

Removal of Trustee(s) on Child Account

Current Trustee(s) Details

TRUSTEE 1				TRUSTEE 2			
*Title				*Title			
*First name(s)				*First name(s)			
*Surname				*Surname			
*Address				*Address			
*Date of birth				*Date of birth			
*Telephone				*Telephone			
*Email				*Email			
*Trustee to be removed from the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No			*Trustee to be removed from the account?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
*Account number for trustee(s) to be removed from				-			

Change Into The Sole Name Of The Existing Beneficiary (The Child)

*Title	
*First name(s)	
*Surname	
*Address	
*Date of birth	
National Insurance Number	
*Telephone	
*Email	
*Nationality	
*Country of Residence	

Marketing Preferences Update (For Trustee(s))

I confirm that I am over the age of 18 and the Society can contact me by telephone for marketing purposes:	Trustee 1 <input type="checkbox"/> Trustee 2 <input type="checkbox"/>
I confirm that I am over the age of 18 and the Society can contact me by post for marketing purposes:	Trustee 1 <input type="checkbox"/> Trustee 2 <input type="checkbox"/>
I confirm that I am over the age of 18 and the Society can contact me by email for marketing purposes:	Trustee 1 <input type="checkbox"/> Trustee 2 <input type="checkbox"/>
Please tick here if you don't want to receive any form of marketing from the Society:	Trustee 1 <input type="checkbox"/> Trustee 2 <input type="checkbox"/>

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Do you need additional support?

We want every Member to feel supported. If there's anything we can do to make things easier for you, for example, if you're living with a health condition, disability, or other personal circumstances, please let us know so we can support you in the way that works best for you.

If you'd like a member of our team to get in touch, please tick below and select a preferred contact method - phone or email. We'll follow up as soon as possible to understand your needs and discuss how The Stafford Building Society can best support them.

Contact me via telephone	Account holder 1 (Child) <input type="checkbox"/>	Previous account trustee 1 <input type="checkbox"/>	Previous account trustee 2 <input type="checkbox"/>
Contact me via email	Account holder 1 (Child) <input type="checkbox"/>	Previous account trustee 1 <input type="checkbox"/>	Previous account trustee 2 <input type="checkbox"/>

Important Information - Use of Your Information

For the latest information on how we use your data, please refer to our privacy policy. This can be found on our website (www.srbs.co.uk/privacy-policy) or by asking for a physical copy from the branch staff.

Agreement and Declaration

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

- I/We declare that the information I/we have given on this form is true to the best of our knowledge and belief and undertake to inform the Society of any changes in my/our circumstances.
- I/We agree to the section called "IMPORTANT - USE OF YOUR INFORMATION" and agree to the Society using this information in the manner specified.

To be signed below by the existing Trustee(s)			
Signed - Trustee 1		Signed - Trustee 2	
*Signature		*Signature	
*Date		*Date	

To be signed below by the account holder (where the account holder is able to sign their name)	
Signed - New Account holder 1	
*Signature	
*Date	

Office use ONLY

Member(s) CUID number(s)	
Account Number	
Has the signature(s) been verified?	
Check customer profile has been updated with identity details	
IF over 18 electronic ID has been run? SSID Number.....	
Completed by..... Date..... Signature	
Checked by..... Date..... Signature	