

PENSION ACCOUNT APPLICATION FORM

Please note: SIPP cash deposits will only be accepted by scheme administrators authorised and regulated by the Financial Conduct Authority.

OFFICE USE ONLY				
Account type: I wish to open the following account (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.	y other YES NO			
Initial payment Please tick the appropriate box TRANSFER FROM EXISTING SOCIETY ACCOUNT NUMBERED	: Building Society a/c (Scheme name)"			
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)	OFFICE USE ONLY: DatePersonal ID Acc Holder PP DL IR EQ			
DO YOUR FUNDS ORIGINATE FROM OUTSIDE OF THE UK? YES NO PENSION TYPE SIPP SSAS SCHEME NAME If SSAS: Principle Employer Details	Address Confirmation Acc Holder PP DL IR EQ Other			
Company Name Company Address Postcode	3rd ID Acc Holder B S EQ Other			
SCHEME ADMINISTRATOR Name of Company Registered Office	Required Documentation Received Y/N			
Mailing Address Postcode Postcode	(if applicable)			
INDIVIDUAL TRUSTEES/BENEFICIAL OWNERS If there is not enough space for all beneficial owners please use a duplicate sh 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	A.M.L Check neet. I the			
trust capital). Please advise the Society if the details of the beneficial owners change whilst the account is open. Trustee Title Forenames Surname	Date			
Address TICK AS APPLICAE	Back Office			
Double of the state of the stat	Date			
Postcode INDIVIDUAL TRUS AND/OR	TEE Chkd by			
Email Address	Date			
Telephone Number	BOE			

Trustee Title	Forenames	Surname		
Address		Postcode	TICK AS APPLICABLE	
Date of Birth DD/MM/YYYY			INDIVIDUAL TRUSTEE AND/OR	
Email Address Telephone Number			BENEFICIAL OWNER	
Trustee Title	Forenames	Surname		
Address		Postcode	TICK AS APPLICABLE	
Date of Birth DD/MM/YYYY			INDIVIDUAL TRUSTEE AND/OR	
Email Address Telephone			BENEFICIAL OWNER	
Telephone Number				
Trustee Title	Forenames	Surname		
Address		Postcode	TICK AS APPLICABLE	
Date of Birth DD/MM/YYYY			INDIVIDUAL TRUSTEE AND/OR	
Email Address Telephone			BENEFICIAL OWNER	
Telephone Number				
Name Title	Forenames	Surname		
Address		Postcode	TICK AS APPLICABLE	
Date of Birth DD/MM/YYYY			INDIVIDUAL TRUSTEE AND/OR	
Email Address			BENEFICIAL OWNER	
Telephone Number			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 Bank/Building Society account in the name(s) of Society name Bank/Building Society account Sort Code number 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** Date Signed Full Name **Authorised Signatory 2** Signed Date Full Name **Authorised Signatory 3** Signed Date Full Name **Authorised Signatory 4** Date Signed Full Name **Authorised Signatory 5** Signed Date Full Name

ONE TWO SPECIFIC INSTRUCTIONS	THREE FO	he boxes below to indic			re required to carry out wit	hdrawals
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 (PLE	ASE ENSURE THAT TH	IIS SECTION IS FULLY (COMPLETED)			
Please confirm that you	have enclosed the fol	lowing documents:		Enclosed	Already submitted	NA
1. A certified copy of the T	Trust Deed(s)					
2. A certified copy of the	scheme rule (if applicat	ole)				
3. Copy of letter from HMF	RC quoting name & PTSF	R number of the Scheme	(if applicable)			
4. A cheque made payab	ole to Teachers Building	Society re (customer no	ame)			
5. Original or certified cop	by of identification (as a	outlined in the identifica	tion section)			
6. An authorised signator	y list					
7. A recent bank stateme	nt to evidence your nor	minated bank account				

(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 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. 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	Date		
-ull Name			
Signed	Date		
Full Name			
Signed	Date		
Full Name			
Signed	Date		
Full Name			

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



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