

Trust Account Application Form

Customer ID:

(Office Use Only)

Account No:

Instructions

- Please ensure that all details are completed in full and tick boxes where applicable.
- Boxes marked with an asterisk (*) must be completed.
- Failure to complete these boxes will result in the application form being returned.
- Proof of identity is required for all applicants before we can open an account.

Documentation Required

Original Will or Trust Deed (or a copy certified on every page by a solicitor or other legal professional, using their company stamp and showing the name of the person certifying the document).

Trust Details

*Trust Name:	
*Main Contact Title	
*Main Contact Name	
*Correspondence Address for Trust	
*Telephone number	
*Email Address	

Account Details

*I/We hereby apply for a:	
*Nature and purpose of the Trust	
*How do you expect this account to be used?	
*How often do you expect to pay in & withdraw funds?	

Opening Balance

*Opening deposit	
*Origin of funds	
*Initial investment paid by	<div>Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Debit Card <input type="checkbox"/> Transfer IN <input type="checkbox"/></div> <div><input type="checkbox"/> Please transfer from my existing account with you (account number): <input type="text"/></div>

Trust Account Application Form

Beneficiary Details

BENEFICIARY 1				BENEFICIARY 2			
*Title				*Title			
*First name(s)				*First name(s)			
*Surname				*Surname			
*Address				*Address			
Date moved to this address	M	M	Y Y Y Y	Date moved to this address	M	M	Y Y Y Y
Previous Address if less than 3 years at current Address				Previous Address if less than 3 years at current Address			
Date moved to this address	M	M	Y Y Y Y	Date moved to this address	M	M	Y Y Y Y
*Date of birth				*Date of birth			
*Country of Birth				*Country of Birth			
*NI Number				*NI Number			
Marital status				Marital status			
*Telephone				*Telephone			
Email				Email			
*Occupation				*Occupation			
*Name of employer or your business name				*Name of employer or your business name			
*Nationality				*Nationality			
*Country of residence				*Country of residence			
*Are you a tax resident in any other country. (If yes, please state where)	Yes <input type="checkbox"/> No <input type="checkbox"/>			*Are you a tax resident in any other country. (If yes, please state where)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
*If Yes, please include your Tax Identification Number (TIN)				*If Yes, please include your Tax Identification Number (TIN)			
*Are you an existing Society member?	Yes <input type="checkbox"/> No <input type="checkbox"/>			*Are you an existing Society member?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(If YES , please provide your account number(s))				(If YES , please provide your account number(s))			

There are no protectors, anonymous beneficiaries or principals on this trust. The trustees agree to notify the Society of any new beneficiaries of the trust in the future. *Agree ☐

Trust Account Application Form



The Stafford
Building Society

Signatory Details

SIGNATORY 1				SIGNATORY 2			
*Title				*Title			
*First name(s)				*First name(s)			
*Surname				*Surname			
*Address				*Address			
Date moved to this address	M	M	Y Y Y Y	Date moved to this address	M	M	Y Y Y Y
Previous Address if less than 3 years at current Address				Previous Address if less than 3 years at current Address			
Date moved to this address	M	M	Y Y Y Y	Date moved to this address	M	M	Y Y Y Y
*Date of birth				*Date of birth			
*Country of Birth				*Country of Birth			
*NI Number				*NI Number			
Marital status				Marital status			
*Telephone				*Telephone			
Email				Email			
*Occupation				*Occupation			
*Name of employer or your business name				*Name of employer or your business name			
*Nationality				*Nationality			
*Country of residence				*Country of residence			
*Are you a tax resident in any other country. (If yes, please state where)	Yes <input type="checkbox"/> No <input type="checkbox"/>			*Are you a tax resident in any other country. (If yes, please state where)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
*If Yes, please include your Tax Identification Number (TIN)				*If Yes, please include your Tax Identification Number (TIN)			
Are you a solicitor/qualified person acting in a professional capacity? (If Yes , please provide full details on a separate sheet)	Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you a solicitor/qualified person acting in a professional capacity? (If Yes , please provide full details on a separate sheet)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
*If No , please specify your relationship to the Beneficiary?				*If No , please specify your relationship to the Beneficiary?			
*Are you an existing Society member?	Yes <input type="checkbox"/> No <input type="checkbox"/>			*Are you an existing Society member?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
(If YES , please provide your account number(s))				(If YES , please provide your account number(s))			

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Account Operation Instructions

Any one signature ☐

Both/All signatures ☐

Correspondence

*In future all correspondence to be sent to:	The existing address held on file for this account	<input type="checkbox"/>
	The first signatories address	<input type="checkbox"/>
	The second signatories address	<input type="checkbox"/>

Financial Services Compensation Scheme (FSCS)

*I am aware that eligible deposits with the Stafford Railway Building Society are protected by the Financial Services Compensation Scheme (FSCS).

Account Holder 1 ☐

Account Holder 2 ☐

*I have read the FSCS Information Sheet and understand that any deposits I hold above the current limit are not covered.

Account Holder 1 ☐

Account Holder 2 ☐

Marketing Preferences

The Society would like to be able to contact you using the details which you provide in this form. You can choose whether to be contacted for marketing purposes by indicating your preferences by ticking the relevant boxes in the declaration section of this form. You can change or cancel your choices at any time by contacting us at The Stafford Building Society, 4 Market Square, Stafford, ST16 2JH.

Please ensure that should you choose to contact the Society via email, please ensure that all emails you send to the Society, which include your personal data, are sent securely.

I confirm that the Society can contact me for marketing purposes:

Account holder 1

☐ Post ☐ Email ☐ Telephone ☐ No Marketing

Account holder 2

☐ Post ☐ Email ☐ Telephone ☐ No Marketing

*How did you hear about us?

☐ Family/Friends ☐ Existing Member ☐ Advertising/Newspaper ☐ Social media ☐ Email

☐ Event or Other (please give details below)

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Disclosure of Relationships

Do you currently work for the Society? ☐ Yes ☐ No

Are you related to anyone who works for the Society, and what is your relationship?

Staff Member Name	What is your relationship to them?

Appendix 1 – Important Information – Use of Your Information

Data Protection Legislation and the General Data Protection Regulation (EU)

Any information you provide, including information you give us in the future, may be held on record by the Society. The record may be held as a computer record. The Society may use this information for purposes of customer administration, research, and statistical analysis, and for fraud prevention for the benefit of the Society and its customers. This information will be held during the life of the account and may be kept for six years after the account is closed.

Under current Data Protection legislation, you have the right to ask us to send you a copy of your records and the right to change any of your information that is incorrect. In certain circumstances, you may also have the right to ask us to stop using or delete your personal information. You also have the right of access to your personal records held by credit and fraud agencies. It is important that you understand how the personal information you give us may be used. We therefore strongly advise that you read our Full Privacy Notice, which you can find on our website, or you can ask us for a copy.

Fraud Prevention Agencies

To prevent or detect fraud, or to assist in verifying your identity, we may make searches of records held by fraud prevention agencies who will supply us with information. We also pass information to government departments and to financial and other organisations involved in fraud prevention to protect ourselves and our customers from theft or fraud. If you give us false or inaccurate information and we suspect fraud, we will record this. We, and other companies, may use this information if decisions are made about you or others at your address on credit or credit related services. It may also be used for tracing and claims assessment.

Proof of identity searches

In order to comply with money laundering regulations and to protect our customers from fraud, we are required by law to confirm the identity and address of every applicant and beneficiary. We are able to access credit reference agency databases, including information from the Electoral Register, to check that the details you have supplied us with are correct. This will show, as a search of the database but not as a credit score, so will not affect your credit rating. In the majority of cases, this will enable us to open your account. If we cannot verify your identity and address by this method, we will ask you to provide paper documentation instead.

Appendix 2 – Charitable Assignment Scheme

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 31st JULY 2000 AND HAVE HELD A SHARE ACCOUNT WITH THE SOCIETY EVER SINCE THAT DATE, OR IF YOU HAVE A MORTGAGE WITH THE SOCIETY AT TODAY'S DATE THE WORDING IN PARAGRAPHS 1 AND 2 BELOW DOES NOT APPLY TO YOU. HOWEVER IT MUST NOT BE DELETED.

1) By applying to open a share account on or after 1st August 2000 I/We agree with the Society and the Charities Aid Foundation ("the CAF") that I/We will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 31st July 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charity (ies), but to no other person) the rights to any relevant conversion benefits (defined below).

This obligation will not apply to me/us if I/We fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation.

This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me/us. I/We understand that neither the Society nor the CAF will release me/us from this agreement or vary its terms and I/We will continue to be bound by the above condition even, if the Society decides at some time in the future (and announces any such decision by press release or otherwise) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

2a) "Relevant conversion benefits" means any benefits to which I/We might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (ie on a conversion or takeover) which is completed at any time within the ten years immediately following the date on which my/our share account is opened (or, if applicable, the shorter period as set out in the list available from the Society's Secretary). "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.

2(b) If the Society merges with any other society, after the date of such merger the "Society" includes such other society.

A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign or in respect of which a shorter period applies (which list may change from time to time but not with retrospective effect) is available on request from the Society's Secretary.

Agreement and Declaration

I/We confirm:

- I/We have read a copy of the Society's Privacy Notice and have had the opportunity to ask any questions. I/We am/are aware of how the Society uses my/our personal data and the rights I/we have under Data Protection Legislation (see Appendix 1).
- (NOTICE ACCOUNTS ONLY): I/We understand that this account is operated on a Notice basis and that any withdrawals will be subject to the Notice period indicated in the Key Facts Summary.
- I/We have read and understood about the Charitable Assignment Scheme (Appendix 2). I/We agree to be bound by the rules of the Society and the Charitable Assignment Scheme described above, in the application form, and in our savings T&C's.
- I/We are the sole/joint beneficial owner of all the money to be invested in this account, or sole/joint trustee(s) for the individual named as the applicant.
- This account is not a bare trustee for a body corporate or for persons who include a body corporate (a bare trustee is someone who holds an account in his or her name, but the funds invested are for the absolute benefit of another person).
- I/We declare that the information I/we have given on this form is true to the best of my/our knowledge and belief, and undertake to inform the Society of any changes in my/our circumstances.
- I/We agree to be bound by the Rules of the Society, the Society's Savings Account Terms and Conditions, and any specific conditions applicable to this account.

I/We am/are citizen(s) and tax resident(s) of the UK and will inform the Stafford Railway Building Society of any changes in my/our circumstance, such as moving outside of the UK, which may affect my/our citizenship and tax residency.

Signatory 1 ☐
Signatory 2 ☐

The Society intends to rely on the Specific Terms for this account and the Savings Account Terms and Conditions (savings T&Cs), which together will form our agreement with you. Our current savings T&Cs are available online at www.srbs.co.uk and will be provided within your account opening pack. Before signing your agreement, for your own benefit and protection you should read the Specific Terms and Conditions for this account and the savings T&Cs. If you do not understand any point please ask for further information.

Your declaration - In signing this application form, you confirm the following declaration:

- **AS POWER(S) OF TRUSTEE FOR THE PERSON(S) NAMED AT THE TOP OF THE APPLICATION FORM, I/WE HEREBY REQUEST YOU TO ADD MY/OUR NAME(S) TO THE ACCOUNT(S) LISTED AT THE TOP OF THE APPLICATION FORM.**
- **I/WE UNDERSTAND THAT I/WE WILL NOT BE ABLE TO OPERATE THE ACCOUNT UNTIL THE SOCIETY HAS SATISFACTORILY COMPLETED ALL ENQUIRIES REGARDING WILL OR TRUST DEED DOCUMENT AND MY/OUR ADDRESS AND IDENTIFICATION DETAILS**

I UNDERSTAND AND AGREE THAT THE SOCIETY MAY MAKE AN ENQUIRY OR QUESTION ANY WITHDRAWAL FROM THIS ACCOUNT MADE BY ME/US THAT APPEARS TO BE IN CONTRADICTION OF THE ACCOUNT HOLDER'S BEST INTERESTS AS DESCRIBED IN THE CODE OF PRACTICE (MENTAL CAPACITY ACT 2005).

(Please Tick) ☐

Signed - Signatory 1		Signed - Signatory 2	
*Signature		*Signature	
*Date		*Date	