

Application for 3 Year Fixed Term Pension Fund Deposit Account

Scottish Widows Bank plc

(For office use only)

Issue Interest Rate %

Account Number

<input type="text"/>										
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Please complete this form in BLOCK CAPITALS and in ink.

Introducer details

Was this application introduced by a Financial Adviser or other Introducer?

Yes No

If yes:

Name

Company name and address

Postcode

<input type="text"/>						
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Phone number

E-mail address

FSA Authorisation number (if applicable)

If they are part of a network please give details

1. Depositor Details (All parts to be completed)

Type of business:

Pension Fund

(Account Name in Sections 1 and 5 must be the same for the account to be fully operational).

Full name of Account

Address

Postcode

<input type="text"/>						
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Main Signatory Contact

Telephone Number

Email Address

2. Taxation Status

Is gross interest to be paid on this account?

Yes No

If yes, please enclose evidence of:

HM Revenue & Customs scheme reference number.

3. Interest options

Please complete the relevant box to indicate how you would like your interest paid:

Monthly* Quarterly* Annually

* The contracted rate of interest on your account will be lower than the annual gross interest rate if you choose to have interest paid monthly or quarterly. The fixed rate applicable to each issue can be found on our website at www.scottishwidowsbank.co.uk or by calling our Customer Service team on 0845 845 0829.

Please complete the relevant box to indicate how you would like your interest paid:

(a) By adding it to a different Scottish Widows Bank account in the same name or in an individuals name who is party:

to the account – a/c no

held in the name of

(b) By adding it to my/our bank or building society account detailed in Section 5.

4. Deposit Details – Please credit the following into my account

Deposits made before the start date will earn a variable rate of interest equivalent to the Bank of England base rate until the start date, when the fixed rate of interest will begin.

(a) Enclosed cheque made payable to Scottish Widows Bank plc/account holder(s) name. £

(b) Transfer of £ from our existing Scottish Widows Bank account – a/c no.

(c) Transfer of £ by CHAPS (once account is opened)
For requirements please contact us on 0845 845 0829.

5. Nominated Bank or Building Society (Main Current Account)

Bank/Building Society Name

Address:

Postcode:

Account Name*:

Account number: Sort Code: - -

Roll No: (if applicable)

*(Account Name in Sections 1 and 5 must be the same name otherwise we will be unable to open the account.)

If you are opening the account with a cheque drawn on the above account, this is sufficient verification of your bank account. In all other instances we require one of the following documents (it must show the account name, sort code and account number of your nominated account)

- A void cheque (a cheque with the words 'void' or 'cancelled' written across the front in pen)
- A pre-printed deposit/paying in slip, or
- Original bank statement. If you're printing out an online bank statement this must be certified by your branch. To discuss alternative options please call our Customer Services Team on 0845 845 0829.

We will not be able to open your account without this document

6. Privacy Statement

Note: Throughout Section 6 the words ‘we’, ‘our’ and ‘us’ refer to Scottish Widows Bank plc. The words ‘you’ and ‘your’ refer to the applicants, signatories, underlying client or other interested parties as appropriate.

Who we are

Your information will be held by Scottish Widows Bank plc which is part of the Lloyds Banking Group.

Our Group

The Lloyds Banking Group includes us and a number of other companies using brands including Lloyds TSB, Halifax and Bank of Scotland, and their associated companies. More information on the Lloyds Banking Group can be found at www.lloydsbankinggroup.com

How we share your information with Group companies

Your personal information will be shared within the Lloyds Banking Group so that we and any other companies in our Group can look after your relationship with us. By sharing this information it enables us to better understand your needs, run your accounts, and provide products in the efficient way that you expect.

Using your information for fraud prevention

We will share your personal information from your application with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified, details of this fraud will be passed to these agencies to prevent fraud and money laundering. Further details explaining how information held by the fraud prevention agencies may be used can be obtained by reading the full Privacy Notice at www.scottishwidowsbank.co.uk or contact us on 0845 845 0829.

Checking your identity

We may ask you to provide physical forms of identity verification when you open your account. Alternatively, we may search credit reference agency files in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity. The agency keeps a record of our search, whether or not your application proceeds. Our

search is not seen or used by lenders to assess your ability to obtain credit.

Obtaining a copy of your information

Under the Data Protection Act you have the right of access to your personal data. The Act allows us to charge a fee of £10 for this service. If anything is inaccurate or incorrect, please let us know and we will correct it.

How we use your information to contact you about products and services

Lloyds Banking Group companies may use your information to contact you by mail, telephone, email or text message about products and services that may be of interest to you. If you do not wish to receive this information please tick the box .

Further Information

For further information please contact us on 0845 845 0829.

Your consent to process your information

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our Privacy Notice, which you can find at www.scottishwidowsbank.co.uk or you can ask us for a copy. By signing this application, you agree to your personal information being used in the ways we describe in our Privacy Notice. Please let us know if you have any questions about the use of your personal information.

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 us communications which contain confidential information. If you disregard this warning and choose to send us confidential information, you agree that you do so at your own risk and that you will not hold Scottish Widows Bank responsible for any loss you suffer as a result.

7. Account Operating and Signing Instructions

Please indicate on which basis you wish to operate the account:

Telephone basis with any one signatory from the appointed persons in Section 8. **Proceed to section 7a**

or

Postal basis only – by choosing this option we can only transfer funds if we have written authority signed in accordance with the signing instructions. **Proceed to section 7b**

7a

In order to provide confidential telephone access we require the following codewords. When receiving telephone instructions we will ask for both of these.

Any UK place name Codeword of your choice

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 materials.

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.

7b

Signing instructions:

For Example:

- Any two persons from three to sign.
- Director/Treasurer/Named person plus one other to sign.

Please note:

Any signing instruction noted in **7b** supersedes telephone instructions for transactions

Information only will be provided to any signatory on confirmation of the codewords given in section **7a**, if required.

8. Signatories

We, the persons whose signatures appear below, declare that monies are being/will be deposited in Scottish Widows Bank 3 Year Fixed Term Pension Fund Deposit Account with you in name of the account holder(s) as legal owner(s).

We declare that the information given on this form is true to the best of our knowledge.

We hereby authorise you to provide account information or transfer funds to or from the main bank account (detailed in Section 5) on receiving written or verbal instructions in accordance with the applicable Terms and Conditions.

We acknowledge that no third party transactions will take place and that only electronic funds transfer between the Pension Fund Deposit Account and the main bank account (detailed in Section 5) will be undertaken.

We, the undersigned, hereby authorise you to accept and act on instructions requesting account withdrawals in accordance with the account operation and signing instructions given in Section 7.

To comply with Money Laundering Regulations Scottish Widows Bank need to verify the identity of the pension fund and the individual pension fund holder. Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you confirming your identity and address or confirming the existence of your organisation.

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

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

*Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.

9. Other Interested Parties eg. Individual Pension Fund Holder

IMPORTANT – Please complete this section for any individual pension fund holder not already listed as a signatory in section 8.

We confirm the Trustees have authority from the Individual Pension Fund Holder(s) to allow Scottish Widows Bank to undertake the appropriate online reference agency checks. Scottish Widows Bank may make searches now and in the future about the Individual Pension Fund

Holder with an online reference agency who will supply information for the purpose of verifying their identity. Scottish Widows Bank may also obtain documents from the Trustees confirming the Individual Pension Fund holder's identity or address.

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

Name	<input type="text"/>	
Capacity/Position	<input type="text"/>	
Do you have an existing relationship with Scottish Widows Bank?*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Address (personal)	<input type="text"/>	
	Postcode	<input type="text"/>
Country of Nationality	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	Date (DD MM YYYY)	<input type="text"/>

*Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.

10. Documentary Requirements

To complete our verification procedures and to comply with taxation regulations we require sight of the following.
(If any points cause difficulty please telephone our Customer Services Staff for assistance on 0845 845 0829).

1. If you are opening the account with a cheque drawn on the account detailed in section 5, this is sufficient verification of your bank details. If not, you will need to provide a void cheque, a pre-printed paying in slip or original bank statement showing the account name, sort code and account number of the account. If you're printing out an online bank statement this must be certified by your branch.
2. Her Majesty's Revenue and Customs (HMRC) documentation showing the HMRC Scheme number for the Pension Fund.

We cannot process your application without sight of these documents which will be returned without delay.

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.

For further information on the products and services provided by Scottish Widows Bank, please call our Customer Service Staff on:

0845 845 0829

If calling from overseas:

00 44 131 655 2000

Or visit our website:

www.scottishwidowsbank.co.uk