

Suffolk

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.

Building Society

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 £ _____ from my existing Suffolk Building Society account no. _____

Transfer another Junior ISA or Child Trust Fund

Please tell us if this account is Cash 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 child under 16 I am the registered contact for a child over 16 I am the child over 16

Name and address

Title* _____ Forename* _____ Middle name(s) _____ Surname* _____

Address* _____

Postcode* _____

Date moved to current address* _____

If you have moved to your current address within the last 12 months please provide your previous address

Address _____

Postcode _____

Date moved to previous address _____ Date of birth* _____

National Insurance number _____

Contact details (at least one contact number is needed*)

Home phone number _____ Mobile phone number _____

Email address _____

Nationality* _____ Place 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

We will only use your personal information to administer your account and provide requested products and services. If you would like to receive information on our latest products, services, competitions or events, you can let us know below. You can withdraw or change this consent at any time.

Please refer to our Privacy Notice for information on how we process your data. You can also email dpo@suffolkbuildngsociety.co.uk to request access to your personal information.

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

Where we reduce the interest rate, we will notify you by email 14 days before the reduction comes into effect. We'll notify you by email, if an email address has been provided by you. Please tick to confirm if you would prefer us to notify you by post.

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

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Call validate additional notes (For office use only)

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For office use only:

Branch code _____

Child RC

- Name, DOB, NINO, Nationality, Address
CUS01/Personal details
- Phone numbers, email address,
marketing and communication preferences
CUS01/Communication Details
- Marital Status
CUS01 - New customer or blank value =
unknown
- Place of Birth/Country of birth
CUS33

Child RC

- ID attached and updated on system
AML01
- Signature matches ID and form dated correctly
- Call Validate completed and attached
- Call Validate escalation process followed correctly
- Is the ID in date?

- Account Type
IAD05/IAD01
- Account Category
IAD05/IAD01
- Opening Investment
IAD08
- Account Name (Parent Re Child)
IAD01
- Notes updated
PAD01

User input _____ Date [] [] [] [] [] [] Amended by and checked _____ Date [] [] [] [] [] [] CVAL(s) signed off by _____ Date [] [] [] [] [] []