

SAVINGS ACCOUNT APPLICATION FORM

To apply for any savings accounts except ISAs, Children's, Business and Trust accounts.

Cheques should be made payable to either the account holder or to Ipswich Building Society in respect of 'customer's name'
eg: Ipswich Building Society IRO Mr. R. Smith.



PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH * ARE REQUIRED

I/We would like to invest	£	*	into a (type of account)		*	
Opening investment *	Cash	£	Cheques	£	Total	£
I/We would like to transfer	£		from my existing Ipswich Building Society account no.			

The first applicant's address will be used for correspondence.

For office use only:

User name _____ User no. _____ Account number _____
customer no. _____ customer no. _____

APPLICANT ONE

Your name

Title* _____
Forename(s)* _____
Middle name _____
Surname* _____
Address* _____

Postcode* _____

Date moved to current address* (MM/YYYY) _____

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 (MM/YYYY) _____

Your personal information

Date of birth* ____/____/_____
National Insurance no. _____
Marital Status* _____

Contact details

At least one contact number is needed*

Home phone no. _____
Mobile phone no. _____
Email address _____

What is your employment status?*

If employed, what is your occupation?*

Nationality / tax

Nationality* _____ Place of birth* _____
Are you a Citizen and Tax Resident of the UK only?* Yes No

APPLICANT TWO

Your name

Title* _____
Forename(s)* _____
Middle name _____
Surname* _____
Address* _____

Postcode* _____

Date moved to current address* (MM/YYYY) _____

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 (MM/YYYY) _____

Your personal information

Date of birth* ____/____/_____
National Insurance no. _____
Marital Status* _____

Contact details

At least one contact number is needed*

Home phone no. _____
Mobile phone no. _____
Email address _____

What is your employment status?*

If employed, what is your occupation?*

Nationality / tax

Nationality* _____ Place of birth* _____
Are you a Citizen and Tax Resident of the UK only?* Yes No

ABOUT YOUR ACCOUNT

Please complete the information below to tell us how you will be using your account. We may need to call you to discuss this information.

Account choice

Why did you choose this account?*

What are you saving for?*

Expected transactions

How will you be managing your account?*

Branch Post Which branch(es) do you intend to visit?

How will you be transacting? (tick all that apply)*

Cash Cheque Bank Transfer

Regularity (e.g. weekly/monthly etc.)

Expected amounts £

Third party deposits

Will anyone else be paying into your account? (Please advise this person that they will be asked to provide identification)*

Yes No

If yes, please provide their name and relationship to you

Source of deposit

Where has your deposit come from? (Evidence may be required)*

What is the total value of your savings elsewhere? * £

IDENTIFICATION REQUIREMENTS

When you open an account with us, under regulations for prevention and detection of financial crime, we need to verify your identity. We use an electronic verification system to form part of this check. In addition to this we require proof of your identity in order to open your account. To find out which forms of identification are suitable, [click here](#) or ask for a copy of our 'Verifying your identity' leaflet. Please note that for postal applications, certified copies of your identification will be required.

YOUR BANK DETAILS To verify your identity electronically please complete your current account details below for each applicant*

APPLICANT ONE

Account no.

Sort code

Bank name

Account holder's name

Please tick here if this is a joint account with applicant two

APPLICANT TWO

Account no.

Sort code

Bank name

Account holder's name

ELECTRONIC WITHDRAWALS

The Society offers a next working day service for electronic withdrawals from your account to your bank account detailed above (daily limits apply). If you are aged 18 or over and would like to be able to use this service in the future, please indicate below which applicant's bank details you would like to nominate (only one bank account can be selected). If you do not make a selection, the Society will assume you do not wish to use the service.

Applicant One Applicant Two

INTEREST INSTRUCTIONS

Please refer to the product terms and conditions for the available options and tick the box below:

Add interest to the account Transfer to Ipswich Building Society account no.

Transfer the interest annually/monthly (delete as appropriate)

Transfer interest direct to the UK bank/building society account above.

SIGNING INSTRUCTIONS FOR ACCOUNTS WITH MULTIPLE HOLDERS

You can have up to four account holders on our savings accounts. If you would like more than two account holders please fill in another application form for the additional holders.

For accounts with multiple holders, tell us how many signatures you would like us to take as your authorisation for account operation:

1 2 3 4

KEEPING YOU INFORMED

In line with the Society's Privacy Notice, we will only use your personal information to administer your account and provide products and services you have requested. [Click here](#) for a copy of our Privacy Notice or ask for a copy. However, occasionally we would like to contact you about products, services, competitions or events we provide. You can withdraw/amend this consent at any time.

APPLICANT ONE

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 Evening

I consent to being contacted for marketing purposes by the methods below

Post Telephone Email

You have the right to request access to your personal information and to obtain information about how we process it. These requests can be made in writing to the Data Protection Officer or via email to DPO@ibs.co.uk

APPLICANT TWO

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 Evening

I consent to being contacted for marketing purposes by the methods below

Post Telephone Email

You have the right to request access to your personal information and to obtain information about how we process it. These requests can be made in writing to the Data Protection Officer or via email to DPO@ibs.co.uk

DECLARATION

I/We

- Accept the terms and conditions of my/our chosen account in conjunction with the Society's General Investment Terms and Conditions
- Agree to be bound by the Rules of the Society
- Declare that the sum is being invested by me/us as beneficial owner(s)
- Have read and understood the Society's Privacy Notice
- Have completed this application to the best of my/our knowledge and that it is complete and accurate
- Consent to the Society making any necessary enquiries to confirm my/our address and identity

By signing this application form:

- I/we acknowledge receipt of the Financial Services Compensation Scheme Information Sheet and the Society's Privacy Notice which I/we received prior to opening this account

PLEASE SIGN HERE

Applicant One	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Two	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY:

Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Customer No 1	<input type="text"/>	Customer No 2	<input type="text"/>
Customer No 3	<input type="text"/>	Customer No 4	<input type="text"/>

Applicant	1	2	3	4	Applicant	1	2	3	4	Account	Y	N/A
Staff member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nationality updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IAD05 A/C Type/Cat/Title/Address/Sigs	<input type="checkbox"/>	
Existing cust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CUS01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IAD08 Opening deposit	<input type="checkbox"/>	
ID attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AML01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMN01 Interest mandate	<input type="checkbox"/>	<input type="checkbox"/>
										IMN08 Withdrawal mandate	<input type="checkbox"/>	<input type="checkbox"/>
										IAD06 Correspondence address	<input type="checkbox"/>	<input type="checkbox"/>
										PAD01 Notes updated	<input type="checkbox"/>	<input type="checkbox"/>

User input Date User check Date

The Society is required each year to supply to HM Revenue & Customs particulars of all interest paid or credited to investors' accounts.

HEAD OFFICE - PO Box 547 Ipswich IP3 9WZ Telephone 0330 123 0723 Fax (01473) 278600 Email enquiries@ibs.co.uk Website www.ibs.co.uk