

E-CASH ISA 2

Provided by Scottish Widows Bank

APPLICATION FORM

Account Number (For office use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please complete this form in BLOCK CAPITALS and in ink.

APPLICATION CHECKLIST

In order for us to open your account, and complete our verification procedures and comply with taxation regulations, you must provide the following:

- Declaration signed and all required details completed
- Completed Direct Debit mandate enclosed
- Email address completed for Internet Banking
- Completed ISA Transfer Instruction form (if applicable)

Bank identification

We're required to verify the account you use to fund the opening balance of this account. If you're opening this account with a cheque drawn on the nominated account listed in section 6 of this application form this is sufficient verification. If your opening balance is coming from a different account to that listed in section 6 you must provide one of the following documents as verification of the account you are using:

- An original, recent bank/building society statement* OR
- A cancelled cheque

*If you print out an online statement this must be certified by your branch.

If we can help clarify any of these requirements please call us on 0345 845 0829

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

1. INTRODUCER DETAILS (TO BE COMPLETED BY FINANCIAL ADVISER OR OTHER INTRODUCER IF APPLICABLE)

Name	<input type="text"/>
Company name and address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>
Financial Services Register number (if applicable)	<input type="text"/>
If part of a network please give details	<input type="text"/>

2. PERSONAL DETAILS

Do you have an existing relationship with Scottish Widows Bank? Yes No

This may include customer, power of attorney or third party.

Title Mr Mrs Miss Ms Other

First name(s)

Surname

Permanent Residential Address

Postcode

Your date of birth (DD MM YYYY)

Place of birth: Town Country

Sex Male Female

Nationality

(List all if more than one held. Use additional details section if required)

Occupation

Telephone No Daytime
Evening
Mobile

Email address

An email address is required for Internet Banking.

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

If we request further identification documents we require these documents within 30 calendar days of the account opening or the account will be closed. You will not be able to operate the account until the Money Laundering checks are complete.

3. NATIONAL INSURANCE NUMBER

Do you have a National Insurance Number? (please tick) Yes No

If yes, you must enter it here

Please note that this is an HM Revenue and Customs requirement. If you do not know the number it is normally quoted on your payslip, form P45 or P60, a letter from HM Revenue and Customs, a letter from the DWP or pension order book.

4. PAYMENT

You must complete the following details, as we're unable to open your account without this information:

Do you intend to save into this account on an ongoing basis? (please select)

No: Initial deposit only.

Yes: Monthly £ and/or Annually £

Please credit the following to my E-Cash ISA 2 Account with you (tick one or more as appropriate).

Enclosed cheque(s) for: £ made payable to 'Scottish Widows Bank <account holder's name>'.
(Third party cheques are not permitted – please see section 2 under terms and conditions)

Transfer of: £ from my/our existing Scottish Widows Bank account –
Account No.

*If you'd like to transfer the full balance and close your existing account please tick here

4. PAYMENT (CONTINUED)

Transfer my ISA from another provider to my Scottish Widows Bank E-Cash ISA 2.
(Please complete the ISA transfer instruction form at the back of this application).

By monthly transfer of: £ on day every month by Direct Debit.

By annual transfer of: £ on date of every year by Direct Debit.

If we don't receive the minimum balance required to fund this account within 30 calendar days of the account opening, the account will be closed.

5. INTEREST OPTIONS

If you don't complete this section interest will be paid annually to the nominated account listed in section 6.

Please complete the relevant boxes to indicate how you would like your interest paid: Half yearly Yearly

a) By adding it to this Scottish Widows Bank account.

b) By adding to a different Scottish Widows Bank account held in your name or a joint account that you are named on.

a/c no

Held in the name of

c) By adding it to my/our bank or building society account detailed in section 6. (Minimum balance of £2,500 required.)

6. NOMINATED BANK OR BUILDING SOCIETY (MAIN CURRENT ACCOUNT)

Bank/Building Society Name

Branch Address

Postcode

Account Name

Account Number

Branch Sort Code

- -

Roll No (Building Society only)

7. 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, however, if you are an existing Scottish Widows Bank account holder and wish to use the security codewords already provided please tick here and proceed to the next section.

1. First primary school

2. Mother's maiden name

3. Customer Code Word (optional)

When receiving telephone enquiries 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 your accounts. Take care when storing or getting rid of information about your accounts. You should take simple steps such as shredding printed material.

8. PRIVACY STATEMENT

Note: Throughout this section the words “we”, “our” and “us” refer to Scottish Widows Bank plc. The words “you” and “your” refer to the applicants, signatories, trustees, beneficiaries or other interested parties as appropriate.

Who we are

Your information will be held by Scottish Widows Bank which is part of the Lloyds Banking Group. More information on the 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 to enable 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 privacy notice at www.scottishwidowsbank.co.uk or you can request a copy by calling us on 0345 845 0829.

Checking your identity

We may ask you to provide physical forms of identity verification or search the files of credit reference agencies which will keep a record of our search, whether or not your application proceeds. This is not seen or used by lenders to assess your ability to obtain credit.

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 0345 845 0829.

Your consent to process your information

To understand how the personal information you give us will be used, we strongly advise that you read our full 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 that your personal information being used in the ways we describe. Please contact us if you have any questions.

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.

9. DECLARATION

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank E-Cash ISA 2 as sole beneficial owner. I declare that the information given on this form is true to the best of my knowledge. Account withdrawals should be sent direct to my bank/building society account in section 6. I apply to subscribe for an E-Cash ISA 2 for the tax year / and each subsequent year until further notice. **(NB: Tax year must be completed, e.g. 15/16)**

I declare that

- all subscriptions made, and to be made, belong to me;
- I am 16 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA and a stocks and shares ISA in the same tax year;
- I have not subscribed and will not subscribe more than the cash ISA subscription limit to a cash ISA;
- I have not subscribed and will not subscribe to another cash ISA in the same tax year that I subscribe to this cash ISA, and 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 Income Tax (Earnings & Pensions) 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 Scottish Widows Bank 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 authorise Scottish Widows Bank

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash; and
- to make on my behalf any claims to relief from tax in respect of ISA investments.

I have received a copy of the Financial Services Compensation Scheme information sheet.

I agree to the ISA terms and conditions.

I declare that this application form has been completed to the best of my knowledge and belief.

Signature

Date (DD MM YYYY)

ISA TRANSFER INSTRUCTION FORM

URN (For office use only)

CISA

We adhere to The British Bankers' Association Cash ISA transfer guidelines, which specify that the cash ISA transfer process should take no longer than 15 working days to complete. We'll pay interest at your new cash ISA rate from the date your existing cash ISA provider actions the request, which means you earn interest every day of the transfer process. Visit the British Bankers' Association website for more details: www.bba.org.uk

When transferring from a stocks & shares ISA, the process should take no longer than 30 calendar days. We'll pay interest from the date that is quoted on the ISA transfer form, in line with the HMRC ISA Guidance, as long as your funds were able to be transferred from your old account when we made the request.

This form will be sent by Scottish Widows Bank to your existing ISA provider as an instruction to transfer funds. Upon receipt of the funds Scottish Widows Bank will send you notification that the funds have been received and details of your new ISA account.

A. ABOUT YOU

1. Your title Mr Mrs Miss Ms Other (please specify)
2. Your surname
3. Your first name(s)
4. Your address
- Postcode
5. Telephone number
6. National Insurance Number
- (You'll find your National Insurance (NI) number on a pay slip, pension book, p60, p45 or tax return. If in doubt, ask your employer or tax office. Unfortunately we can't open an ISA for you if you can't provide your NI number).
7. Your date of birth (DD MM YYYY)

B. DETAILS OF THE ISA TO BE TRANSFERRED

- Existing ISA type: Cash Stocks & Shares
1. Existing ISA provider
2. Address of existing ISA provider
- Postcode
3. Existing cash ISA sort code (if applicable) - -
4. Existing cash ISA account number
- OR
- Roll number/Reference

(if your existing ISA provider is a building society or you are transferring from a stocks & shares ISA)

Do you want to transfer all or part of your existing savings? All Part amount: £

(If requesting a partial transfer, please check with your existing ISA provider that this is possible. If requesting a full transfer please be aware your existing ISA will be closed).

Do you want to transfer your current tax year subscription as part of this transfer? Yes No

(If you are transferring money from your current tax year ISA, you must transfer the full amount.)

Amount you'd like to transfer from the current tax year £

(If you are transferring your current tax year subscription this must be the total amount invested in the current tax year)

Amount you'd like to transfer from previous tax years £

Where a period of notice is required for closure / part transfer of your existing ISA, you give your consent to:

Serve the full notice period before this instruction can be processed

Proceed immediately with the transfer and bear any consequential penalty which may be applied

B. DETAILS OF THE ISA TO BE TRANSFERRED (CONTINUED)

Cash ISA Transfer Authority

I authorise you to provide Scottish Widows Bank with any information they require about the cash ISA detailed on this form, and to transfer it to them as detailed.

Stocks & shares ISA transfer Authority

Please sell the investments held in my stocks and shares ISA and transfer the proceeds to Scottish Widows Bank.

Your current stocks and shares ISA manager may impose exit charges or other costs associated with transfer. You will be responsible for paying these charges so please check with your current provider.

You are transferring your subscriptions into a cash ISA. This means that if you are transferring from a stocks and shares ISA the investments you currently hold will have to be sold. It is possible that you could lose out if there is a rise in the market whilst the transfer is being completed and we do not accept liability for any such loss.

Signature

Date (DD MM YYYY)

Payment Options (For existing ISA company's use)

Please make payment to Scottish Widows Bank via Faster Payment, Bacs or CHAPS using the following details:-

- Scottish Widows Bank Sort Code 30-18-05, A/C No 00030267.

Please quote the customer's name and Scottish Widows Bank ISA account number.

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 team on 0345 845 0829.

Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).

DIRECT DEBIT INSTRUCTION

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 PO Box 12757 67 Morrison Street
 Edinburgh EH3 8YJ**

1. Bank/Building Society Name and Address		3. Bank/Building Society Sort Code	
ABC BANK LTD 17 MAIN ST YOUR TOWN		20-83-45	
Pay _____		£ _____	
_____		JOHN SMITH	
277860	208345	0052678	
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 accept Instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Scottish Widows Bank will notify you 10 working days* in advance of your account being debited or as otherwise agreed. If you request Scottish Widows Bank to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Scottish Widows Bank or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Scottish Widows Bank asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify 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 BY DIRECT DEBIT

Please fill in the whole form and send it to:

Scottish Widows Bank, 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/Building Society

Address

Postcode

2. Name of account holder(s)

3. Branch Sort Code --

4. Bank or Building Society account number

5. Scottish Widows Bank account number

(for Bank use only)

Originator's Identification Number



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Please pay Scottish Widows Bank, 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 and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date (DD MM YYYY)

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

FOR MORE INFORMATION

For further information on the products and services provided by Scottish Widows Bank,
please call our customer service team on:



0345 845 0829

If calling from overseas telephone:

00 44 131 655 2000



Or visit our website:

www.scottishwidowsbank.co.uk

Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am)

Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 201601.

52221 12/15

SCOTTISH WIDOWS