

**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**

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 **Applicant Two**

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

## 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

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, 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 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/monthly (delete as appropriate)

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

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.

### 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

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](mailto:dpo@suffolkbuildingsociety.co.uk)

### 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

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](mailto:dpo@suffolkbuildingsociety.co.uk)

## 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"/>   <b>Name, DOB, NINO, Nationality, Marital Status</b><br/>CUS01/Personal details</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Phone numbers, email address, marketing and communication preferences</b><br/>CUS01/Communication Details</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Address</b><br/>CUS01/Address</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Place of Birth/Country of birth</b><br/>Teller, Amend, Customer Details</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Nationality</b><br/>CUS01</p> | <p>Cus. 1   Cus. 2</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Signature matches ID and form dated correctly</b></p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Call Validate completed and attached</b></p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Call Validate escalation process followed correctly</b></p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Is the ID in date?</b></p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>Customer Capacity (Child = BEN Trustee = TTE)</b><br/>CUS07 or Teller/Customer Search/Account Number</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <b>ID attached and updated on system</b><br/>AML01/Teller/Amend/Maintain Customer</p> | <p><input type="checkbox"/>   <b>Account Type</b><br/>IAD05/IAD01</p> <p><input type="checkbox"/>   <b>Account Category</b><br/>IAD05/IAD01</p> <p><input type="checkbox"/>   <b>Number of signatures to withdraw</b><br/>IAD01/IAD05</p> <p><input type="checkbox"/>   <b>Account Name</b><br/>(Teller/Amend/Account Name)</p> <p><input type="checkbox"/>   <b>Notes updated</b><br/>PAD01</p> <p><input type="checkbox"/>   <b>IAD08</b><br/>Opening deposit</p> <p><input type="checkbox"/>   <b>IMN01</b><br/>Interest mandate</p> <p><input type="checkbox"/>   <b>IMN08 + IMN09</b><br/>E-Withdrawal mandate</p> <p><input type="checkbox"/>   <b>IAD06</b><br/>Correspondence address</p> |
|--|--|---|

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

**Suffolk**

**Building Society**

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