

Building Society

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

ballaling	occicty				
_	ew Junior ISA like to invest £	*			
Opening inv	estment* Cash £		Cheques £	Bank Transfer £	
Debit Card £		(in branch only))	Total £	
I/We would I	like to transfer £	fro	m my existing Suffolk Bu	ilding Society account no.	
Transfer	another Junio	or ISA or Child T	Trust Fund		
Please tell us	if this account is	Cash	Stocks & shares		
I would like t Provider Nan	o transfer from: ne			Account no.	
For office User name Correspondence		rmitted on children's acco		Account Number Customer no.	
Child's de	etails				
Name and	address				
Title*	Forenam	ne*	Middle name(s)	Surname	*
Address*					_
				Postcode	
Date of birth	<u>.</u>	Na	tional Insurance number		(if they have one)
Nationality*			Place of birth*		
For office	use only: Custon	mer no.			
	use only: Custoned contact deta				
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Registere	ed contact deta	ails for a child under 16		contact for a child over 16 Surname	
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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. click here or ask for a copy. 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.*							
Registered contact							
Account no. Sort code							
Bank name Account holder's name							
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.							
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							
<u> </u>							
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. Click here for a copy of our Privacy Notice or ask for a copy. 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 I declare that: UK Crown servant

- The child named overleaf will be the beneficial owner of the account investments
- 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
- · 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, Marital Status CUS01/Personal details Phone numbers, email address, marketing and communication preferences CUS01/Communication Details Address CUS01/Address Place of Birth/Country of birth Teller, Amend, Customer Details Dattached and updated on system AML01/Teller/Amend/Maintain Customer User input Date Amended by	Child RC Signature matches ID and form dated correctly Call Validate completed and attached Call Validate escalation process followed correctly Is the ID in date? Signatures match ID and form dated correctly		Account Type IAD05/IAD01 Account Category IAD05/IAD01 Opening Investment IAD08 Account Name (Parent Re Child) (Teller/Amend/Account Name) Notes updated PAD01				