

Suffolk

Child's Trust Account Application Form.

Building**Society**

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

To apply for a child's trust account.

Cheques should be made payable to the child.

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. _____

Marital status* _____

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 ☐**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. _____

Marital status* _____

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 ☐

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 ☐

If yes, please provide their name and relationship to the child

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. [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 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

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

Trustee Two

Sort code
Account no.
Bank name
Account holder's name

Keeping you informed

In line with the Society's Privacy Notice, we will only use your personal information to administer your 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.

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

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

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

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

I/We declare

- ## Account declaration

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

- By signing this application form:**

- Please sign here**

Trustee One

Date _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Trustee Two

Date _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

For office use only:

Branch code _____

Child	T1	T2
1	1.0	1.0
2	1.0	1.0
3	1.0	1.0
4	1.0	1.0
5	1.0	1.0
6	1.0	1.0
7	1.0	1.0
8	1.0	1.0
9	1.0	1.0
10	1.0	1.0
11	1.0	1.0
12	1.0	1.0
13	1.0	1.0
14	1.0	1.0
15	1.0	1.0
16	1.0	1.0
17	1.0	1.0
18	1.0	1.0
19	1.0	1.0
20	1.0	1.0
21	1.0	1.0
22	1.0	1.0
23	1.0	1.0
24	1.0	1.0
25	1.0	1.0
26	1.0	1.0
27	1.0	1.0
28	1.0	1.0
29	1.0	1.0
30	1.0	1.0
31	1.0	1.0
32	1.0	1.0
33	1.0	1.0
34	1.0	1.0
35	1.0	1.0
36	1.0	1.0
37	1.0	1.0
38	1.0	1.0
39	1.0	1.0
40	1.0	1.0
41	1.0	1.0
42	1.0	1.0
43	1.0	1.0
44	1.0	1.0
45	1.0	1.0
46	1.0	1.0
47	1.0	1.0
48	1.0	1.0
49	1.0	1.0
50	1.0	1.0
51	1.0	1.0
52	1.0	1.0
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67	1.0	1.0
68	1.0	1.0
69	1.0	1.0
70	1.0	1.0
71	1.0	1.0
72	1.0	1.0
73	1.0	1.0
74	1.0	1.0
75	1.0	1.0
76	1.0	1.0
77	1.0	1.0
78	1.0	1.0
79	1.0	1.0
80	1.0	1.0
81	1.0	1.0
82	1.0	1.0
83	1.0	1.0
84	1.0	1.0
85	1.0	1.0
86	1.0	1.0
87	1.0	1.0
88	1.0	1.0
89	1.0	1.0
90	1.0	1.0
91	1.0	1.0
92	1.0	1.0
93	1.0	1.0
94	1.0	1.0
95	1.0	1.0
96	1.0	1.0
97	1.0	1.0
98	1.0	1.0
99	1.0	1.0
100	1.0	1.0

11111

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

□ □ □

ID attached and updated on system
AML01/Teller/Amend/Maintain Customer

Child	T1	T2
1	1.00	1.00
2	1.00	1.00
3	1.00	1.00
4	1.00	1.00
5	1.00	1.00
6	1.00	1.00
7	1.00	1.00
8	1.00	1.00
9	1.00	1.00
10	1.00	1.00
11	1.00	1.00
12	1.00	1.00
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14	1.00	1.00
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37	1.00	1.00
38	1.00	1.00
39	1.00	1.00
40	1.00	1.00
41	1.00	1.00
42	1.00	1.00
43	1.00	1.00
44	1.00	1.00
45	1.00	1.00
46	1.00	1.00
47	1.00	1.00
48	1.00	1.00
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67	1.00	1.00
68	1.00	1.00
69	1.00	1.00
70	1.00	1.00
71	1.00	1.00
72	1.00	1.00
73	1.00	1.00
74	1.00	1.00
75	1.00	1.00
76	1.00	1.00
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89	1.00	1.00
90	1.00	1.00
91	1.00	1.00
92	1.00	1.00
93	1.00	1.00
94	1.00	1.00
95	1.00	1.00
96	1.00	1.00
97	1.00	1.00
98	1.00	1.00
99	1.00	1.00
100	1.00	1.00

11/11/11

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 or Teller/Customer
Search/Account Number

☐ Account Type
IAD05/IAD01

☐ Account Category
IAD05/IAD01

☐ Opening Investment
IAD08

☐ Number of signatures to withdraw
IAD01/IAD05

☐ Account Name (Trustees Re child)
(Teller/Amend/Account Name)

☐ Notes updated
PAD01

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

Building

Suffolk Building Society, Freehold House, 6-8 The Havens,
Ransomes Europark, Ipswich, Suffolk IP3 9SJ

0330 123 0723

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