

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

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* _____

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

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. 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+ only.

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

We will only use your personal information to administer your account and provide requested products and services. If you would like to receive information on our latest products, services, competitions or events, you can let us know below. You can withdraw or change this consent at any time.

Please refer to our Privacy Notice for information on how we process your data. You can also email dpo@suffolkbuildingsociety.co.uk to request access to your personal information.

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

Where we reduce the interest rate, we will notify you by email 14 days before the reduction comes into effect. We'll notify you by email, if an email address has been provided by you. Please tick to confirm if you would prefer us to notify you by post.

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

Parent signatory _____ Date

Call validate additional notes (For office use only)

For office use only:

Branch code _____

- | | | |
|--|---|--|
| <input type="checkbox"/> YS <input type="checkbox"/> Parent | <input type="checkbox"/> YS <input type="checkbox"/> Parent | <input type="checkbox"/> |
| <input type="checkbox"/> Name, DOB, NINO, Nationality, Address
CUS01/Personal details | <input type="checkbox"/> Signature matches ID and form dated correctly | <input type="checkbox"/> Account Type
IAD05/IAD01 |
| <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"/> Account Category
IAD05/IAD01 |
| <input type="checkbox"/> Marital Status
CUS01 - New customer or blank value = unknown | <input type="checkbox"/> Call Validate escalation process followed
correctly | <input type="checkbox"/> Opening Investment
IAD08 |
| <input type="checkbox"/> Place of Birth/Country of birth
CUS33 | <input type="checkbox"/> Is the ID in date? | <input type="checkbox"/> Number of signatures to withdraw
IAD01/IAD05 |
| <input type="checkbox"/> ID attached and updated on system
AML01 | <input type="checkbox"/> Customer Capacity (YS = SOL Parent = OPR)
CUS07 | <input type="checkbox"/> Account Name (YS name only)
IAD01 |
| | | <input type="checkbox"/> Notes updated
PAD01 |

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

Suffolk

Building Society

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