

Pension
Account

Application Form

Please note: SIPP cash deposits will only be accepted by scheme administrators authorised and regulated by the Financial Conduct Authority.

For office use only																			
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Account type I wish to open the following account Do you hold any other accounts with the Society? Yes No

Please refer to the specific product terms and conditions to confirm which Trusts the Society can accept.

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:

Nature of Trust Do your funds originate from outside of the UK? Yes No

Corporate Trusts

Name of Company

Registered Office

Mailing Address

Individual Trustees

Trustee Name

Address

Telephone Number

Email Address

Trustee Name

Address

Telephone Number

Email Address

Trustee Name

Address

Telephone Number

Email Address

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Personal ID
Acc Holder
PP DL IR EQ
Other

Address Confirmation
Acc Holder
PP DL IR EQ
Other

3rd ID
Acc Holder
B S EQ
Other

Required Documentation Received Y/N

Documentation Outstanding (if applicable)

A.M.L Check

Date

Back Office

Date

Chkd by

Date

BOE

Trustee Name	<input type="text"/>
Address	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>

Professional Advisor Details (if applicable)

Name of Company	<input type="text"/>
Address	<input type="text"/>
Telephone Number	<input type="text"/>
Contact Name	<input type="text"/>
Email Address	<input type="text"/>

Beneficial Owners

If there is not enough space for all beneficial owners please use a duplicate sheet. Please provide names and addresses of the Trust's beneficial owner/s (this includes an individual with a specified interest of at least 25% of the trust capital). Please advise the Society if the details of the beneficial owners change whilst the account is open.

Title	<input type="text"/>	Forename	<input type="text"/>
Surname	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>		

Title	<input type="text"/>	Forename	<input type="text"/>
Surname	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>		

Title	<input type="text"/>	Forename	<input type="text"/>
Surname	<input type="text"/>	Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address	<input type="text"/>		

Nominated Bank Account For Withdrawal Purposes and Payment of Interest

A Bank/Building Society account is mandatory. It will be used for transferring money out of your account and if required the interest. The account must be able to accept electronic payments via the Faster Payment Service. If the opening cheque is not from this nominated bank account, please forward a recent statement, as evidence of the account.

Bank/Building Society name	<input type="text"/>	Bank/Building Society account in the name(s) of	<input type="text"/>
Bank/Building Society account number	<input type="text"/>	Sort Code	<input type="text"/>
Reference	<input type="text"/>		

I would like my interest to be:

Added to the account annually	<input type="checkbox"/>	Paid to the Bank/Building Society annually/monthly* only applicable if payment is £5 or above)	<input type="checkbox"/>
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Please tick ONE box only

*delete as appropriate

Please note that only interest over £5 can be sent to your bank account, if the interest falls below this it will added back on to the account.

Mandate

Please list below details of all the people who will be operating the account in relation to the Trust. Please note will have full operating access to the account

Authorised Signatory 1

Signed	<input type="text"/>	Date	<input type="text"/>
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Full Name

Authorised Signatory 2

Signed	<input type="text"/>	Date	<input type="text"/>
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Full Name

Authorised Signatory 3

Signed	<input type="text"/>	Date	<input type="text"/>
--------	----------------------	------	----------------------

Full Name

Authorised Signatory 4

Signed	<input type="text"/>	Date	<input type="text"/>
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Full Name

MANDATE INSTRUCTIONS: Please complete a boxes below to indicate how many signatures are required to carry out withdrawals or make changes to the account.

One Two Three All

Identification

To comply with current regulations, Teachers Building Society must identify and verify the address(es) of all account holders, authorised signatories and beneficial owners. Electronic identification checks will be carried out and we will also require separate original (or certified copy) identification documents from each individual listed on the application form.

With your application form, please also provide the following for each individual listed on the application form:

- Valid full Passport for identification along with a bank statement/utility bill dated within the last 3 months for address verification; or
- Full UK Photo Driving Licence for either identification or residential address verification (please note this cannot be used to verify both identity and address)

Documentation

Please confirm that you have enclosed the following documents:

1. A certified copy of the Trust Deed(s)
2. A certified copy of the scheme rule (if applicable)
3. Copy of letter from HMRC quoting name & number of the Scheme (if applicable)
4. A cheque made payable to Teachers Building Society re (customer name)
5. Original or certified copy of identification (as outlined in the identification section)
6. A recent bank statement to evidence your nominated bank account
(Applicable if your opening cheque is not from this account)

Enclosed

Already
Submitted

Declaration

- I/we as authorised signatories request that a trust deposit account be opened with Teachers Building Society and acknowledge that the account forms part of the scheme referred to in the deed. I/we understand that the trust account is a deposit account and understand that a depositor is not a member of the Society and does not have any membership rights.
- I/we authorise you to comply with all instructions relating to the account, including instructions to withdraw or transfer funds from the account to the designated bank account of the trust account holder, provided the instructions are in writing and the document bearing the instructions is in accordance with the mandate.
- It is important that you read the section headed 'Privacy – Your Personal Information' on this application form, including the Privacy Notice referred to.

By signing this form, you are confirming that none of the trustees/beneficiaries/signatories are not resident or tax resident in any other country other than the UK and that you have read the enclosed Financial Services Compensation Scheme information leaflet.

Signed

Date

Full Name

Signed

Date

Full Name

Privacy - Your Personal Information

The security of your personal data is our priority. Our Privacy Notice explains how we use and store your information. Please visit www.teachersbs.co.uk/privacy to read our Privacy Notice. If you have any questions regarding the use of your information or wish to exercise any of the rights mentioned in our Privacy Notice, please write to us at the address below or email dpo@teachersbs.co.uk.

We may send your details to credit reference agencies and/or fraud prevention agencies who will supply us with information for the purpose of verifying your identity, including information from the Electoral Register. We reserve the right to carry out any further checks of your identity and address should we need to do so in order to comply with our legal and regulatory obligations. 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.

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, 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.

Pension Account Application Form



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Telephone: 0800 783 2367 Fax: 01202 841694 Email: savings@teachersbs.co.uk Web: teachersbs.co.uk

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration Number 156580