



# 35 DAY NOTICE SAVER APPLICATION FORM

## **35 DAY NOTICE SAVER**

ACCOUNT DETAILS - PLEASE FULLY COMPLETE IN BLOCK CAPITALS. FIELDS MARKED WITH A \* ARE OPTIONAL.

| FIRST NAMED ACCOUNT HOLDER   |                      |               |           |   | SECOND NAMED ACCOUNT HOLDER  |                |  |                                 |                      |                                     |          |                    |                    |                     |                     |           |            |                               |                      |
|--|----------------------|---------------|-----------|---|--|----------------|--|---------------------------------|----------------------|-------------------------------------|----------|--------------------|--------------------|---------------------|---------------------|-----------|------------|-------------------------------|----------------------|
| TITLE:   | MR / MRS / MISS / MS |               |           |   |  | Т              | ΠTLE:  |                                 | MR / MRS / MISS / MS |                                     |          |                    |                    |                     |                     |           |            |                               |                      |
| SURNAME:   |                      |               |           |   |  |                |  |                                 | S                    | SURNAME:                            |          |                    |                    |                     |                     |           |            |                               |                      |
| FORENAMES:   |                      |               |           |   |  |                |  |                                 | F                    | FORENAMES:                          |          |                    |                    |                     |                     |           |            |                               |                      |
| PERMANENT HOME<br>ADDRESS:   |                      |               |           |   | PERMANENT HOME<br>ADDRESS:   | E              |  |                                 |                      |                                     |          |                    |                    |                     |                     |           |            |                               |                      |
| POSTCODE:  |                      |               |           |   |  |                |  |                                 | Р                    | POSTCODE:                           |          |                    |                    |                     |                     |           |            |                               |                      |
| LENGTH OF TIME<br>AT ADDRESS:  | Year                 | Years Months  |           |   |  |                | ENGTH OF TIME<br>AT ADDRESS:   |                                 | Year                 | Years                               |          |                    | Months             |                     |                     |           |            |                               |                      |
| HOME TELEPHONE:*   |                      |               |           |   |  |                |  |                                 | H                    | HOME TELEPHONE                      | :*       |                    |                    |                     |                     |           |            |                               |                      |
| MOBILE TELEPHONE:*   |                      |               |           |   |  |                |  |                                 | ٨                    | MOBILE TELEPHON                     | E:*      |                    |                    |                     |                     |           |            |                               |                      |
| EMAIL ADDRESS:*  |                      |               |           |   |  |                |  |                                 | Е                    | EMAIL ADDRESS:*                     |          |                    |                    |                     |                     |           |            |                               |                      |
| DATE OF BIRTH:   |                      |               |           |   |  |                |  |                                 | С                    | DATE OF BIRTH:                      |          |                    |                    |                     |                     |           |            |                               |                      |
| COUNTRY AND TOWN OF BIRTH:   |                      |               |           |   |  |                |  |                                 |                      | COUNTRY AND TO<br>DF BIRTH:         | WN       |                    |                    |                     |                     |           |            |                               |                      |
| MARITAL STATUS:  |                      |               |           |   |  |                |  |                                 | ٨                    | MARITAL STATUS:                     |          |                    |                    |                     |                     |           |            |                               |                      |
| OCCUPATION:  |                      |               |           |   |  |                |  |                                 | C                    | OCCUPATION:                         |          |                    |                    |                     |                     |           |            |                               |                      |
| NATIONAL INSURANCE N   | 0:                   |               |           |   |  |                |  |                                 | ١                    | NATIONAL INSURAI                    | NCE No:  |                    |                    |                     |                     |           |            |                               |                      |
| * If we have a home or mobile telephone number or email address for you, we may use these to get in touch regarding your application or with important information about your account. This could include letting you know about any concerns we have about the activity on your account.  IF YOU ARE AN EXISTING CUSTOMER PLEASE STATE YOUR ACCOUNT No: |                      |               |           |   | t  | th<br>yo<br>th | If we have a home or reset to get in touch resour account. This could be activity on your account YOU ARE AN EXIST | garding y<br>d include<br>ount. | our app<br>letting   | licatio<br>you kr                   | n or wi  | th impo<br>out any | rtant ir<br>concer | nformati<br>ns we h | on aboi             | ut<br>out |            |                               |                      |
| TAX RESIDENCY (PLEASE REFER TO THE NOTES AT  | THE END (            | OF THI:       | S FORM BI | EFORE (   | COMPL  | ETING          | THIS SECTI   | ON)                             |                      | AX RESIDEN                          |          | HE END (           | OFTHI              | S FORM              | BEFORE              | СОМР      | LETING     | 'HIS SEC                      | TION)                |
| 1. ARE YOU A CITIZEN AN<br>RESIDENT OF THE UK C  |                      |               |           | ,   | YES  |                | NO (please a questions   | inswer<br>s 2-5)                | 1.                   | ARE YOU A CITIZI<br>RESIDENT OF THI |          |                    |                    |                     |                     | YES       | N          | O <sup>(pleas</sup><br>questi | e answei<br>ons 2-5) |
| 2. ARE YOU A CITIZEN OF TAX RESIDENT IN THE L  |                      | OR            |           |   | YES  |                | NO   |                                 | 2.                   | ARE YOU A CITIZI<br>TAX RESIDENT IN |          |                    | OR                 |                     |                     | YES       | N          | 0                             |                      |
| 3. If you have answered YES to   | Q2, plea             | ase pro       | ovide you | r US T  | ax Ider  | ntifica        | tion Numbe   | er:                             | 3.                   | If you have answered                | YES to C | 22, plea           | se pro             | ovide yo            | our US <sup>-</sup> | Tax Ide   | ntificatio | n Num                         | ber:                 |
| COUNTRY OF TAX<br>RESIDENCY  | TAX IDI              | ENTIF<br>NUMB |           |   |  |                | FATE WH'<br>PROVIDE  |                                 |                      | COUNTRY OF TA<br>RESIDENCY          | Х Т      | AX IDI             | entif<br>IUME      |                     | ON                  |           | SE STA     |                               |                      |
| UNITED STATES  |                      |               |           |   |  |                |  |                                 |                      | UNITED STATES                       |          |                    |                    |                     |                     |           |            |                               |                      |
| 4. ARE YOU TAX RESIDENT IN A COUNTRY OTHER THAN THE UK OR US?  5. If you have answered YES to Q4, please list the countries other than the UK and  |                      |               |           | 4. ARE YOU TAX RESIDENT IN A COUNTRY OTHER THAN THE UK OR US?  5. If you have answered YES to Q4, please list the countries other than the UK and |  |                |  |                                 |                      |                                     |          |                    |                    |                     |                     |           |            |                               |                      |
| US of which you are tax resident, if any, together with associated Tax Identification Number or functional equivalent:   |                      |               |           |   | US of which you are tax resident, if any, together with associated Tax Identif<br>Number or functional equivalent: |                |  |                                 |                      |                                     |          |                    |                    |                     |                     |           |            |                               |                      |
| COUNTRY OF TAX<br>RESIDENCY  | IDI XAT              | ENTIF<br>NUMB |           |   |  |                | TATE WH'<br>PROVIDEI   |                                 |                      | COUNTRY OF TA<br>RESIDENCY          | X T.     | AX IDE<br>N        | entif<br>Iume      |                     | ON                  |           | SE STA     |                               |                      |
|  |                      |               |           |   |  |                |  |                                 |                      |                                     |          |                    |                    |                     |                     |           |            |                               |                      |
|  |                      |               |           |   |  |                |  |                                 |                      |                                     |          |                    |                    |                     |                     |           |            |                               |                      |

### TRUSTEE(S)

IF THE ACCOUNT IS TO BE OPERATED BY A TRUSTEE OR TRUSTEES ON BEHALF OF A BENEFICIARY, PLEASE COMPLETE THE SUPPLEMENTARY APPLICATION FORM AVAILABLE FROM OUR WEBSITE **FAMILYBUILDINGSOCIETY.CO.UK**, OUR NEW BUSINESS TEAM ON **03330 140141**, OR **NEWBUSINESS@FAMILYBSOC.CO.UK** 

### INTEREST PAYMENT INSTRUCTIONS

# HOW OFTEN WOULD YOU LIKE THE INTEREST PAID? Annually Monthly (reduced rate applies) WHERE WOULD YOU LIKE IT TO BE PAID TO? Transfer to FBS and / or NCBS A/C No: Add to account (not available monthly) Pay to my / our account shown below NOMINATED ACCOUNT FOR WITHDRAWALS ACCOUNT NAME: ACCOUNT No: BANK NAME: SORT CODE: BRANCH: REFERENCE IF APPLICABLE:

(Please note that we will require evidence of ownership of the Nominated Account above, such as a paying-in slip or cheque crossed "cancelled" showing your name, sort code and account number, or an original bank statement)

### I/WE HAVE ENCLOSED THE OWNERSHIP EVIDENCE REQUIRED

(Please note that if evidence is not provided with your application form, then your withdrawal or interest payments will be delayed)

### **OPENING INVESTMENT**

TO OPEN A SAVINGS ACCOUNT

I / WE ENCLOSE THE SUM OF £:

AND / OR PLEASE TRANSFER THE SUM OF £:

(Write 'full balance' to transfer the closing balance)

FROM EXISTING FAMILY BUILDING SOCIETY OR NATIONAL COUNTIES ACCOUNT No:

Cheques should be made payable to "Family Building Society" followed by your name and crossed "account payee only".

HOW DID YOU LEARN OF THIS ACCOUNT?

### USING YOUR PERSONAL INFORMATION

- 1 Personal information which you supply to us may be used in a number of ways, for example:
  - to open and manage the account for which you are applying
  - for fraud prevention
  - for management and audit of our business
  - for market research and statistical analysis
- 2 Information about you will be kept after your account is closed.
- We may share your information with, and obtain information about you from, credit reference agencies to check your identity. This will not affect your credit score.
- 4 We may share your personal information with other people or organisations, for example:
  - third parties for processing on our behalf

- governmental and regulatory bodies (such as HMRC and the Financial Conduct Authority)
- for fraud prevention and detection purposes
- other payment services providers
- if required to do so by law
- with your consent
- 5 We may use your information to tell you about other products and services we think may be of interest to you.
- 6 We may monitor or record any communications you have with us in the interests of staff training, customer service and security.
- 7 For further details about how your personal information is used, and your rights under data protection law, please refer to the enclosed leaflet, "How We Use Personal Information".

# THIS SECTION IS FOR SOCIETY USE

| IDA       |  |  |  |  |
|-----------|--|--|--|--|
| IDP       |  |  |  |  |
| PAYEE     |  |  |  |  |
| DRAWER    |  |  |  |  |
| SORT CODE |  |  |  |  |
| A/C No.   |  |  |  |  |
| KYC       |  |  |  |  |
|           |  |  |  |  |

PLEASE COMPLETE
OVERLEAF, SIGNING
AND DATING THE
CONSENT AND
CONFIRMATION
SECTION.

### TAX RESIDENCY

The UK Government has signed, and will be signing, a number of intergovernmental agreements to share tax information, where applicable, with the tax authorities in other countries. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial institution we are legally obliged to collect it. We are asking for your tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

You can find out more, including a list of countries that have signed agreements to automatically exchange information, along with details about the information being

Your tax residence generally is the country in which you live for more than half the year, but rules differ. Further details are available at www.oecd.org

requested, on the OECD automatic exchange of information portal at www.oecd.org

A Taxpayer Identification Number (TIN) is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an entity and used to identify the individual or entity for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/ service code/number, and resident registration number.

As a financial institution the Family Building Society is not allowed to give tax advice. If you have any guestions on how to complete the Tax Residency section of this form we recommend that you speak to your tax authority (for example, HMRC in the UK) or your tax or legal adviser.

### **DECLARATIONS**

### **GENERAL**

I (each of us if more than one is applying) hereby declare that:

- The sum being invested does not belong to a company or other corporate body and will not be held by me as trustee(s) for a company or corporate body.
- I have received the following:
  - Product Features leaflet
  - General Conditions for our Savings Accounts booklet
  - Financial Services Compensation Scheme (FSCS) Information Sheet
  - The leaflet on "How We Use Personal Information"
- I agree to notify the Society of any changes to my personal details as set out overleaf.
- The information supplied on this form is true and correct to the best of my knowledge and belief.
- I acknowledge that the information supplied on this form and information regarding myself and any reportable account may be provided to the tax authorities of the country in which the account is maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- I undertake to advise the Society within 30 days of any change in circumstances which affects my tax residency status or causes the information contained in this form to become incorrect, and to provide the Society with a suitably updated selfcertification and declaration within 30 days of such change in circumstances.

### **JOINT SAVERS (NOT TRUSTS OR ESTATES)**

We authorise the Society to permit either of us to operate the account and to give good discharge to the Society on behalf of both of us and agree that upon death the amount vests in the survivor.

We accept that the funds invested are deemed to be owned in equal shares for the purposes of taxation.

### AGREEMENT TO ASSIGN CONVERSION BENEFITS TO CHARITY

- By applying to open a share account on or after 14 February 2000 I / we agree with the Society and the Charities Aid Foundation ("the CAF") that I / we will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 11 February 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charity(ies) but to no other person), the rights to any relevant conversion benefits (defined in paragraph 3.2.1 below). This agreement to assign will not apply to me  $\hat{I}$  us if  $\hat{I}$  we fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me  $\/$  us. I / We understand that neither the Society nor the CAF will release me / us from this agreement or vary its terms and (except as set out in paragraph 3.3 below) | / we will continue to be bound by the agreement even if the Society decides at some time in the future that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.
- 3.2.1 "Relevant conversion benefits" means any benefits to which I / we might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (i.e. on a conversion or take-over) which is completed at any time within the five years immediately following the date on which my / our share account is opened or, if applicable, the shorter period set

- out in the list referred to below. "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or take-over.
- 3.2.2 If the Society merges with any other society, after the date of such merger the "Society" includes such other society.
- 3.3 I / We authorise the Society to pass to the CAF such information relating to me / us and my / our accounts with the Society as the CAF may reasonably require in order to administer this agreement and the relevant conversion benefits and for no other purpose. I / We consent to both the Society and the CAF holding and processing such information for such purposes.
  - A list of the classes of persons which the Society currently wishes to be excluded from the agreement to assign, or in respect of which a shorter period applies, (which list may change from time to time but not with retrospective effect) is available on request from the Society's branch or principal office.

### INFORMATION ABOUT ELECTRONIC PAYMENTS TO AND FROM YOUR ACCOUNT

Each month we will send you a statement listing the electronic payments on your account, unless there are no payments in that month. This excludes crediting or payment of interest. Alternatively, we can give you this information on request or via our Online Service. If you do not wish to receive such monthly statements, please tick the box

We would like to tell you about our products, services, and events and those of our carefully selected partners (a list of which is available on request). We will always treat your personal details with the utmost care and will never share them with other companies for marketing purposes. If you give consent this will last as long as you have a relationship with us. If you agree to us communicating with you for marketing purposes, please tick the relevant boxes below to confirm how we may contact you.

| Applicant One: | post | email | phone | text |  |
|----------------|------|-------|-------|------|--|
| Applicant Two: | post | email | phone | text |  |

You can unsubscribe from marketing at any time by writing to: Family Building Society, Ebbisham House, 30 Church Street, Epsom, Surrey KT17 4NL.

### CONSENT AND CONFIRMATION

For your own benefit and protection you should carefully read the Product Features leaflet, Product Summary Box and the General Conditions for our Savings Accounts Booklet as these contain the terms and conditions upon which we intend to rely. You should do this before signing this application form. If you have any questions about the account terms and conditions please contact our New Business Team on 03330 140141 or newbusiness@familybsoc.co.uk

### By signing this application form you are:

- confirming that you have read the section "Using Your Personal Information" above, and the leaflet "How We Use Personal Information" which accompanies this application form.
- making the declarations and giving the authorities set out in the section "DECLARATIONS" above.
- agreeing to the use of your personal information to enable us to provide you with payment services, such as faster payments, to and from your account.

| FIRST NAMED ACCOUNT HOLDER  | SIGNED: | DATE: | DD | MM | YYYY |
|-----------------------------|---------|-------|----|----|------|
| SECOND NAMED ACCOUNT HOLDER | SIGNED: | DATE: | DD | ММ | YYYY |

### PLEASE RETURN THIS APPLICATION FORM TO

FAMILY BUILDING SOCIETY, FREEPOST, 30 CHURCH STREET, EPSOM, SURREY KT17 4BR. ALTERNATIVELY YOU CAN UPLOAD YOUR APPLICATION FORM SECURELY TO FAMILYBUILDINGSOCIETY.CO.UK/UPLOAD

PLEASE RETAIN THE PRODUCT FEATURES LEAFLET, GENERAL CONDITIONS FOR OUR SAVINGS ACCOUNTS BOOKLET AND THE FSCS INFORMATION SHEET FOR YOUR FUTURE REFERENCE.

FAMILY BUILDING SOCIETY IS A TRADING NAME OF NATIONAL COUNTIES BUILDING SOCIETY.