SCOTTISH WIDOWS BANK

Application for Pension Fund Deposit Account 2

Account Number (For office use only)

If you need any help completing this form please contact our Customer Service staff on: 0845 845 0829

Please complete this form in BLOCK CAPITALS and in ink.

Introducer details

Was this application introduced by a Financial Adviser or other Introducer? Yes ☐ No ☐

If yes:

Name

Company name and address

Postcode

Phone number

E-mail address

FSA Authorisation number (if applicable)

If they are part of a network please give details

1. Depositor Details (All parts to be completed)

Type of business: **PENSION FUND**

HMRC Scheme Reference Number

(Account Name in Sections 1 and 6 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

Interest will always be paid gross and you must provide evidence of the HM Revenue & Customs scheme reference number.

3. Category of Pension Funds

(please tick as appropriate)

Designated funds ☐ (Please refer to the undertakings and confirmation detailed in section 12 before completing the rest of the application form).

Pooled funds (more than one beneficial owner) ☐ (Please refer to the undertakings and confirmation detailed in section 13 before completing the rest of the application form).

4. 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. ☐☐☐☐☐☐☐☐☐☐☐

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

☐ (c) By CHAPS transfer, please contact us on 0845 845 0829 for requirements.

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

Single Payment Amount: £ OR Regular Payment Amount: £

Frequency:

Value Date: (If Applicable DD MM YYYY) ☐☐☐☐☐☐☐☐

Start Date: (DD MM YYYY) ☐☐☐☐☐☐☐☐

End Date: (If Applicable DD MM YYYY) ☐☐☐☐☐☐☐☐

5. Interest Application

Please complete the relevant boxes.

Monthly* ☐ Quarterly ☐ Annually ☐

*minimum balance of £50,000 required.

(a) by adding it to this account. ☐

(b) by sending it to the bank or building society account in section 5. ☐

6. Nominated 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 6 must be the same name otherwise we will be unable to open the account.)**

If you are opening the account with a cheque drawn on the above account, this is sufficient verification of your bank account. In all other instances we require one of the following documents (it must show the account name, sort code and account number of your nominated account)

- A void cheque (a cheque with the words 'void' or 'cancelled' written across the front in pen)
- A pre-printed deposit/paying in slip, or
- Original bank statement. If you're printing out an online bank statement this must be certified by your branch.
  To discuss alternative options please call our Customer Services Team on **0845 845 0829**.

We will not be able to open your account without this document.

Note: Throughout the following sections the words 'we', 'our' and 'us' refer to Scottish Widows Bank. The words 'you' and 'your' refer to the applicants, signatories, underlying client or other interested parties as appropriate.

7. Privacy Statement

Who we are
Your information will be held by Scottish Widows Bank which is part of the Lloyds Banking Group.

Our Group
The Lloyds Banking Group includes us and a number of other companies using brands including Lloyds TSB, Halifax and Bank of Scotland, and their associated companies. More information on the Lloyds Banking 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 so that we and any other companies in our Group can look after your relationship with us. By sharing this information it enables 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 full Privacy Notice at **www.scottishwidowsbank.co.uk** or contact us on 0845 845 0829.

Checking your identity
We may ask you to provide physical forms of identity verification when you open your account. Alternatively, we may search credit reference agency files in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit.

Obtaining a copy of your information
Under the Data Protection Act you have the right of access to your personal data. The Act allows us to charge a fee of £10 for this service. If anything is inaccurate or incorrect, please let us know and we will correct it.

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 0845 845 0829.

Your consent to process your information
It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our 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 to your personal information being used in the ways we describe in our Privacy Notice. Please let us know if you have any questions about the use of your personal information.

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.

8. Account Operating and Signing Instructions

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

☐ Telephone basis with any one signatory from the appointed persons in Section 9. **Proceed to section 8a**

or

☐ Postal basis only – by choosing this option we can only transfer funds if we have written authority signed in accordance with the signing instructions. **Proceed to section 8b**

8a

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 845 0829**.

8b

Signing instructions: _____

_____

_____

For Example:

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

Please note:
Any signing instruction noted in **8b** supersedes telephone instructions for transactions.
Information only will be provided to any signatory on confirmation of the codewords given in section **8a**, if required.

9. Signatories

The persons whose signatures appear below, declare that monies are being/will be deposited in Scottish Widows Bank Pension Fund Deposit Account 2 in the name of the account holder(s) as legal owner(s).

You declare that the information given on this form is true to the best of your knowledge.

You hereby authorise us to provide account information or transfer funds to or from the main bank account (detailed in Section 6) on receiving written or verbal instructions in accordance with the applicable Terms and Conditions.

You acknowledge that no third party transactions will take place and that only electronic funds transfer between the Pension Fund Deposit Account 2 and the main bank account (detailed in Section 6) will be undertaken.

You, the undersigned, hereby authorise us to accept and act on instructions requesting account withdrawals in accordance with the account operation and signing instructions given in Section 8.

The persons whose signatures appear below agree to the Terms and Conditions of the Pension Fund Deposit Account 2 (you should read the Terms and Conditions before you decide whether to accept them) and all Undertakings as detailed in Sections 12 or 13 as applicable.

To comply with Money Laundering Regulations Scottish Widows Bank need to verify the identity of the pension fund and the individual pension fund holder.

Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you confirming your identity and address or confirming the existence of your organisation.

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

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

*Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.

10. Other Interested Parties e.g. Individual Pension Fund Holder

Important – This section should be completed by each individual pension fund holder not already listed as a signatory in Section 9.

To comply with Money Laundering Regulations Scottish Widows Bank need to verify the identity of each individual pension fund holder.

Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you/the trustees/signatories confirming your identity and address. Please read our Privacy Statement in Section 7 for more details.

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

Name

Capacity/Position

Date of birth (DD MM YYYY)

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

Address (personal)

Postcode

Country of Nationality

Sex Male ☐ Female ☐

Date (DD MM YYYY)

Signature

*Existing relationship may include customer, introducer, trustee, signatory, or beneficial owner.

11. Documentary Requirements

To complete our verification procedures and to comply with taxation regulations we require sight of the following . (If any points cause difficulty please telephone our Customer Services Staff for assistance on 0845 845 0829).

1. If you are opening the account with a cheque drawn on the account detailed in section 6, this is sufficient verification of your bank details. If not, you will need to provide a void cheque, a pre-printed paying in slip or original bank statement showing the account name, sort code and account number of the account. If you're printing out an online bank statement this must be certified by your branch. To discuss alternative options please call our Customer Services Team on 0845 845 0829.
2. Her Majesty's Revenue and Customs (HMRC) documentation showing the HMRC Scheme number for the Pension Fund.

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

IMPORTANT – PLEASE COMPLETE THE DIRECT DEBIT MANDATE AT THE BACK OF THIS APPLICATION FORM.

12. Undertakings and Confirmation for Designated Funds

To comply with money laundering Regulations Scottish Widows Bank needs to identify the underlying client for opening designated client fund accounts.

Scottish Widows Bank may make searches, now and in the future, of the underlying client with an online reference agency who will supply information for the purpose of verifying their identity. Scottish Widows Bank may also obtain documents from you confirming their identity and address.

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

Undertakings and Confirmation, you, hereby, confirm and undertake that:

a. you will only send monies from UK resident natural persons acting outside the course of their trade, industry or profession, and whose funds have come from a UK regulated entity and that only sterling payments will be accepted by you in respect of funds deposited with us.

b. no monies will be forwarded by you to us in relation to customers who may not be dealt with under the laws and regulations.

c. the client made the decision to place or remove funds to/from this account and that you are not entitled to instruct us to make transactions on this account, unless you have an instruction from the client to do so.

d. you will ensure that the client is aware that Scottish Widows Bank is the provider of the account.

e. you will permit Scottish Widows Bank and its employees or agents access to your premises and/or records upon reasonable prior notice for the purpose of inspecting, verifying, monitoring or testing the manner and performance of our obligations under the terms and conditions of this account.

f. you will promptly on request by Scottish Widows Bank or any other personnel acting for or on behalf of Scottish Widows Bank or the Financial Services Compensation Scheme ("FSCS") or any successor body, provide Scottish Widows Bank or the FSCS with the name of and contact details for all clients on behalf of whom accounts are/have been held by Scottish Widows Bank, and such other details relating to those clients and the accounts as such person may reasonably request, where such details are required by Scottish Widows Bank or the FSCS for the purpose of compensating clients under the FSCS or for the purposes of any liquidity assessment or audit.

Details of Client

Name of Client:

Address:

Country of Nationality:

Date of Birth: (DD MM YYYY)

13. Undertakings and Confirmation for Pooled Funds (more than one beneficial owner)

Undertakings and Confirmation, you, hereby, confirm and undertake that:

a. pursuant to the AML Regulations, etc, appropriate checks (the AML checks) have been undertaken on all clients whose funds are included in the new account information and that (pursuant to such AML checks) you hold copies of all necessary due diligence documents (the AML documents).

b. you will provide us with confirmation in writing if you identify any issue with such AML checks and/or the AML documents.

c. you will provide us, upon demand, with the underlying due diligence (including, without limitation, copies of relevant AML documents and evidence of individual client ownership of the funds) relating to any customer whose funds are included in the new account information.

d. you will provide us with information regarding any beneficial owner who owns 25% or more of the balance of the new account information.

e. you will only send monies from UK resident natural persons acting outside the course of their trade, industry or profession, and whose funds have come from a UK regulated entity and that only sterling payments will be accepted by you in respect of funds deposited with us.

f. no monies will be forwarded by you to us in relation to customers who may not be dealt with under the laws and regulations.

g. the client made the decision to place or remove funds to/from this account and that you are not entitled to instruct us to make transactions on this account, unless you have an instruction from the client to do so.

h. you will ensure that the client is aware that Scottish Widows Bank is the provider of the account.

i. you will permit Scottish Widows Bank and its employees or agents access to your premises and/or records upon reasonable prior notice for the purpose of inspecting, verifying, monitoring or testing the manner and performance of our obligations under the terms and conditions of this account.

j. you will promptly on request by Scottish Widows Bank or any other personnel acting for or on behalf of Scottish Widows Bank or the Financial Services Compensation Scheme ("FSCS") or any successor body, provide Scottish Widows Bank or the FSCS with the name of and contact details for all clients on behalf of whom accounts are/have been held by Scottish Widows Bank, and such other details relating to those clients and the accounts as such person may reasonably request, where such details are required by Scottish Widows Bank or the FSCS for the purpose of compensating clients under the FSCS or for the purposes of any liquidity assessment or audit.

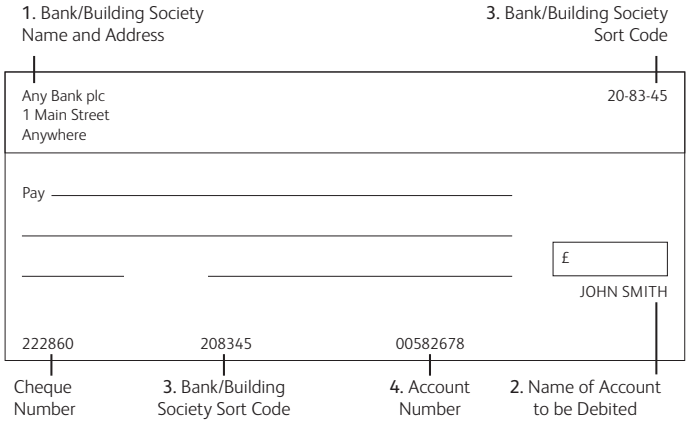
SCOTTISH WIDOWS BANK

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.
5. Scottish Widows Bank Account Number. You will find this in the heading of the covering letter.

Finally, sign and date the instruction and return it to:
Scottish Widows Bank plc
PO Box 12757
67 Morrison Street
Edinburgh EH3 8YJ



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.

DIRECT Debit

*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.

SCOTTISH WIDOWS BANK

DIRECT Debit

Pension Fund Deposit Account 2 – Instruction to your bank or building society to pay Direct Debits

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 or Building Society

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 ID Number | 9 | 0 | 9 | 2 | 4 | 6 |

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.

SCOTTISH WIDOWS BANK

Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554.
Authorised and regulated by the Financial Services Authority. Our Financial Services Authority register number is 201601.
Confirmation can be obtained by visiting the Financial Services Authority website at: www.fsa.gov.uk/pages/register/
The main business of Scottish Widows Bank is arranging, entering into and administering mortgages and accepting deposits.
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