

Suffolk**Building****Society**

ISA Application Form.

To apply for a Cash ISA.

Cheques should be made payable to the account holder.

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

Open a new ISA

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. _____

Transfer another ISA

I/We would like to transfer £ _____ from my existing Suffolk Building Society account no. _____

I would like to transfer from a different bank/building society

£ _____ from bank/building society _____ Account no. _____

£ _____ from bank/building society _____ Account no. _____

An ISA Transfer Authority Form will need to be completed for each ISA you are transferring.

Add a new subscription to your existing ISA

Investment* Cash £ _____ Cheques £ _____ Total £ _____

I would like to transfer £ _____ from my existing Suffolk Building Society account no. _____

Confirm your subscriptions

I apply to subscribe to a Cash ISA for the tax year 20 / and each subsequent year until further notice. (This does not commit you to subscribing to this ISA in each subsequent year until further notice; it merely enables you to do so should you wish and if the terms allow.)

Remember, if you invest in this Cash ISA you cannot invest in another Cash ISA with another provider in the same tax year.

For office use only: Account Number _____ Customer no. _____

Your details

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* _____

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.*

Sort code Account number

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

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.

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 this 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

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:

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
 - Confirm that if I am/we are Power of Attorneys that this withdrawal is for the benefit of the account holder

ISA declaration

I declare that:

- all subscriptions made and to be made, belong to me;
- I am 16 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a Cash ISA, Stocks and Shares ISA, Innovative Finance ISA or Lifetime ISA in the same tax year;
- I have not subscribed and will not subscribe to another Cash ISA in the same tax year that I subscribe to this Cash ISA;
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which by virtue of Section 28 of the Income Tax (Earnings & Pension) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties.
- I will inform Suffolk Building Society if I cease to be so resident or to perform such duties, or be married to, or in a civil partnership with, a person who performs such duties (delete if you will not be subscribing to this ISA).

I authorise Suffolk Building Society:

- To hold my cash subscriptions and any interest earned on those subscriptions.
- To make on my behalf any claims to relief from tax in respect of ISA investments.

General declaration

I declare:

- The sum is being invested by me as the beneficial owner or an attorney/deputy using a Registered EPA, LPA or COP on behalf of the beneficial owner and will not be used as security for a loan.
- This application has been completed to the best of my knowledge and it is complete and accurate.
- I 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 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 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 _____

- | | |
|--|---|
| <input type="checkbox"/> Name, DOB, NINO, Nationality, Marital Status CUS01/Personal details | <input type="checkbox"/> Signature matches ID and form dated correctly |
| <input type="checkbox"/> Phone numbers, email address, marketing and communication preferences CUS01/Communication Details | <input type="checkbox"/> Call Validate completed and attached |
| <input type="checkbox"/> Address CUS01/Address | <input type="checkbox"/> Call Validate escalation process followed correctly |
| <input type="checkbox"/> Place of Birth/Country of birth Teller, Amend, Customer Details | <input type="checkbox"/> Is the ID in date? |
| <input type="checkbox"/> ID attached and updated on system AML01 or Teller/Amend/Maintain Customer/Identification | <input type="checkbox"/> Account Name Teller/Amend/Account Name |
| <input type="checkbox"/> Notes updated PAD01 | <input type="checkbox"/> Customer Capacity CUS07 or Teller/Customer Search/Account Number |
| | <input type="checkbox"/> Opening Investment IAD08 |
| | <input type="checkbox"/> Interest mandate IMN01 |
| | <input type="checkbox"/> Withdrawal mandate IMN08 |

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

Suffolk

Building Society

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