

Suffolk

Child's Trust Account Application Form.

To apply for a child's trust account.
Cheques should be made payable to the child.**Building Society**

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

I/We would like to invest £ _____ * into a (type of account) _____ *

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. _____

For office use only: Account number _____

The first applicant's address will be used for correspondence.

Trustee One

Customer no. _____

Your 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 _____

Your personal information

Date of birth* _____

National Insurance no. _____

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

Home phone no. _____

Mobile phone no. _____

Email address _____

Nationality / tax

Nationality* _____

Place of birth* _____

Are you a tax resident of the UK only?* Yes No **Trustee Two**

Customer no. _____

Your 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 _____

Your personal information

Date of birth* _____

National Insurance no. _____

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

Home phone no. _____

Mobile phone no. _____

Email address _____

Nationality / tax

Nationality* _____

Place of birth* _____

Are you a tax resident of the UK only?* Yes No

Child's details

Customer no.

Their name and address

Title* Forename* Middle name(s) Surname*
Address*
 Postcode*

Their personal information

Date of birth*

About this account

Please complete the information below to tell us how you will be saving on behalf of the child.
We may need to call you to discuss this information.

Account choice

Why did you choose this account?*
How will these savings be for the benefit of the child?*

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 £ Source of funds

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)*

Additional information

Signing instructions for accounts with multiple trustees

You can have up to 4 trustees on a child's trust account. Where there are 2 or more trustees a minimum of 2 signatures is required for withdrawals. If you would like more than 2 trustees please fill in an additional application form.

For accounts with more than 2 trustees, please tell us how many signatures you would like us to take as your authorisation for account operation:

2 3 4

Identification requirements

When you first open an account with us, under regulations for prevention and detection of financial crime, we need to verify both your identity and that of the child. 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.

Your bank details

To verify your identity electronically please complete your current account details below for each trustee*

If you have reached age 18 in the past 3 months, please provide a copy of your bank statement to confirm your bank details as we may not be able to verify these electronically.

Trustee One

Sort code

Account no.

Bank name

Account holder's name

Trustee Two

Sort code

Account no.

Bank name

Account holder's name

Please tick here if this is a joint account with applicant two

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.

Trustee One

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

Trustee Two

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.

Trustee One

Trustee Two

Declaration

I/We declare

- That any funds invested in trust are beneficially owned by the Child and the Child retains absolute title to those funds.
- This application has been completed to the best of my/our knowledge and it is complete and accurate.
- I/We agree to be bound by the rules of the Society.
- Consent to the Society making any necessary enquiries to confirm my/our address and identity.
- That I/We are the parent, grandparent or person with parental responsibility.

Account declaration

I/We acknowledge receipt and confirm I/we 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/we 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

Trustee One _____ Date

Trustee Two _____ Date

Call validate additional notes (For office use only)

For office use only:

Branch code _____

Child T1 T2

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

ID attached and updated on system
AML01

Child T1 T2

Signature matches ID and form
dated correctly

Call Validate completed and attached
 Call Validate escalation process
followed correctly

Is the ID in date?

Customer Capacity
(Child = BEN Trustee = TTE)
CUS07

Account Type
IAD05/IAD01

Account Category
IAD05/IAD01

Opening Investment
IAD08

Number of signatures to withdraw
IAD01/IAD05

Account Name (Trustees Re child)
IAD01

Notes updated
PAD01

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

Suffolk

Building Society

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