

Application Form for a Young Savers Account



Protected

LEEK
Building Society

Account number:

Office Use Only

Please ensure all details are completed in full in **BLOCK CAPITALS** and tick boxes where applicable. This application form is for persons opening an account on a Child's behalf as the Registered Contact and should be completed using **BLACK INK**. Boxes marked with an asterisk (*) must be completed. Failure to complete these boxes will result in the application form being returned to you.

Please write the name of the account you're opening and the amount you're investing.

Account Type:

Initial Deposit:

£

Make cheques payable to the minor

Owner (Young savers details)

*Title:	<input type="text"/>	Contact phone number:	<input type="text"/>
*First Name(s):	<input type="text"/>		
*Surname:	<input type="text"/>	Email:	<input type="text"/>
*Address:	<input type="text"/>		
	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of residence:	<input type="text"/>
*Postcode:	<input type="text"/>	*Are you a citizen and tax resident of the UK only?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*Date of birth:	<input type="text" value="DD"/>	If No, please complete a separate citizenship and tax residency self-certification form	
	<input type="text" value="MM"/>		
	<input type="text" value="YYYY"/>		

Trustee 1

*Title:	<input type="text"/>	*Tel mobile:	<input type="text"/>
*First Name(s):	<input type="text"/>	Tel home:	<input type="text"/>
*Surname:	<input type="text"/>	Email:	<input type="text"/>
*Address:	<input type="text"/>		
	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of residence:	<input type="text"/>
*Postcode:	<input type="text"/>	Relationship of trustee to young saver:	<input type="text"/>
*Date of birth:	<input type="text" value="DD"/>		
	<input type="text" value="MM"/>		
	<input type="text" value="YYYY"/>		

Trustee 2

If the account is operated by joint trustees, both signatures will be required for all withdrawals.

*Title:	<input type="text"/>	*Tel mobile:	<input type="text"/>
*First Name(s):	<input type="text"/>	Tel home:	<input type="text"/>
*Surname:	<input type="text"/>	Email:	<input type="text"/>
*Address:	<input type="text"/>		<input type="text"/>
	<input type="text"/>	*Nationality:	<input type="text"/>
	<input type="text"/>	*Country of residence:	<input type="text"/>
*Postcode:	<input type="text"/>	Relationship of trustee to young saver:	<input type="text"/>
*Date of birth:	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>

How would you like your interest to be paid?

Please tell us where you'd like the interest earned on savings to go by selecting one option below:

1. Add to this account (tick box if required):

☐

2. Transfer to another Leek Building Society Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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3. Transfer to my nominated account:

☐

Complete the Nominated account section

Your Nominated Account

Please complete this section if you would like to make payments to a bank or another building society from your account at any time in the future.

Name of Bank/Building Society:

Account name – must be in the name of the young saver only

Sort Code:

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Account No:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Roll/reference number (if required):

If you change your nominated bank account let us know so that payments aren't delayed.

Acknowledgment of transfer of balance when the young saver attains 18 years of age

I/we as Trustee(s) for the Young Saver, authorise Leek Building Society to transfer the balance in this account, including all accrued interest, into the name of the child automatically on them attaining the age of 18, without further reference me/us.

I/We understand that I/we may authorise the Society in writing to transfer the ownership of the account into the name of the child at any time before they attain the age of 18 years.

Identification Requirements

Please see the separate leaflet “How to confirm who you are and where you live” for full details of our identification requirements.

Please indicate that you've read the assignment and declaration sections by signing page 4 of this form.

Supporting our members

We recognise there are many reasons you might need to reach out for assistance. We consider each customer's individual circumstances and where a need is identified, strive to provide appropriate support.

If you'd like to notify us of any additional support you require, please tick the box and we'll be in touch. We can then make sure your needs are met in the most appropriate way. ☐

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Tell us your preferred communication method

Please tick one of the boxes below to tell us how you'd prefer to be contacted.

We'll use this method as often as we're able, however there may be some occasions where we're restricted on the choice of communication method. If you choose email, you can rest assured that anything we send will be encrypted to protect your personal data.

Trustee 1: Email Post Phone SMS/Text Message

Trustee 2: Email Post Phone SMS/Text Message

Would you like to be kept up to date with our latest products and services?

We'd love to keep you informed about the products and services that are available to you as a member of Leek Building Society.

We'll never share your data with third parties to try to sell you something. You can decide if you want to receive these messages and how.

In order to receive these, please tick 'Yes' below along with one or more of the preferred methods of contact.

Trustee 1: Yes: ☐ No: ☐ Email ☐ Post ☐ Phone ☐ SMS/Text Message ☐

Trustee 2: Yes: ☐ No: ☐ Email ☐ Post ☐ Phone ☐ SMS/Text Message ☐

You're in control of your preferences and can change your mind at any time. You can change your preferences by writing to our Head Office, emailing us, visiting a branch, or updating the preferences yourself through 'Leek Online'. See our privacy policy, www.leekbs.co.uk/privacy for more information about how we use your information.

The Charitable Assignment Scheme

We're committed to remaining a mutual building society. However, to protect our members and the Society's future, all new members joining after January 24th, 2000, agree to a charitable assignment scheme for the first five years of their membership.

What does this mean for you?

If the Society were to de-mutualise within five years of you joining, any financial benefit you might have received would be directed to the Charities Aid Foundation instead.

About the Charities Aid Foundation

Established in 1974, the Charities Aid Foundation is a respected organisation dedicated to improving charitable giving. They help donors, companies, and charities maximise the impact of their donations. You can learn more about them and the scheme itself on our website:

www.leekbs.co.uk/savings/useful-information

Data Protection Legislation

The Data Controller is Leek United Building Society trading as Leek Building Society, whose principal office is 50 St. Edward Street, Leek, Staffordshire, ST13 5DL.

The information you're supplying will be held by the Society and used for market research purposes, developing goods and services, statistical and business analysis, customer servicing, fraud prevention, and administration. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you're entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at www.leekbs.co.uk/privacy or alternatively can be requested from any of our branches or by writing to the address above.

If you'd like to obtain information held about you, please write to the address above.

Declaration

- (a) I confirm that I've received and read the product literature relating to the account I'm opening. I've received and read the General Savings Terms & Conditions leaflet and agree to be bound by the terms and conditions contained therein, as well as the Rules of the Society (copies of which are available on request) and any subsequent Terms and Conditions specific to the product I've chosen and Rules applicable at that time.
- (b) I understand the first named trustee will have all the voting rights where the account is opened in joint names.
- (c) I declare that the sum of money being invested belongs to the owner as the sole beneficiary.
- (d) I agree to be bound by the conditions relating to the Charitable Assignment Scheme as described above.
- (e) I confirm this information is correct and I understand that I may request in writing, a copy of personal information held about me by the Society.
- (f) I understand the information provided by me in this savings application will be shared with fraud prevention agencies to prevent or detect fraud and to verify my identity. If I provide false or inaccurate information and/or fraud is identified, my application for a savings account will not proceed, or may be subsequently closed, and details will be passed to fraud prevention agencies to prevent fraud and money laundering. This may result in others refusing to provide services, financing or employment to me. I can obtain further details explaining how information held by fraud agencies may be used, as well as my data protection rights by visiting the Society's website, www.leekbs.co.uk/privacy or by contacting the Society.

I agree to the terms and conditions of the account, the Agreement to Assign as described above and the Rules of the Society, a copy of which is available on request.

I confirm I've received the Financial Services Compensation Scheme Information and Exclusions Sheet.

Owner Signature:
(if operated without trustee)

Date:

Trustee 1 Signature:

Date:

Trustee 2 Signature:

Date:

OFFICE USE ONLY

Branch/Department:

Owner:

Confirmation of ID:

ID Type

Reference Number

A utility bill or other document from List B in 'Proving Your Identity' leaflet from parent or guarding (to prove child's address):

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Trustee 1:

EID Reference:

Confirmation of ID:

ID Type

Reference Number

Trustee 2:

EID Reference:

Confirmation of ID:

ID Type

Reference Number

Assistant Signature:

Date Completed:

Application Form Verification

Owner Details:

NINO/DOB:

Signature:

ID:

Usage Code NO: (Trustee accounts only)

Trustee 1 Details:

DOB:

Signature:

ID:

Marketing Flag:

Trustee 2 Details:

DOB:

Signature:

ID:

Marketing Flag:

Checks:

A/C Type:

Hold Codes:

Initial Deposit:

Assistant Signature:

Date Completed: