

Application Form

for Pension Fund Deposit Account

Account Number (existing account holders only)

Please complete in BLOCK CAPITALS.

Financial Adviser Details

Was this application introduced by a Financial Adviser?

Yes

No

If yes:

Name

Company name and address

Postcode

FSA Authorisation number

If they are part of a network please give details

1. Depositor Details (All parts to be completed)

Please open an account in name of:

Type of Business

PENSION FUND

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

Full name of Account

Address

Postcode

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. Deposit Details – Please credit the following into my account

(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) By CHAPS transfer, please contact us on 0845 757 3444 for requirements.

(d) By Direct Debit (Please note that a Direct Debit will not be effective until 10 working days after receipt).

Single Payment Amount: £ OR Regular Payment Amount: £

Value Date:
(If Applicable DD MM YYYY)

Frequency:

Start Date:
(DD MM YYYY)

End Date:
(If Applicable DD MM YYYY)

4. Interest Application

Please complete the relevant boxes.

Monthly* Quarterly Annually (a) by adding it to this account.

*minimum balance of £50,000 required. (b) by sending it to the bank or building society account in section 5.

5. Existing 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.)

Note: Throughout section 6 the words “we”, “our” and “us” refer to the applicants. The words “you”, “your” and “Scottish Widows Bank” refer to Scottish Widows Bank plc.

6. Data Protection Statement

This declaration relates to the personal details given on this form and to any other information which we provide to Scottish Widows Bank, or which it holds on us. We agree that you may hold information on us for administration, research, analysis, credit assessment, fraud prevention and the marketing of financial and related products and services. In accordance with the Data Protection Act 1988 we understand that we have a right to ask you to send a copy of this information (on payment of the statutory fees – please call our Customer Services Staff on 0845 757 3444 for details) and the right to request you to change any of this information if it is incorrect. The information you hold about us is confidential. You will only disclose it outside the Scottish Widows Group (or associated companies including Lloyds TSB Group companies) when:

- we give you our consent
- it is needed by your agents and others involved in running accounts and services for us,
- you or others need to investigate or prevent crime
- the law permits or requires it, even without our consent
- there is a duty to the public to reveal the information
- you need to assist any body which monitors compliance with any code of practice to which you subscribe, in discharging its function under the code, or
- you need to assist the Financial Ombudsman or your Regulator.

If our application has been submitted via a Financial Adviser, we agree you may disclose the balance of our account to our Financial Adviser named in this application form on request.

We understand that in accordance with the Banking Code you will remind us periodically that we can request Scottish Widows Bank not to send us any marketing information regarding additional services and products of Scottish Widows Bank or other companies by writing to you at PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ, quoting our account number.

We understand that the information may, in certain cases, be disclosed to other companies in the Scottish Widows Group or to associated companies including Lloyds TSB Group companies, or agents acting on behalf of these Groups, where the interests of Scottish Widows Bank require such a disclosure. Information, including full details of the conduct of our account and any transactions that we make, may be shared and used by Scottish Widows Bank plc and other companies within the Scottish Widows and Lloyds TSB Groups, to enable them to identify and advise us, by post, telephone or other electronic media, of any products and services that they think may be of interest to us. If we do not wish to receive details of other products or services we can inform you by ticking this box . Scottish Widows Group and other Lloyds TSB Group companies will not make marketing approaches to us unless we already have a relationship with them. Alternatively we can write to: Scottish Widows Bank plc, PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ quoting our account number.

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 we disregard this warning and choose to send you confidential information, we agree that we do so at our own risk and that we will not hold you responsible for any loss that we suffer as a result.

7. Account Operating and Signing Instructions

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

- Telephone and/or Postal basis, with any one signatory from the appointed persons in Section 8.
- Postal basis only – by choosing this option we can only transfer funds if we have written authority signed in accordance with the signing instructions given below:

Signing instructions:

For Example:

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

(INFORMATION ONLY CAN BE PROVIDED TO ANY SIGNATORY ON CONFIRMATION OF THE PASSWORDS GIVEN IN SECTION 11, IF REQUIRED.)

9. Other Interested Parties

Please complete this section if any beneficiary is entitled to 25% or more of the pension fund and is not already listed as a signatory in section 8.

To comply with Money Laundering Regulations, we require to verify your identity when opening an account.

We may verify your name and address with an online reference agency and obtain documents from you confirming your name and address.

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

The FSA's Factsheet "Checking your identity – the fight against money laundering, financial crime and terrorism" will help explain why we need to verify your identity. You can get a free copy from www.fsa.gov.uk/consumer or by calling them on 0845 606 1234.

Name	<input type="text"/>	Date of birth (DD MM YYYY)	<input type="text"/>
Capacity/Position	<input type="text"/>		<input type="text"/>
Address (personal)	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Country of Nationality	<input type="text"/>	Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Signature	<input type="text"/>	Date (DD MM YYYY)	<input type="text"/>

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Signature	<input type="text"/>	Date (DD MM YYYY)	<input type="text"/>

10. Contracts (Rights of Third Parties) Act 1999

This contract is between the applicant(s) and Scottish Widows Bank plc.

The terms of the Contracts (Rights of Third Parties) Act 1999 and any other legal third party rights are specifically excluded. This means that only the parties to the contract (or their legal successor(s)), assignee(s) or other security holders may have contractual rights.

11. Telephone Access

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 757 3444.

12. Documentary Requirements

To complete our verification procedures and to comply with taxation regulations we require sight of the following which should show the account name and address as they appear on this application. (If any points cause difficulty please telephone our Customer Services Staff for assistance on 0845 757 3444).

1. If you are opening the account with a cheque drawn on the account detailed in section 5 this is sufficient verification of identity. **Alternatively an original statement of the main current account will be required.**
2. Certain documentary evidence may be required for taxation purposes. For guidance please refer to Note 4 of the Terms and Conditions contained in the brochure. Should this information not be available, then interest can only be paid on a net of tax basis.

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

