

Suffolk

Savings Account Application Form.

To apply for any savings accounts except ISAs, Children's, Business and Trust accounts.

Cheques should be made payable to the account holder.

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 _____

Customer no. _____

Customer no. _____

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

Applicant One

Title* _____

Forename* _____

Middle name(s) _____

Surname* _____

Flat/Apartment name/number _____

Building Name _____

Building number _____ Street _____

District _____

Town _____

County _____ Postcode _____

Date moved to current address* _____

Previous address if moved within 12 months _____

Flat/Apartment name/number _____

Building Name _____

Building number _____ Street _____

District _____

Town _____

County _____ 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 _____

What is your employment status?* _____

If employed, what is your job title/occupation?* _____

Nationality / tax

Nationality* _____ Place of birth* _____

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

Title* _____

Forename* _____

Middle name(s) _____

Surname* _____

Flat/Apartment name/number _____

Building Name _____

Building number _____ Street _____

District _____

Town _____

County _____ Postcode _____

Date moved to current address* _____

Previous address if moved within 12 months _____

Flat/Apartment name/number _____

Building Name _____

Building number _____ Street _____

District _____

Town _____

County _____ 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 _____

What is your employment status?* _____

If employed, what is your job title/occupation?* _____

Nationality / tax

Nationality* _____ Place of birth* _____

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

About your account

Please complete the information below to tell us how you will be using your 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 your account?*

Branch Post Which branch(es) do you intend to visit?

How will you be transacting? (tick all that apply)*

Cash Cheque Bank transfer No transactions expected

Regularity (e.g. weekly/monthly etc.)

Expected amounts £

Source of funds

Third party deposits

Will anyone else be paying into your 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

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.

Your bank details

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

Applicant One

Sort code

Account no.

Bank name

Account holder's name

Applicant Two

Sort code

Account no.

Bank name

Account holder's name

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

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.

Electronic withdrawals

The Society offers a next working day service for electronic withdrawals from your account to your bank account detailed above (daily limits apply). If you are aged 18 or over and would like to be able to use this service in the future, please indicate below which applicant's bank details you would like to nominate (only one bank account can be selected). If you do not make a selection, the Society will assume you do not wish to use the service.

Applicant One Applicant Two

Interest instructions

Please refer to the product terms and conditions for the available options and tick the box below:

Add interest to the account Transfer to Suffolk Building Society account no.

Transfer the interest annually Transfer the interest monthly

Transfer interest direct to the UK bank/building society account above.

Signing instructions for accounts with multiple holders

You can have up to four account holders on our savings accounts. If you would like more than two account holders please fill in another application form for the additional holders.

For accounts with multiple holders, tell us how many signatures you would like us to take as your authorisation for account operation:

1 2 3 4

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@suffolkbuildingsociety.co.uk to request access to your personal information.

Applicant 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

Applicant 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.

Applicant One

Applicant Two

Electronic mandate withdrawal

I/We:

- Authorise the Society to transfer funds from this account to my/our nominated bank account as instructed by me/us
- Accept that I/we will be liable for the transfer value in the event that the nominated bank information provided is incorrect
- Confirm that if I/we are Trustee(s) or Power of Attorneys that all future withdrawals will be for the benefit of the account holder

Declaration

I/We declare:

- The sum is being invested by me/us as the beneficial owner(s) or Power of Attorney/Court of Protection/ on behalf of the beneficial owner.
- 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.

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

Applicant One

Date

Applicant Two

Date

Call validate additional notes (For office use only)

For office use only:

Branch code _____

- | | | |
|--|--|--|
| <p>Cus. 1 Cus. 2</p> <p><input type="checkbox"/> <input type="checkbox"/> Name, DOB, Address, NINO, Nationality
CUS01/Personal details</p> <p><input type="checkbox"/> <input type="checkbox"/> Phone numbers, email address, marketing and communication preferences
CUS01/Communication Details</p> <p><input type="checkbox"/> <input type="checkbox"/> Marital Status
CUS01 - new customer or blank value = unknown</p> <p><input type="checkbox"/> <input type="checkbox"/> Place of Birth/Country of birth
CUS33</p> | <p>Cus. 1 Cus. 2</p> <p><input type="checkbox"/> <input type="checkbox"/> Signature matches ID and form dated correctly</p> <p><input type="checkbox"/> <input type="checkbox"/> Call Validate completed and attached</p> <p><input type="checkbox"/> <input type="checkbox"/> Call Validate escalation process followed correctly</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the ID in date?</p> <p><input type="checkbox"/> <input type="checkbox"/> Customer Capacity (Child = BEN Trustee = TTE)
CUS07</p> <p><input type="checkbox"/> <input type="checkbox"/> ID attached and updated on system
AML01</p> | <p><input type="checkbox"/> Account Type
IAD05/IAD01</p> <p><input type="checkbox"/> Account Category
IAD05/IAD01</p> <p><input type="checkbox"/> Number of signatures to withdraw
IAD01</p> <p><input type="checkbox"/> Account Name
IAD01</p> <p><input type="checkbox"/> Notes updated
PAD01</p> <p><input type="checkbox"/> Opening deposit
IAD08</p> <p><input type="checkbox"/> Interest mandate
IMN01</p> <p><input type="checkbox"/> Withdrawal mandate
IMN08</p> <p><input type="checkbox"/> Correspondence address
IAD06 for existing POA</p> |
|--|--|--|

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

Suffolk

Building Society

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