

SAVINGS ACCOUNT APPLICATION FORM

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

Cheques should be made payable to the account holder.



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:

Account number _____

Customer no. _____

Customer no. _____

APPLICANT ONE

Your name and address

Title* _____
Forename* _____
Middle name(s) _____
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 job title/occupation?*

Nationality / tax

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

APPLICANT TWO

Your name and address

Title* _____
Forename* _____
Middle name(s) _____
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 job title/occupation?*

Nationality / tax

Nationality* _____ Place of birth* _____
Are you a 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 £

Source of funds

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)*

Additional information

IDENTIFICATION REQUIREMENTS

When you first open an account with us, under regulations for prevention and detection of financial crime, we need to verify your identity. Our requirements can be found in our 'Verifying your identity' leaflet. [click here](#) or ask for a copy. We will also use our electronic verification system, which includes the option of some security questions. For existing customers of the Society, we may ask you security questions to confirm your identity and may request identification documents, if your records with us are incomplete.

YOUR BANK DETAILS

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

APPLICANT ONE

Sort code

Account no.

Bank name

Account holder's name

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

If you have reached age 18 in the past 3 months, please provide a copy of your bank statement to confirm your bank details as we may not be able to verify these electronically.

APPLICANT TWO

Sort code

Account no.

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. 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

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

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

ELECTRONIC MANDATE WITHDRAWAL

I/We:

- Authorise the Society to transfer funds from this account to my/our nominated bank account as instructed by me/us
- Accept that I/we will be liable for the transfer value in the event that the nominated bank information provided is incorrect
- Confirm that if I/we are Trustee(s) or Power of Attorneys that all future withdrawals will be for the benefit of the account holder

DECLARATION

I/We declare:

- The sum is being invested by me/us as the beneficial owner(s) or Power of Attorney/Court of Protection/ on behalf of the beneficial owner
- This application has been completed to the best of my/our knowledge and it is complete and accurate
- I/we agree to be bound by the rules of the Society
- Consent to the Society making any necessary enquiries to confirm my/our address and identity

ACCOUNT DECLARATION

I/We acknowledge receipt and confirm I/we have read and understood the following, prior to opening this account:

- The terms and conditions of the chosen account in conjunction with the Society's General Investment Terms and Conditions
- The Savings Customer Information Booklet
- The Savings Tariff of Charges
- Key Information About Our Services leaflet

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 received prior to opening this account

PLEASE SIGN HERE

Applicant One

Date

/ /

Applicant Two

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 Email enquiries@ibs.co.uk Website www.ibs.co.uk

CALL VALIDATE ADDITIONAL NOTES (For office use only)

FOR OFFICE USE ONLY:

Branch Code _____

- | | | |
|--|---|---|
| <p>Cus. 1 <input type="checkbox"/></p> <p>Cus. 2 <input type="checkbox"/> Name, DOB, NINO, Nationality, Marital Status
CUS01/Personal details</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Phone numbers, email address, marketing and communication preferences
CUS01/Communication Details</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Address
CUS01/Address</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Place of Birth/Country of birth
Teller, Amend, Customer Details</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Nationality
CUS01</p> | <p>Cus. 1 <input type="checkbox"/></p> <p>Cus. 2 <input type="checkbox"/> Signature matches ID and form dated correctly</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Call Validate completed and attached</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Call Validate escalation process followed correctly</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Is the ID in date?</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> Customer Capacity
CUS07 or Teller/Customer Search/Account Number</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/> ID attached and updated on system
AML01/Teller/Amend/Maintain Customer</p> | <p><input type="checkbox"/> Account Type
IAD05/IAD01</p> <p><input type="checkbox"/> Account Category
IAD05/IAD01</p> <p><input type="checkbox"/> Number of signatures to withdraw
IAD01/IAD05</p> <p><input type="checkbox"/> Account Name
(Teller/Amend/Account Name)</p> <p><input type="checkbox"/> Notes updated
PAD01</p> <p><input type="checkbox"/> IAD08
Opening deposit</p> <p><input type="checkbox"/> IMN01
Interest mandate</p> <p><input type="checkbox"/> IMN08 + IMN09
E-Withdrawal mandate</p> <p><input type="checkbox"/> IAD06
Correspondence address</p> |
|--|---|---|

User input _____ Date _____ Amended by and checked _____ Date _____ CVAL(s) signed off by _____ Date _____

Basic information about the protection of your eligible deposits

Eligible deposits in Ipswich Building Society are protected by:	the Financial Services Compensation Scheme ("FSCS") ¹
Limit protection:	£85,000 per depositor per bank/building society/credit union ² The following trading names are part of your bank/building society/credit union Ipswich Building Society.
If you have more eligible deposits at the same bank/building society/credit union:	All your eligible deposits at the same bank/building society/credit union are "aggregated" and the total is subject to the limit of £85,000. ²
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately. ³
Reimbursement period in case of bank/building society or credit union's failure:	10 working days. ⁴
Currency of reimbursement:	Pound Sterling (GBP, £)
To contact Ipswich Building Society for enquiries relating to your account:	Ipswich Building Society, PO Box 547, Ipswich IP3 9VZ Tel: 0330 123 0723, Fax: 01473 278625, Email enquiries@ibs.co.uk, Web www.ibs.co.uk
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	http://www.fscs.org.uk

Additional information (all or some of the below)

¹ Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

This method will also be applied if a bank, building society or credit union operates under different trading names. Ipswich Building Society does not trade under any other name. This means that all deposits with Ipswich Building Society are in total covered up to £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under <http://www.fscs.org.uk>

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

Additional information *continued*

4 Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 77414100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in case of a depositor which is an individual) or to cover necessary business expenses (in the case of a depositor which is not an individual or a large company) within 5 working days of a request. Again, there are specific exceptions to this obligation.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account. If you or your organisation move into an exclusion, please let us know as soon as possible.

Exclusion List

A deposit is excluded from protection if:

- (1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, bank building society or credit union.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund¹
 - public authority, other than a small local authority.
- (4) It is a deposit of a credit union to which the credit union itself is entitled.
- (5) It is a deposit which can only be proven by a financial instrument² unless it is a savings product which is evidenced by a certificate of deposit made out to a named person and which existed in the UK, Gibraltar or a Member State of the EU on 2 July 2014.
- (6) It is a deposit of a collective investment scheme which qualifies as a small company.³
- (7) It is a deposit of an overseas financial services institution which qualifies as a small company.³
- (8) It is a deposit of certain regulated firms (investment firms, insurance undertakings and reinsurance undertakings) which qualify as a small business or a small company.⁵
- (9) It is not held by an establishment of a bank, building society or credit union in the UK or, in the case of a *bank* or *building society* incorporated in the UK, it is not held by an establishment in Gibraltar.

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk

¹ Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

² As listed in Part I of Schedule 2 to the Financial Services and Markets Act 2000 (Regulated Activities) Order 2001, read with Part 2 of that Schedule.

³ Under the Companies Act 1985 or Companies Act 2006.

⁴ See footnote 3.

⁵ See footnote 3.