

**Suffolk**

# Cash ISA Application Form (Age 18+).

To apply for a Cash ISA.

Cheques should be made payable to the account holder.

**Building****Society**

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.

## Confirm your subscriptions

I apply to subscribe to a Cash ISA for the tax year 20 \_\_\_\_ /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.)

**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\* \_\_\_\_\_

You must provide a National Insurance number to apply for an ISA unless you are not eligible for one. You can check if you're eligible and apply online at [www.gov.uk/apply-national-insurance-number](http://www.gov.uk/apply-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\* \_\_\_\_\_



## 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](mailto: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:

☐ 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

1.

- 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 18 years of age or over;
- I have not subscribed, and will not subscribe, more than the overall subscription limit total in the same tax year.
- 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.
- I agree to the ISA terms and conditions.

I authorise Suffolk Building Society:

To hold my cash subscription and ISA investments, in respect of the interest, dividends and any other rights or proceeds and to claim any relief from tax on my behalf.

## General declaration

I declare:

- The sum is being invested by me as the beneficial owner or an attorney/deputy using an 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
- ISA Key Facts
- 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 \_\_\_\_\_

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Call validate additional notes (For office use only)

For office use only:

Branch code \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Name, Address, DOB, NINO, Nationality<br>CUS01/Personal details                                      | <input type="checkbox"/> Signature matches ID and form dated correctly       |
| <input type="checkbox"/> Marital status<br>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<br>CUS01/Communication Details | <input type="checkbox"/> Call Validate escalation process followed correctly |
| <input type="checkbox"/> Place of Birth/Country of birth<br>CUS33   | <input type="checkbox"/> Is the ID in date?                                  |
| <input type="checkbox"/> ID attached and updated on system<br>AML01   | <input type="checkbox"/> Account Name<br>IAD01                               |
| <input type="checkbox"/> Notes updated<br>PAD01   | <input type="checkbox"/> Customer Capacity<br>CUS51/CUS07                    |
|   | <input type="checkbox"/> Opening Investment<br>IAD08                         |
|   | <input type="checkbox"/> Interest mandate<br>IMN01                           |
|   | <input type="checkbox"/> Withdrawal mandate<br>IMN08                         |
|   | <input type="checkbox"/> Correspondence Address<br>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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