

**SCOTTISH WIDOWS
BANK**

preparation is everything

Family Application Form

Family Application Form

This form is for the use of a trustee account application where the parent(s) or guardian(s) operate the account on behalf of a child, or when no formal trust document exists. If a formal trust exists please contact our Customer Service Staff on 0845 845 0829.

Account Number (for office use only)

Please complete this form in BLOCK CAPITALS and in ink

Financial Adviser Details

Was this application introduced by a Financial Adviser? Yes No

If yes:

Name

Company name and address

Postcode

FSA Authorisation number

If they are part of a network please give details

1. Type of account (please indicate the type of account)

1 Year Fixed Term Deposit Account

Instant Transfer Account

Direct Transfer Account

5 Year Fixed Term Deposit Account

60 Day Notice Account

2. Trustee Details

First Trustee Details

Title Mr Mrs Ms Miss

Other

First name(s)

Surname

Address

Postcode

Date of Birth (DD MM YYYY)

Sex Male Female

Place of Birth: Town

Country

Country of Residence

Country of Nationality

Daytime Tel No

Evening Tel No

Mobile Tel No

Email Address

Second Trustee Details

Title Mr Mrs Ms Miss

Other

First name(s)

Surname

Address

Postcode

Date of Birth (DD MM YYYY)

Sex Male Female

Place of Birth: Town

Country

Country of Residence

Country of Nationality

Daytime Tel No

Evening Tel No

Mobile Tel No

Email Address

(An email address is required if you would like to register for Internet Banking)

Internet Banking access required? Yes No

Yes No

Internet Banking allows you to manage your account online.

Please note, Internet Banking cannot be accessed or operated by Power of Attorneys or Third Party Mandate Holders.

Already Registered

Already Registered

6. Important – for your security

In order to provide telephone access we require details to be included for numbers 1 and 2. Please note that number 3 (Customer Code Word) is optional.

	First Customer	Second Customer
1. First primary school	<input type="text"/>	<input type="text"/>
2. Mother's maiden name	<input type="text"/>	<input type="text"/>
3. Customer code word (optional)	<input type="text"/>	<input type="text"/>

When receiving telephone instructions we will ask for the above passwords.

Always take reasonable steps to keep the passwords and other security information secret at all times. This is essential to help prevent fraud and protect the accounts. Take care when storing or disposing of information about your accounts. You should take simple steps such as shredding printed material.

It is essential that you tell us as soon as possible if you suspect or discover someone else knows your security information. Call our customer service staff on **0845 845 0829**.

7. Source - Please tick where you heard about Scottish Widows Bank

<input type="checkbox"/> Newspapers	<input type="checkbox"/> Scottish Widows Bank Website	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (please state) <input type="text"/>
<input type="checkbox"/> Best Buy Table	<input type="checkbox"/> Advert	<input type="checkbox"/> Existing customer	<input type="checkbox"/>
<input type="checkbox"/> IFA	<input type="checkbox"/> Consumer magazines	<input type="checkbox"/> Family/friend	<input type="checkbox"/>

8. Data Protection Statement

The following must be read, agreed and signed by all applicants:

Note: "I", "my" and "me" refer to the Applicant(s) of the Family Trust Application and may be taken where appropriate to mean the plural as well as the singular. The words "you", "your" and "Scottish Widows Bank" refer to Scottish Widows Bank plc.

This declaration relates to the personal details given on this form and to any other information which I provide to Scottish Widows Bank, or which it holds on me. I agree that you may hold information on me for administration, research, analysis, credit assessment, money laundering checks, fraud prevention and the marketing of financial and related products and services. In accordance with the Data Protection Act 1998 I understand that I have a right to ask you to send a copy of this information (on payment of an administration fee, please call our customer service staff on 0845 845 0829 for details) and the right to request you to change any of this information if it is incorrect.

The information you hold about me is confidential. You will only disclose it outside the Lloyds Banking Group or associated companies when:

- I give you my consent,
- it is needed by your agents and others involved in running accounts and services for me,
- you or others need to investigate or prevent crime,
- the law permits or requires it, even without my consent,
- there is a duty to the public to reveal the information, or
- you need to assist any body which monitors compliance with any code of practice to which you subscribe, in discharging its functions under the code
- you need to assist the Financial Ombudsman or your Regulator.
- I agree that you and other organisations may use credit reference agency and fraud prevention agency records about me for fraud prevention and detection and to check my identity to prevent money laundering. If I ask, you will tell me which credit and fraud prevention agencies you have used so I can get a copy of my details from them.

Our application has been submitted via a Financial Adviser, we agree you may disclose the balance of our account to our Financial Adviser named in this application form on request.

I understand that you will remind me periodically that I can request Scottish Widows Bank not to send me any marketing information regarding additional services and products of Scottish Widows Bank or other companies by writing to you at PO Box 12757, 67 Morrison Street, Edinburgh, EH3 8YJ, quoting my account number.

I understand that the information may, in certain cases, be disclosed to other companies in the Lloyds Banking Group or to associated companies where the interests of Scottish Widows Bank require such a disclosure. Information, including full details of the conduct of my account and any transactions that I make, may be shared and used by Scottish Widows Bank plc and other companies within the Lloyds Banking Groups, to enable them to identify and advise me, by post, telephone or other electronic media, of any products and services that they think may be of interest to me. If you would prefer not to receive details of other products or services, please tick this box . Other Lloyds Banking Group companies will not make marketing approaches to you unless you already have a relationship with them.

Alternatively, I can write to: Scottish Widows Bank plc, PO Box 12757, 67 Morrison Street, Edinburgh, EH3 8YJ quoting my account number.

Warning: Messages sent by email may not be secure and may be intercepted by third parties. For these reasons, please do not use email to send communications which contain confidential information. If we disregard this warning and choose to send you confidential information, we agree that we do so at our own risk and that we will not hold the Bank responsible for any loss that we suffer as a result. Telephone calls with you may be recorded and monitored to ensure instructions have been carried out correctly and to help improve the quality of service.

9. Contracts (Rights of Third Parties) Act 1999

This contract is between the Applicant(s) and Scottish Widows Bank plc. The terms of the Contracts (Rights of Third Parties) Act 1999 and any other legal third party rights

are specifically excluded. This means that only the parties to the contract (or their legal successor(s), assignee(s) or other security holders) may have contractual rights.

10. Identification Requirements

To comply with Money Laundering Regulations, we require to verify your identity when opening an account.

We may make searches now and in the future about you with an online reference agency who will supply us with information for the purpose of verifying your identity.

We may also obtain documents from you confirming your identity and address.

For beneficiaries we will require sight of one of the following original documents:

- birth certificate
- passport (certified copy)
- NHS Medical Card

- Child Benefit documentation
- Child Tax Credit documentation
- National Insurance Card (for those aged 16 and over).

You will not be allowed to operate the account until the Money Laundering checks are complete.

The FSA's Factsheet "Proving your Identity" will help explain why we need to verify your identity. You can get a free copy from www.moneymadeclear.fsa.gov.uk/pdfs/proving_your_identity.pdf or by calling them on **0845 606 1234**.

Please return the completed application form and Direct Debit instruction form to us in the pre-paid envelope provided.

11. Declaration

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank Deposit Account or trust for the benefit of the Beneficiary stated in section 2 of this form. I declare that the information given on this form is true to the best of my knowledge.

For joint account holders only:

We as joint trustees, hereby authorise the bank to accept and act on either written or verbal instructions requesting account withdrawals/deposits given by any one of us.

Account withdrawals should be sent direct to my bank/building society account in section 5 above.

I acknowledge that no payments in favour of third parties will be made.

Signature (First trustee)

Signature (Second trustee)

Date

Date

Checklist

The following checklist has been compiled to assist you: (please tick as appropriate).

- Declaration signed, details completed and cheque enclosed (if applicable).
- Original beneficiary identification requirements submitted and enclosed as per section 10.
- Completed Direct Debit mandate enclosed.

For non-tax payers.

I/We require HM Revenue & Customs Form (s) in order to receive interest gross.

R85 – UK residents

R105 – overseas residents

Send your completed application form to:

Scottish Widows Bank plc
PO Box 12757
67 Morrison Street
Edinburgh
EH3 8YJ

If you have any questions about your application, please call our customer service staff on **0845 845 0829**
(calls charged at local rates) – lines are open 8am to 6pm Monday to Friday, Wednesdays from 10am.

How to complete your new Direct Debit

Using your cheque book as a guide please complete:

1. The full name and address of the bank or building society where your account is held.
2. The name of the account holder as shown on your cheques.
3. The branch sort code number.
4. The account number.
5. Scottish Widows Bank Account Number. You will find this in the heading of the covering letter

Finally, sign and date the instruction and return it to:

Scottish Widows Bank plc
PO Box 12757
67 Morrison Street
Edinburgh EH3 8YJ

1. Bank/Building Society Name and Address		3. Bank/Building Society Sort Code	
Any Bank plc 1 Main Street Anywhere		20-83-45	
Pay _____			

			£ _____
			JOHN SMITH
222860	208345	00582678	
Cheque Number	3. Bank/Building Society Sort Code	4. Account Number	2. Name of Account to be Debited

Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change Scottish Widows Bank plc will notify you 10 working days* in advance of your account being debited or as otherwise agreed.
- If an error is made by Scottish Widows Bank plc or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



If you wish to change the amount to be paid or the payment dates, we require only 3 working days' notice to arrange the transfer.

This Guarantee should be detached and retained by the Payer.



Instruction to your bank or building society to pay Direct Debits

Please fill in the whole form and send it to:

Scottish Widows Bank plc, PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ

1. Name and full postal address of your Bank or Building Society branch.

To: The Manager
Bank or Building Society
Postcode

Originator's ID Number

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Instruction to your Bank or Building Society

Please pay Scottish Widows Bank plc, Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee.

I understand that this instruction may remain with Scottish Widows Bank plc and, if so, details will be passed electronically to my bank/building society.

2. Name of account holder(s)

3. Branch Sort Code

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4. Bank or Building Society account number

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5. Scottish Widows Bank plc account number

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Signature(s)

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Date (DD MM YYYY)

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Banks and building societies may not accept Direct Debit instructions from some types of account.



Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554. Authorised and regulated by the Financial Services Authority. Our Financial Services Authority register number is 201601. Confirmation can be obtained by visiting the Financial Services Authority website at: www.fsa.gov.uk/pages/register/ The main business of Scottish Widows Bank is arranging, entering into and administering mortgages and accepting deposits.

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