

Withdrawal/Transfer Form Telephone: 0800 783 2367

Email: memberservices@teachersbs.co.uk

Investor Details				For office use only		
Account holder name(s)				Date received		
Registered Address						
Address		Posto	ode	Notice date		
			Jude	Develo		
Contact No.		Investment Account No.		Penalty Y / N		
Withdrawal Options Please tick the appropriate box: Withdrawal amount						
I wish to withdraw	£			£		
I wish to transfer	£	To TBS Account		Closure amount		
		Number If you are opening a		£		
blank and enclose an application form Signature I wish to close If you wish to transfer part or all of your ISA to another provider, please do not checked by my account. complete this form as you will need to contact the other provider in the first instance. checked by						
If you transfer ISA funds direct to your bank account you will lose the ISA status on the funds. Please note: if you would like to retain your right to receive notice and vote at the Society's Annual General Meeting, a minimum balance of £100 should be maintained in one account.						
Notice Accounts C Please note this withdr Notice Periods: Please refer to the individ	Dormancy check					
Withdrawal of Funds						
Please transfer the funds to my nominated bank account. If you wish to change your existing nominated bank account, filling in the section below cancels and replaces any previous nominated bank account withdrawal instructions. If you are registering a new bank account, we will verify these details electronically, by sending						
your name, address, date of birth and bank details to the credit reference agencies who will supply us with the information we require. These agencies will record details of the search but the search will not be seen or used by third parties to assess your ability to obtain credit. We will only use the results of this search to confirm your bank account details. If the electronic verification is unsuccessful, we will contact you to obtain						
further evidence. If you have not provided						
The bank account must b	e in your own name and	I must be able to acc	ept electronic payments	via the Faster Payments Service.		
Bank/Building Society name		Bank/Building account in the	Society name(s) of			
Bank/Building account No.		Sort Cod	e			
Protecting your account Important Information! Please don't fall victim to a scam. Take a moment to stop and think before parting with your money. Are you being put under pressure to make this payment? Is someone else, or even your bank, the police or HMRC telling you to make this payment? Could it be fake? It's okay to reject, refuse or ignore any requests. Only criminals will try to rush or panic you. Please contact us as soon as possible if you have any concerns.						
Signatures				Date		
Joint Accounts require of all holders unless th appropriate authority been given to the Soci						
				Date		

To help maintain a high level of customer service, please complete the section overleaf.

Help us to help you - what were your reasons for closing or withdrawing funds?

Please tick the appropriate boxes and/or write your comments in the space provided below:

Unsuitable account features	Interest rates	Service				
Funds required for specific purpose	Other (please state)					
Comments:						
Would you recommend Teachers Building Society	to a friend or relative? Yes	No				
Why?						
Thank you for your time providing us with your feedback.						



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