

Suffolk

Suffolk Young Saver Application Form.

Cheques should be made payable to the account holder.

Building Society

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

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.

Correspondence addresses are not permitted on Suffolk Young Saver.

For office use only: Account Number
 Young saver's customer no. Parent customer no.
Young saver's details**Your name and address**Title* Forename* Middle name(s) Surname* Address* Postcode* Date moved to current address* **Your personal information**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*

If you are 18 or over, please tell us your employment status and job title/occupation

What is your employment status?* Job title/Occupation?* **Parent signatory for a child aged 0 - 15****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**Marital status* Date of birth* National Insurance number **Contact details** (At least one contact number is needed*)Home phone number Mobile phone number Email address What is your employment status?* If employed, what is your job title/occupation?* Nationality* Place of birth*

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 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 £

Add 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 you

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 or manage an account for a young saver, under regulations for prevention and detection of financial crime, we need to verify both your identity and that of the young saver. 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.

Young saver aged 18 or over or parent signatory

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.

Electronic withdrawals

The Society offers a next working day service for electronic withdrawals from your account and will use the 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 tick the box below otherwise the Society will assume that you do not wish to use the service. Yes

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.

Where we need to contact you by telephone, and you have given us more than one number, please tell us your preferred option:

Young saver

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

Parent signatory

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

Electronic mandate withdrawal

- I:
- Authorise the Society to transfer funds from this account to my/our nominated bank account as instructed by me
 - Accept that I will be liable for the transfer value in the event that the nominated bank information provided is incorrect

Declaration

I/we declare

- The sum is being invested by me as the beneficial owner or signatory on behalf of the beneficial owner
- This application has been completed to the best of my knowledge and it is complete and accurate
- Agree to be bound by the rules of the Society
- Consent to the Society making any necessary enquiries to confirm my address and identity

Account declaration

I/we 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/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

Young saver _____ Date

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Parent signatory _____ Date

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Call validate additional notes (For office use only)

For office use only:

Branch code _____

YS Parent

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

YS Parent

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

Customer Capacity (YS = SOL Parent = OPR)
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 (YS name only)
(Teller/Amend/Account Name)

Notes updated
PAD01

User input _____ Date

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 Amended by and checked _____ Date

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 CVAL(s) signed off by _____ Date

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Suffolk

Building Society

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