

AFFINITY INSTANT ACCOUNT APPLICATION FORM

1 Account Opening Details – Note: Please make cheques payable to the applicant(s) name

I/we apply to open an **AFFINITY INSTANT ACCOUNT** in support of and enclose £ being the initial investment.

2 Personal Details – please use BLOCK CAPITALS

Applicant 1 (Name of Child or Account Holder)

Title: Forenames (in full): Surname:

Permanent Residential Address:

Post Code: Nationality:

Date of Birth: Email address:

Contact Tel - Day: Evening: Mobile:

Occupation: Are you an existing customer? Yes No

Applicant 2 (Name of Child or Account Holder)

Title: Forenames (in full): Surname:

Permanent Residential Address: - tick this box if address is same as Applicant 1

Post Code: Nationality:

Date of Birth: Email address:

Contact Tel - Day: Evening: Mobile:

Occupation: Are you an existing customer? Yes No

3 Details of the person operating the Affinity Instant Account – please use BLOCK CAPITALS if you are operating the account on behalf of a child/children

NOTE: In the event of 2 signatories, both will receive an annual interest statement

I/we are operating the account as: Parent(s) Grandparent(s) Other Relative(s) Non-Relative(s)

Note: If the child is under 7, this section MUST be completed

Signatory 1

Title: Forenames (in full): Surname:

Permanent Residential Address:

Post Code: Nationality:

Is this address to be used for account correspondence? Please tick box if Yes

Date of Birth: Email Address:

Contact Tel - Daytime: Evening: Mobile:

Occupation: Are you an existing customer? Yes No

Signatory 2 (*if Signatory 1 has ticked 'Yes', Signatory 2 will not receive general account correspondence)

Title: Forenames (in full): Surname:

Permanent Residential Address:

Post Code: Nationality:

Is this address to be used for account correspondence? Please tick box if Yes

Date of Birth: Email Address:

Contact Tel - Daytime: Evening: Mobile:

Occupation: Are you an existing customer? Yes No

4 Interest Instructions

I/we require interest to be:

(A) Paid with deduction of tax OR Paid without deduction of tax, as I am a non-taxpayer as I am a taxpayer (please complete and return form R85)

(B) Added to the Account

OR

Paid direct to Monmouthshire Building Society Account No:

OR

Paid direct to the following Bank Account:

(Please note that ISA accounts have maximum annual subscription limits)

Name of Account Holder(s): Bank Name:

Bank Address: Post Code:

Bank Sort Code: -- Bank Account Number:

If the interest is being paid to another person (beneficiary), you must also complete the following

Title: Forenames (in full): Surname: Date of Birth:

Permanent Residential Address of Beneficiary:

Post Code: Nationality:

Contact Tel - Day: Evening: Mobile:

5 Account Operation & Withdrawal Instructions

*Please note – if you require more than one signature to operate the account, or are aged under 16, you will not be able to register to operate the account online using our 'My Accounts' service.

For Joint Accounts: I/we authorise the Society to permit the following signatories to operate the account:

Any one signature Any two signatures* All signatures required*

For Accounts operated on behalf of a child - Note: If the child is under 7, any instructions must be signed by a signatory:

I/we authorise the Society to permit the following signatories to operate the account: Either signatory Both signatories* Child

6 Operating your Account – please use BLOCK CAPITALS

You can operate your account in any of our Branches or Agencies using your account passbook. We also offer the facility to manage your account online and/or discuss your account by telephone (although you will not be able to request withdrawals or make changes in this way). Our online 'My Accounts' service allows you to view your savings accounts, authorise withdrawals, transfer funds between accounts and correspond with us using our secure messaging facility.

If you would like to use either or both of these services, and have not previously registered, please enter a password and memorable word/phrase (each of which should be between 8 and 15 characters) in the boxes below:

Password: Memorable Word/Phrase: Please also indicate which service(s) you require: Telephone Online

It is very important you keep a record of the information supplied in this section to enable you to use these service(s). Please note - if you require more than one signature to operate the account, or are aged under 16, you will not be able to register for online access.

7 Annual General Meeting (AGM) Voting Pack

You can now elect to receive your AGM Voting Pack electronically, which will help us to reduce our paper usage and postage costs.

Please tick ONE box only:

YES - I wish to receive my AGM Voting Pack electronically and I have supplied my email address above.

NO - I wish to receive a paper based AGM Voting Pack.

* Please note that an account holder must be aged 18 or over to be eligible to vote.



8 Customer Declaration: please read, complete and sign - ALL applicants / trustees must sign

Important Information – it is important that you read and understand the terms within this declaration before signing below.

- I/we confirm that I/we have received the following:
 - General Terms & Conditions for Savings Accounts Leaflet Yes No
 - Interest Rate Leaflet Yes No
 - Savings Services Tariff Leaflet Yes No(If you have ticked 'No' to any of these, we will send it to you on receipt of this application)
- I/we accept that the society may decline my/our application.
- I/we consent and acknowledge that the Society will carry out an electronic check to verify my/our identity.
- I/we declare that the amount being invested is: Tick one box only
 - by me as sole beneficiary
 - by us as joint beneficiaries
 - by me/us as trustee/executor/administrator/attorney on behalf of the applicant(s)
- I/we declare that the account will not be held by me/us as a trustee for a body corporate, or for persons who include a body corporate.
- I/we agree to the specific terms and conditions applying to the account, and the General Terms & Conditions for Savings Accounts, and to be bound by the Rules of the Society, a copy of which is available on request.
- I/we authorise the Society to operate the account according to the instructions indicated in this application form.

Agreement to Assign Windfalls to Charity

- I/we have read the section titled 'Charitable Assignment' in the information section of our General Terms & Conditions for Savings Accounts Leaflet and I/we agree that unless I/we am/are an 'exempt customer', I/we will transfer to Monmouthshire Building Society's Charitable Foundation (or any other charities nominated by the Society, but to no other person) my/our rights to any windfall conversion benefits to which I/we may become entitled. I/we acknowledge that my/our agreement cannot be withdrawn or varied.
- I/we authorise Monmouthshire Building Society to pass any relevant information about me/us or my/our account to the Charitable Foundation and also to transfer any windfall conversion benefit to the Charitable Foundation without notice to me/us.

Use of your Personal Information

- Information you give us will be used by us to provide and manage your account.
- The information may be used by the Society for its own use in respect of marketing, business analysis or similar purposes.
- Unless you choose otherwise on your application form, you consent to being informed of other products and services by post, telephone or electronic means.
- The Society will keep your information after your account is closed.
- If it is necessary to the running of your account, essential information about your account may be given to others. Information may also be given to people acting as our agents, who will keep it confidential.
- Under the Data Protection Act 1998 you have a right of access to your personal data held. Upon payment of a single fee, we will give you a description of the data, the purpose for which it is processed and to whom it may be disclosed. You also have a right to have incorrect data corrected.
- We will treat all your personal information as private and confidential (even when you are no longer a customer). We will not give your details to anyone (even other companies in our group) unless: we have to give the information by law; there is a duty to the public to disclose it; you request us to disclose it, or we have your permission to do so; or our interests require us to give the information (for example, to prevent fraud). We will not use this as a reason for giving information for marketing purposes.
- I/we consent to you holding and processing my personal data for the purposes explained above.

Keeping you informed about other products & services

The Society would like to contact you by post, telephone or electronic means using the contact details which you provided in this form, to tell you about our financial products, services, promotions, offers and events in relation to savings, mortgages, general insurances which may be of interest to you, and to introduce you to or pass your details to its subsidiaries. By signing and returning this application you are agreeing to your information being used in this way. Only tick the following boxes if you do not wish to be contacted by:

Applicant 1: Post Telephone Electronic Means Applicant 2: Post Telephone Electronic Means

Applicant 1 / Signatory 1

Signature

Date

Applicant 2 / Signatory 2

Signature

Date

For Office Use Only	Date Opened	Security Number	Branch/ Agent	ID checked by	Data Check
A/C No.		Applicant 1 Number		Applicant 2 Number	

CHEQUE DETAILS

Drawer's Name	Bank Name	Bank Address	Sort Code	Account Number	Cheque Number	Amount
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