

Application For 5 Year Fixed Term Deposit Account

Scottish Widows Bank plc

This form is only for the use of personal customers. Should you require any guidance in the completion of this form please contact our Customer Service staff on: 0845 845 0829.

(For office use only)

Issue Interest Rate

Account Number

Please complete this form in BLOCK CAPITALS and in ink.

Please refer to section 4 or the Terms and Conditions regarding access to your funds.

9. Identification Requirements

To comply with Money Laundering Regulations, we need to verify your identity when opening an account.

Scottish Widows Bank may make searches now and in the future about you with an online reference agency who will supply information for the purpose of verifying your identity. Scottish Widows Bank may also obtain documents from you confirming your identity and address.

You will not be allowed to operate the account until the Money Laundering checks are complete.

The FSA's Factsheet "Proving your Identity" will help explain why we need to verify your identity. You can get a free copy from www.moneymadeclear.fsa.gov.uk/pdfs/proving_your_identity.pdf or by calling them on **0845 606 1234**.

10. Declaration

I, the person whose signature appears below, declare that monies are being/will be deposited in Scottish Widows Bank Deposit Account as sole beneficial owner/as joint beneficial owners. I declare that the information given on this form is true to the best of my knowledge. (For joint account holders only.) We as joint account holders, hereby authorise Scottish Widows Bank to accept and act on either written

or verbal instructions requesting account closure given by any one of us. We can only accept instructions to collect funds from a pre-advised account you are a party to. Account closure should be sent direct to my bank/building society account in Section 5 above.

I acknowledge that no payments in favour of third parties will be made.

Signature (First customer) Date (DD/MM/YYYY)

Signature (Second customer) Date (DD/MM/YYYY)

Note: Throughout this application form the words "I" and "we" may be taken where appropriate to mean the plural as well as the singular.

The following Check List has been compiled to assist you: (please tick as appropriate).

- Declaration signed, details completed and cheque enclosed (if applicable).
- Original bank/building society statement or cancelled cheque where applicable.

For non-tax payers.

I/We require HM Revenue and Customs Form(s) in order to receive interest gross for balances under £50,000

R85 - UK residents R105 - overseas residents

Additional Details

This page has been provided for your use should you require to give further information on any of the sections.

Section and Number	Description

Send your completed application form to:

Scottish Widows Bank plc
PO Box 12757
67 Morrison Street
Edinburgh
EH3 8YJ

If you have any questions about your application, please call our customer service staff on **0845 845 0829** (calls charged at local rates) - lines are open 8am to 6pm Monday to Friday, Wednesdays from 10am.

1. Introducer details

Was this application introduced by a Financial Adviser or other Introducer? Yes No

Name Seymour Sinclair Investments Ltd

Company name and address 2 Blade Mews

London

Postcode S W 1 5 2 N F

FSA Authorisation number (if applicable) 177616

If you are part of a network please give details

2. Personal details

	First Customer	Second Customer
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Place of birth: Town	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of residence	<input type="text"/>	<input type="text"/>
Country of nationality	<input type="text"/>	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	<input type="text"/>
Evening Telephone Number	<input type="text"/>	<input type="text"/>
Mobile Telephone Number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

2. Personal details (continued)

	First Customer	Second Customer
Occupation	<input type="text"/>	<input type="text"/>
Employer Name	<input type="text"/>	<input type="text"/>
Employer's Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Tax identification Number (for overseas customers only)	<input type="text"/>	<input type="text"/>

NB: If your primary place of residence ceases to be in the UK or if your country of residence changes you must inform Scottish Widows Bank as soon as possible. See EU Savings Tax Directive section in brochure.

If calling from overseas please contact our Customer Services staff on 00 44 131 655 2000 to confirm our current requirements.

3. Deposit details

Please credit the following to my Fixed Term Deposit Account with you (tick one or more as appropriate).

Initial Payment

Enclosed cheque(s) for: £ made payable to 'Scottish Widows Bank' <account holders name>
(3rd party cheques are not permitted)

Transfer of: £ from my/our existing Scottish Widows Bank account:
a/c no.

4. Interest options

Please complete the relevant box to indicate how you would like your interest paid:

Monthly Quarterly Annually

Please complete the relevant box to indicate how you would like your interest paid:

(a) By adding it to a different Scottish Widows Bank account in the same name or in an individuals name who is party:

to the account – a/c no

held in the name of

(b) By adding it to my/our bank or building society account detailed in Section 5.

5. Existing Bank or Building Society details (Main Current Account) - (This section must be completed in all cases)

Bank/Building Society Name	<input type="text"/>
Branch Address	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
Branch Sort Code	<input type="text"/>
Account Number	<input type="text"/>
Roll Number (Building Society Only)	<input type="text"/>
Account Name	<input type="text"/>

If you are opening your account with a personal cheque drawn from the above account we will not require further verification of your bank details.

6. Joint account

If a joint account is opened we need to verify the identity of all account holders.

7. Important - For your security

In order to provide telephone access we require details to be included for numbers 1 and 2. Please note that number 3 (Customer Code Word) is optional.

	First Customer	Second Customer
1. First primary school	<input type="text"/>	<input type="text"/>
2. Mother's maiden name	<input type="text"/>	<input type="text"/>
3. Customer Code Word (optional)	<input type="text"/>	<input type="text"/>

When receiving telephone instructions we will ask for the above passwords.

Always take responsible steps to keep the passwords and other security information secret at all times. This is essential to help prevent fraud and protect the accounts. Take care when storing or disposing of information about your accounts. You should take simple steps such as shredding printed material.

It is essential that you tell us as soon as possible if you suspect or discover someone else knows your security information. Call our customer service staff on **0845 845 0829**.

8. Data Protection Statement

This declaration relates to the personal details given on this form and to any other information which I provide to Scottish Widows Bank, or which it holds on me.

I agree that you may check what I have told you and share information with fraud prevention agencies. I understand that it is important that I give you accurate information. If I give you false or inaccurate data and you suspect fraud, you will record this at the fraud prevention agencies. Law enforcement agencies may access and use this information. You and other organisations may access and use, from other countries, the information recorded by fraud prevention agencies.

I agree that you may hold information on me for administration, research, analysis, credit assessment, money laundering checks, fraud prevention and the marketing of financial and related products and services. In accordance with the Data Protection Act 1998 I understand that I have a right to ask you to send a copy of this information (on payment of the administrative fee. Please call our Customer Service staff on 0845 845 0829 for details) and the right to request you to change any of this information if it is incorrect.

I authorise you or any company appointed on your behalf to make such enquiries as it considers necessary to confirm the truth and accuracy of the information on this form. You may supply information provided to credit reference agencies and fraud prevention agencies. Information shared amongst third parties is only used to verify my identity and to assist with the detection and prevention of fraud.

I agree that you and other organisations may use credit reference agency and fraud prevention agency records about me to help make decisions about me, for example:

- checking details on applications for credit and credit related or other facilities,
- managing credit and credit related services, and to manage my accounts,
- for motor, household, credit, life, and other insurance proposals and claims,
- for fraud prevention and detection, debtor tracing, debt recovery, and to check my identity to prevent money laundering,
- checking details of job applicants and employees.

If I ask, you will tell me which credit and fraud prevention agencies you have used so I can get a copy of my details from them.

You may monitor or record phone calls with me in case you need to check you have carried out my instructions correctly and to help improve your quality of service.

The information you hold about me is confidential. You will only disclose it outside the Lloyds Banking Group (or associated companies) when:

- I give you my consent,
- It is needed by your agents and others involved in running accounts and services for me,
- You or others need to investigate or prevent financial crime,
- The law permits or requires it, even without my consent,
- There is a duty to the public to reveal the information,
- You need to assist any body which monitors compliance with any code of practice to which you subscribe, in discharging its functions under the code,
- You need to assist the Financial Ombudsman or your regulator.

If our application has been submitted via a Financial Adviser, we agree you may disclose the balance of our account to our Financial Adviser named in this application form on request.

I understand that the information may, in certain cases, be disclosed to other companies in the Lloyds Banking Group (or associated companies or agents acting on behalf of the Group), where the interests of Scottish Widows Bank require such a disclosure.

Information, including full details of the conduct of my account and any transactions that I make, may be shared and used by Scottish Widows Bank plc and other companies within the Lloyds Banking Group, to enable them to identify and advise me, by post, telephone or other electronic media, of any products and services that they think may be of interest to me. **Note:** If you would prefer not to receive details of other products or services, please tick this box . Other Lloyds Banking Group companies will not make marketing approaches to you unless you already have a relationship with them.

I understand that you will remind me periodically that I can request Scottish Widows Bank not to send me any marketing information regarding additional services and products of Scottish Widows Bank or other companies by writing to you at PO Box 12757, 67 Morrison Street, Edinburgh, EH3 8YJ, quoting my account number

Warning: Sending your personal data by email is not secure. Only include your email address if you agree to Scottish Widows Bank sending you emails.