

Junior (Cash) ISA Application Form.

To apply for a Junior Cash ISA or transfer a Junior ISA or Child Trust Fund from another provider.

Cheques should be made payable to the account holder.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH * ARE REQUIRED

Open a new Junior ISA I/We would like to invest £	*				
Opening investment* Cash £	Cheques £	Bank Transfer £			
Debit Card £ (in	branch only)	Total £			
I/We would like to transfer f	from my existing Suffolk Bu	ilding Society account no.			
Transfer another Junior ISA or Child Trust Fund					
Please tell us if this account is Ca	sh Stocks & shares				
I would like to transfer from: Provider Name		Account no.			
For office use only:		Account Number			
User name	User no	Customer no			
Correspondence addresses are not permitted on	children's accounts.				
Child's details					
Name and address					
Title* Forename*	Middle name(s)	Surname*			
Address*					
		Postcode*			
Date of birth*	National Insurance number	(if they have one)			
Nationality*	Place of birth*				
For office use only: Customer no.					
Registered contact details					
I am the registered contact for a chi	ild under 16 I am the registered	d contact for a child over 16			
Name and address Title* Forename*	Middle name(s)	Surname*			
Address*	iviluale flame(s)	Surfame			
Address		Postcode*			
Date moved to current address*		- saccous			
If you have moved to your current address within the last 12 months please provide your previous address					
Address					
Data mayad ta mrayiaya addrasa	D	Postcode			
Date moved to previous address		Postcode ate of birth*			
Date moved to previous address National Insurance number					
		ate of birth*			
National Insurance number Contact details (at least one contact	et number is needed*)	ate of birth*			
National Insurance number Contact details (at least one contact Home phone number	et number is needed*)	ate of birth*			

Identification requirements

When you first open an account with us, under regulations for prevention and detection of financial crime, we need to verify your identity. Our requirements can be found in our 'Verifying your identity' leaflet. We will also use our electronic verification system, which includes the option of some security questions. For existing customers of the Society, we may ask you security questions to confirm your identity and may request identification documents, if your records with us are incomplete.

About this account
Please complete the information below to tell us how you will be managing this account. We may need to call you to discuss this information.
Account choice
Why did you choose this account?*
What are you saving for?*
Expected transactions
How will you be managing this account?*
Branch Post Which branch(es) do you intend to visit?
How will you be transacting? (tick all that apply)*
Cash Cheque Bank transfer
Regularity (e.g. weekly/monthly etc.) Expected amounts £
Third party deposits Will anyone else be paying into this account? (Please advise this person that they will be asked to provide identification)* Yes No
Source of deposit
Where has your deposit come from? (Evidence may be required)*
Keeping you informed
In line with the Society's Privacy Notice, we will only use your personal information to administer the account and provide products and services you have requested. However, occasionally we would like to contact you about products, services, competitions or events we provide. You can withdraw/amend this consent at any time.
Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:
Home number Mobile number Please indicate your preferred time of day for us to call Morning Afternoon
I consent to being contacted for marketing purposes by the methods below:
Post Telephone Email
You have the right to request access to your personal information and to obtain information about how we process it. These requests can be made in writing to the Data Protection Officer or via email to dpo@suffolkbuildingsociety.co.uk

Junior ISA declaration

The child named overleaf will be the beneficial owner of the account investments

I declare that:

- · The applicant is over 16 and is the child, or has parental responsibility for the child, who will be the registered contact
- The child who will hold the JISA does not hold a Child Trust Fund
- The child is resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to /in a civil partnership- with a UK Crown servant
- · I have not subscribed and will not subscribe to another Junior ISA (Cash) of this type for this child
- I am not aware that this child has another Junior ISA (Cash) of this type
- · I am not aware of other Junior ISA (Cash) subscriptions that will result in this child exceeding the annual limit
- · I will not knowingly make subscriptions to a Junior ISA (Cash) for this child that will result in the the subscription limit being exceeded
- I have read and understood the Society's Privacy Notice and accept this on behalf of the child.

I authorise Suffolk Building Society:

- to hold the child's subscriptions, interest, dividends and any other rights or proceeds in respect to those investments and cash, and
- · to make on the child's behalf any claims to relief from tax in respect of Junior ISA (Cash) investments.

General declaration

I acknowledge receipt and confirm I have read and understood the following, prior to opening this account:

- · Terms and Conditions of the chosen account in conjunction with the Society's General Investment Terms and Conditions
- Savings Tariff of Charges
- Key Information About Our Services Leaflet

By signing this application form:

I acknowledge receipt of the Financial Services Compensation Scheme Information Sheet and the Society's Privacy Notice which I
received prior to opening this account

Please sign here					
Signature	Date				
Call validate additional notes (For office use only)					
For office use only:					
Branch code					
Child RC Name, DOB, NINO, Nationality, Address	Child RC		Account Type		
CUS01/Personal details	ID attached and updated on system AML01		IAD05/IAD01		
Phone numbers, email address, marketing and communication preferences	Signature matches ID and form dated correctly		Account Category IAD05/IAD01		
CUS01/Communication Details Marital Status	Call Validate completed and attached Call Validate escalation process followed correctly		Opening Investment		
CUS01 - New customer or blank value = unknown	Is the ID in date?		Account Name (Parent Re Child)		
Place of Birth/Country of birth		_	IAD01		
CUS33			Notes updated PAD01		
User input Date L Amended by	v and checked Date CVAL(s) signed o	ff by _	Date L		