

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 ____ /20 ____ and each subsequent year until further notice.

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

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 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

Call validate additional notes (For office use only)

For office use only:

Branch code _____

- | | |
|--|---|
| <input type="checkbox"/> Name, DOB, NINO, Nationality
CUS01/Personal details | <input type="checkbox"/> Signature matches ID and form dated correctly |
| <input type="checkbox"/> Marital status
CUS01 - new customer or blank value = unknown | <input type="checkbox"/> Call Validate completed and attached |
| <input type="checkbox"/> Phone numbers, email address, marketing and communication preferences
CUS01/Communication Details | <input type="checkbox"/> Call Validate escalation process followed correctly |
| <input type="checkbox"/> Address
CUS01/Address | <input type="checkbox"/> Is the ID in date? |
| <input type="checkbox"/> Place of Birth/Country of birth
Teller, Amend, Customer Details | <input type="checkbox"/> Account Name
Teller/Amend/Account Name |
| <input type="checkbox"/> ID attached and updated on system
AML01 or Teller/Amend/Maintain Customer/Identification | <input type="checkbox"/> Customer Capacity
CUS07 or Teller/Customer Search/Account Number |
| <input type="checkbox"/> Notes updated
PAD01 | <input type="checkbox"/> Opening Investment
IAD08 |
| | <input type="checkbox"/> Interest mandate
IMN01 |
| | <input type="checkbox"/> Withdrawal mandate
IMN08 |
| | <input type="checkbox"/> Correspondence Address
IAD06 for existing POA |

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

Suffolk

Building Society

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