

Savings  
Account

Application Form

For office use only (01/12)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Account type

I/We wish to open the following account

Do you hold any other accounts with the Society? YES  NO

### Initial payment

£

Please tick the appropriate box

**Cheque enclosed** – Please make cheques payable to “Teachers Building Society a/c (your name)”

Transfer from Society account No:

### How did you hear about us?

Existing Customer

Recommendation

Other (please specify)

### Applicant Details

\* Applicant 1

Applicant 2

	Title	First Name(s)	Title	First Name(s)
Surname	<input style="width: 50px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 300px;" type="text"/>
Date of Birth	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
Permanent Address	<input style="width: 300px;" type="text"/>		** <input style="width: 300px;" type="text"/>	
	<input style="width: 300px;" type="text"/>		<input style="width: 300px;" type="text"/>	
Postcode	<input style="width: 300px;" type="text"/>		<input style="width: 300px;" type="text"/>	
Tel. Daytime	<input style="width: 300px;" type="text"/>		<input style="width: 300px;" type="text"/>	
Tel. Evening	<input style="width: 300px;" type="text"/>		<input style="width: 300px;" type="text"/>	
Mobile	<input style="width: 300px;" type="text"/>		<input style="width: 300px;" type="text"/>	
Email	<input style="width: 300px;" type="text"/>		<input style="width: 300px;" type="text"/>	

\* (You may choose the order in which the names appear in the Society's records. Only the person named first in the Society's records has the right to attend and vote at meetings.)  
 \*\* Address to be completed where joint applicants reside at different addresses or possess alternative contact details.

### Security Check Information

Mother's maiden name	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Your place of birth	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>

### Additional Information

Occupation	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Nationality	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>
Country of residence	<input style="width: 300px;" type="text"/>	<input style="width: 300px;" type="text"/>

### For Withdrawal Purposes and Payment of Interest

A Bank/Building Society account is mandatory. It will be used for transferring money out of your savings account and if required the interest. The account must be in your name (or joint names if it is a joint account) and must be able to accept electronic payments via the Bank Automated Clearing System (BACS).

Bank/Building Society name	<input style="width: 200px;" type="text"/>	Bank/Building Society account in the name(s) of	<input style="width: 200px;" type="text"/>
Bank/Building Society account number	<input style="width: 20px;" type="text"/>	Sort Code	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>

**INTEREST INSTRUCTIONS: PLEASE NOTE only certain account types allow monthly payment of interest and interest paid by BACS to a Bank/Building Society account. Please refer to the individual terms and conditions of the account type you are opening.**

I/We would like my/our interest to be: Added to the account annually  Paid to the Bank/Building Society annually/monthly\* (only applicable if payment is £5 or above) \*delete as appropriate

**WITHDRAWAL INSTRUCTIONS: If your account is a postal account, please complete the boxes below. If you have a telephone operated account we will act on instructions from a single account holder.**

Please effect withdrawal requests on:  One signature  All signatures

For office use only  
Customer No.

Personal ID  
1st Named  
PP DL IR EQ  
Other

Personal ID  
2nd Named  
PP DL IR EQ  
Other

Address Confirmation  
1st Named  
B S EQ  
Other

Address Confirmation  
2nd Named  
B S EQ  
Other

Postal Application  
1st Named  
CQ DOB DE  
Other

Postal Application  
2nd Named  
CQ DOB DE  
Other

Existing Customer  
Account Number

Cashier

Date

Back Office

Date

Chkd by

Date

Scanned by

Date

BOE

## Declaration for an Individual or Individuals Saving Money on their own Behalf:

### KEEPING YOU INFORMED

We would like to send you information by post, telephone or email about the products and services we offer or those offered by our subsidiary, TBS Financial Services Ltd., and our associates, which we think might be of interest to you.

Please tick the following boxes if you agree to us contacting you in this way:

Post  Phone  Email

### DECLARATION

I/We agree to be bound by the Rules of the Society and the terms of the account including the General Terms and Conditions. A copy of the Rules is available from Head Office. I/We declare that the money being saved is my/our own and will not be held by me as a trustee for a body corporate, or persons who include a body corporate.

It is important that you read and understand the section below entitled **Your Information**. By signing this application, you agree that we can use your information in this way.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Your Information

- i) We may make searches about you at credit reference agencies and/or fraud prevention agencies who will supply us with information including information from the Electoral Register, for the purpose of verifying your identity. The credit reference agencies will record details of the search whether or not this application proceeds. The searches will not be seen or used by lenders to assess your ability to obtain credit. Credit searches and other information which is provided to us and/or the credit reference agencies or fraud prevention agencies, about you and those with whom you are linked financially may be used by the Teachers Building Society and other companies if you, or other members of your household, apply for other facilities, including insurance applications and claims. This information may also be used for debt tracing and the prevention and detection of fraud or money laundering as well as the management of your account. Alternatively, we may ask you to provide physical forms of identification.
- ii) If you give us false or inaccurate information and we suspect fraud, we will record this and may also pass information to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft and fraud. We, members of the Group, and other companies may use this information if decisions are made about you or others at your address(es) on credit or credit-related services or motor, household, credit, life or any other insurance facilities. It may also be used for tracing and claims assessment.
- iii)
  - a) The information provided by you and any other information held by the Society, may be exchanged and disclosed within the Society, its subsidiary companies, any life assurance or general insurance partner of the Society and authorised agents to enable a review to take place of your total relationship with the Teachers Building Society.
  - b) Your customer data may be used by the Group for administration of your account(s), improving customer service, and to promote products for other companies with whom it has a business partnership. If you wish to receive this promotional information please tick the box(es) above, under 'Keeping You Informed'.
- iv) Under the Data Protection Act you are entitled to know what information we hold about you and to ask for any inaccurate details to be amended. A fee is payable to see the information. You also have the right of access to your personal records held by credit and fraud agencies. We will supply their names and addresses to you upon request to FREEPOST, Teachers Building Society, Allenview House, Hanham Road, Wimborne, BH21 1BR.

### Agreement to Assign Windfalls to Charity

Words printed in italics in this section of the application form are explained in Condition 2 of the Savings Accounts General Terms and Conditions.

1. Paragraphs 2 to 6, below, will apply to me unless I am an *exempt customer* at the time when the account is opened.
2. I agree with the Society that, if the right to any *windfall benefits* is granted to me after the *account is opened*, I will assign those *windfall benefits* to the *selected charity* unless the period between my *account being opened* and the *conversion announcement date* is more than 5 years (or, if applicable, the *shorter period*).
3. I authorise the Society and the *successor* to pass any *windfall benefits* direct to the *selected charity* (or to any other charity which the *selected charity* may nominate to receive those benefits), without notice to me.
4. I understand that :
  - the Society has promised to transfer to the *selected charity* the benefit of the agreement which I have given under paragraph 2, above;
  - neither the Society nor the *selected charity* will release me from that agreement; and
  - any power of the Society to change the terms of its contract with me will not apply to any of the terms set out in this section of the application form.
5. I authorise the Society to give the *selected charity* any information about me or any *account* which I have with the Society (now or in the future) – but only if the *selected charity* reasonably needs it regarding the agreement I have given under paragraph 2, above.
6. I understand that the Society will require anyone who *opens* a share account (who is not then an *exempt customer*) to agree to assign to charity the right to any *windfall benefits* to which that person may become entitled. The terms of the agreement will be decided by the Society and may be different from the terms in paragraph 1 to 5, above. This paragraph will no longer apply if the Society publishes a notice in the press of a decision by the Society that it will no longer require new shareholding members to enter into such agreements.

### Notes

Where more than one of you is signing this form, paragraph 1 and (if applicable) paragraphs 2 to 6 above, apply to each of you separately.

If the Society no longer exists following a merger with another building society, paragraphs 2 to 6 above, will still apply between you and the other society.

# Savings Account Application Form



Allenvieu House, Hanham Road, Wimborne, Dorset BH21 1AG

**Telephone:** 0800 783 2367 **Fax:** 01202 841694 **Email:** [savings@teachersbs.co.uk](mailto:savings@teachersbs.co.uk) **Web:** [teachersbs.co.uk](http://teachersbs.co.uk)

We are a member of the Building Societies Association

Authorised and regulated by the Financial Services Authority. Registration Number 156580



FSC® C014994