that this account is not held by me/us as a simple trustee for a body corporate or for persons who include a body corporate.
- 4) For joint accounts, I/we understand (a) that the account holder whose details are recorded as 'Applicant 1' is the first-named account holder who will exercise voting rights in respect of this account and (b) that in the event of the death of one of the account holders, the account will pass into the name(s) of the surviving account holder(s) who may continue to operate the account.

USE OF PERSONAL INFORMATION

- 5) I/We understand that by signing this application form I/we confirm that I/we have read **in full** the Customer Privacy Notice of the Society that has been provided to me/us along with this application form.
- 6) I/We acknowledge and understand that in order to process my/our application, the Society will perform identity checks on me/us with one or more credit reference agencies (CRAs) and/or Fraud Prevention Agencies (FPAs) who will supply information, including information from the Electoral Register, for the purpose of verifying my/our identity/identities and my/our address(es). The CRAs and FPAs will record details of the search whether or not this application proceeds. Information may be used for debt tracing and the prevention of money laundering as well as (in the case of the Society) for the management of my/our account. Further checks of this type may be carried out periodically at CRAs and FPAs to manage my/our account and throughout the course of my/our relationship with the Society.

MARKETING PREFERENCES

We (the Society) will **only** use the contact information you supply in this application to notify you of important changes to your account (for example, when we change our Terms & Conditions or the interest rate changes). This is usually done by post, so that you have a paper copy to file and refer to. If you register your accounts with our online service – SBS Online – we may also send you important notices by email.

We may from time to time provide you with updates on new products, services and special offers. Please tick the boxes below to tell us how you would prefer to be contacted. Please note, if you leave these boxes blank you will not receive these updates.

- By Post By Phone* By Email

You can contact us to change your marketing preferences at any time. We value your privacy and will always handle your personal data in accordance with our Privacy Policy which can be viewed online at: www.scottishbs.co.uk/data-privacy-policy

*We will use your Main Contact number.

FINANCIAL SERVICES COMPENSATION SCHEME

- 7) I/We confirm that I/we have read the Financial Services Compensation Scheme Information Sheet. *Copies of this, and our Privacy Notice, are available at all branches and online at www.scottishbs.co.uk*

SIGNATURE(S)

DATE

ALL APPLICANTS MUST SIGN

DATE

Hand in your form along with your ID at your nearest Scottish Building Society branch. Alternatively, you can post your completed form and ID to us at:

Scottish Building Society, SBS House, 193 Dalry Road, EDINBURGH EH11 2EF

We recommend using a recorded mail service if you send original ID documents to us.

FOR SOCIETY USE	Name and address verified by (initials/date)		Source of funds		Checked by (initials/date)	
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