Additional Permitted Subscription ISA Application form.

Suffolk Building Society

Use this form to subscribe your Additional Permitted Subscriptions (APS) to an APS ISA

This account **cannot** accept transfers in from any existing ISAs held in your own name, or deposits of your current year's allowance. Cheques should be made payable to the account holder.
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 £

Please confirm the total of your Additional Permitted Subscriptions (APS) Total £

I would like to transfer £ from an existing Suffolk Building Society Deceased Continuing ISA account(s)

Transfer an APS allowance from another provider.

From bank/building society

From bank/building society

An APS Transfer Authority will be required for each provider. If the provider holds multiple ISAs, their value will be combined to form one allowance.

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

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. 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.

For office use only: Customer no. |_|_|_|_|_|_|_|_|_|_| (if appl)

Details of the deceased person.

You'll need to provide us with a copy of your marriage or civil partnership certificate, together with a copy of your partner's death certificate.

Title* Forename* Middle name(s) Surname*

Permanent residential address as at the date of death*

Postcode*

Date of the marriage or civil partnership* |_|_| |_|_| |_|_|_|_|

National Insurance Number (if known) |_|_|_|_|_|_|_|_|_|

Date of birth* |_|_| |_|_| |_|_|_|_|

Date of death* |_|_| |_|_| |_|_|_|_|

Deceased's Suffolk Building Society ISA numbers (if applies)

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

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

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:

☐ 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. ☐

APS/ISA Declaration.

I declare that:

- I am the surviving spouse/civil partner of the deceased.
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down).
- Any subscription is made under the provisions of regulation 5DDA of the ISA regulations.
- The subscription is being made within 3 years of the date of death or within 180 days of completion of the administration of the estate, if later than 3 years of the date of death.
- I am aged 18 years of age or over.
- All subscriptions made, and to be made, belong to me.

- 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 tax relief 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 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 ☐☐ ☐☐ ☐☐☐☐

For office use only: Branch code _____

Call validate additional notes (For office use only)

☐ **Name, Address, DOB, NINO, Nationality**
CUS01/Personal details

☐ **Phone numbers, email address, marketing and communication preferences**
CUS01/Communication Details

☐ **Place of Birth/Country of birth**
CUS33

☐ **ID attached and updated on system**
AML01

☐ **Notes Updated**
PAD01

☐ **Signature matches ID and form dated correctly**

☐ **Call Validate completed and attached**

☐ **Call Validate escalation process followed correctly**

☐ **Is the ID in date?**

☐ **Account Name**
IAD01

☐ **Customer Capacity**
CUS51/CUS07

☐ **Opening Investment**
IAD08

☐ **Withdrawal mandate**
IMN08

☐ **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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