

**OFFICE USE ONLY**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Account type:**

I wish to open the following account

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

(Please confirm exact account name and issue number)

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

Initial payment  £

Please tick the appropriate box

BANK TRANSFER

CHEQUE ENCLOSED - Please make cheques payable to "Teachers Building Society a/c (Scheme name)"

TRANSFER FROM EXISTING SOCIETY ACCOUNT NUMBERED

If you plan to send a subsequent payment within one month of the opening of this account, please indicate how much you expect this to be (We may need to write to you for further information at a later stage)

£

• DO YOUR FUNDS ORIGINATE FROM OUTSIDE OF THE UK? YES  NO

• PENSION TYPE SIPP  SASS

• SCHEME NAME

**If SSAS: Principle Employer Details**

Company Name

Company Address

Postcode

**SCHEME ADMINISTRATOR**

Name of Company

Registered Office

Postcode

Mailing Address

Postcode

**INDIVIDUAL TRUSTEES/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.

Trustee Name Title  Forenames  Surname

Address

Postcode

Date of Birth DD/MM/YYYY

Email Address

Telephone Number

TICK AS APPLICABLE

INDIVIDUAL TRUSTEE AND/OR

BENEFICIAL OWNER

**OFFICE USE ONLY:**

Date 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 Title  Forenames  Surname

Address  Postcode

Date of Birth DD/MM/YYYY

Email Address

Telephone Number

TICK AS APPLICABLE

INDIVIDUAL TRUSTEE  
AND/OR

BENEFICIAL OWNER

Trustee Name Title  Forenames  Surname

Address  Postcode

Date of Birth DD/MM/YYYY

Email Address

Telephone Number

TICK AS APPLICABLE

INDIVIDUAL TRUSTEE  
AND/OR

BENEFICIAL OWNER

Trustee Name Title  Forenames  Surname

Address  Postcode

Date of Birth DD/MM/YYYY

Email Address

Telephone Number

TICK AS APPLICABLE

INDIVIDUAL TRUSTEE  
AND/OR

BENEFICIAL OWNER

Trustee Name Title  Forenames  Surname

Address  Postcode

Date of Birth DD/MM/YYYY

Email Address

Telephone Number

TICK AS APPLICABLE

INDIVIDUAL TRUSTEE  
AND/OR

BENEFICIAL OWNER

**PROFESSIONAL ADVISOR DETAILS (IF APPLICABLE)**

Name of Company

Address  Postcode

Telephone Number  Email

## 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  Bank/Building Society account in the name(s) of

Bank/Building Society account number  Sort Code

Reference

## INTEREST INSTRUCTIONS (I would like my interest to be: Please tick ONE box only)

Added to the account annually

Paid to the Bank/Building Society annually (only applicable if payment is £5 or above)

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 they will have full operating access to the account

### Authorised Signatory 1

Signed  Date

Full Name

### Authorised Signatory 2

Signed  Date

Full Name

### Authorised Signatory 3

Signed  Date

Full Name

### Authorised Signatory 4

Signed  Date

Full Name

### Authorised Signatory 5

Signed  Date

Full Name

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

ONE  TWO  THREE  FOUR

SPECIFIC INSTRUCTIONS

(EG. 1 BENEFICIAL OWNER + 1 AUTHORISED SIGNATURE FROM THE ADMINISTRATOR'S SIGNATORIES LIST)

## 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 ENSURE THAT THIS SECTION IS FULLY COMPLETED)

Please confirm that you have enclosed the following documents:

	Enclosed	Already submitted	NA
1. A certified copy of the Trust Deed(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A certified copy of the scheme rule (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of letter from HMRC quoting name & PTSR number of the Scheme (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A cheque made payable to Teachers Building Society re (customer name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Original or certified copy of identification (as outlined in the identification section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. An authorised signatory list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A recent bank statement to evidence your nominated bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Applicable if your opening cheque is not from this account)

## 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.teachersbuildingsociety.co.uk/privacy-policy](http://www.teachersbuildingsociety.co.uk/privacy-policy) 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](mailto: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.

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

**THIS MUST BE SIGNED IN ACCORDANCE WITH THE MANDATE INSTRUCTIONS  
DETAILED ABOVE TO ENABLE US TO PROCEED WITH YOUR APPLICATION**



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

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