

Offset Saver Account Application Form

Mortgage account number

Please note, this account must be opened in the same name(s) as the mortgage.

Your Personal Details

Applicant 1

Applicant 2

1. Title

Mr Mrs Miss Ms
Other

Mr Mrs Miss Ms
Other

2. First name

3. Middle name(s)

4. Surname

5. Date of birth (DD MM YYYY)

6. Email address

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

7. Internet Banking access required?

Yes No Already registered

Yes No Already registered

Internet Banking allows you to manage your mortgage online. Please note, Internet Banking cannot be accessed or operated by Guarantors, Power of Attorneys or Third Party Mandate Holders.

8. Please tell us how you would like to benefit from your offset savings.

Reduced term Reduced monthly payment

The 'A guide to offsetting' brochure gives more information about your options.

9. If you have more than one rate on your mortgage, which one would you like to offset your savings against?

Tracker Variable 2 Year Fixed

Offsetting Declaration

I, the person whose signature appears below, declare that monies are being/will be deposited in a Scottish Widows Bank Offset Saver Account as sole beneficial owner/as joint beneficial owners. 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 account holders, hereby authorise the bank to accept and act on either written or verbal instructions requesting account withdrawals/deposits given by any one of us. We can only accept instructions to collect funds from a pre-advised account you are a party to. Account withdrawals should be sent direct to my bank/building society account of my mortgage account.

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

The terms and conditions of our offsetting facility are in the accompanying brochure "A guide to offsetting". Please ensure you read this information.

Signature of Applicant 1

Date (DD MM YYYY)

Signature of Applicant 2

Date (DD MM YYYY)

Important Information

- Payments to and from your Offset Saver Account will be made by electronic funds transfer via the designated personal current account.
- An original statement or a cancelled cheque for your personal current account is required for account identification.
- Please ensure that you complete the Direct Debit form.

Please return your application form, Direct Debit form and account identification to:

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



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.

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

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

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

The 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.



This Guarantee should be detached and retained by the Payer.



Instruction to your bank or building society to pay Direct Debits

Offset Saver Account

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 on 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

□ □ - □ □ - □ □

4. Bank or Building Society Account Number

□ □ □ □ □ □ □ □

5. Scottish Widows Bank plc reference number (for Bank use only)

□ □ □ □ □ □ □ □ □ □ □ □

Signature(s) _____

Date (DD MM YYYY)

□ □ □ □ □ □ □ □

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/
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