

Registered Contact's Details

Please use **BOLD CAPITALS**

The registered contact is a person, aged 16 or over, with parental responsibility (a legal term meaning someone with the rights and duties of a parent) for the child.

| | | | |
|-----------------------|---------------------|---------------|---------------|
| TITLE | FORENAMES (in full) | SURNAME | DATE OF BIRTH |
| PERMANENT ADDRESS | | | |
| POST CODE | | | |
| TELEPHONE | NATIONALITY | EMAIL ADDRESS | |
| RELATIONSHIP TO CHILD | | | |

I apply to transfer a **Child Trust Fund** for:

Child's Details

Please use **BOLD CAPITALS**

| | | | |
|--|---------------------------------------|---------|---------------|
| TITLE | FORENAMES (in full) | SURNAME | DATE OF BIRTH |
| PERMANENT ADDRESS (ONLY COMPLETE IF DIFFERENT FROM REGISTERED CONTACT'S ADDRESS) | | | |
| POST CODE | | | |
| NATIONALITY | CHILD'S UNIQUE REFERENCE NUMBER (URN) | | |
| CURRENT CHILD TRUST FUND PROVIDER'S NAME AND YOUR ACCOUNT NUMBER | | | |

DECLARATION

Please read and sign overleaf

AGREEMENT TO ASSIGN WINDFALLS TO CHARITY

Note: This Agreement does not apply to you if (i) you have held shares in the Society at all times since 30 June 2000 or (ii) you have already entered into an agreement in either the same or similar terms with the Society and have held shares in the Society continuously since the date the account for which you were then applying was opened.

- I agree with the Society that I will assign to the **selected charity** my right to receive any **windfall benefits**, unless the transfer to the **successor** is publicly announced more than five years after the day on which I become a holder (either sole or joint) of the account for which I am now applying. I authorise the Society and any **successor** to pass any **windfall benefits** direct to the **selected charity** (or to any other registered charity which the **selected charity** may nominate) without giving any notice to me.
- I understand that the **selected charity** will have the benefit of this Agreement, and that neither it nor the Society will release me from it or vary its terms, even if the Society decides at some stage in the future that new shareholding members generally will not be required to enter into similar agreements.
- I authorise the Society to give the **selected charity** any information about me and any account that I have with the Society (either now or in the future), but only if the **selected charity** reasonably needs it for any purpose arising out of this Agreement.
- I understand that if the Society no longer exists following a merger with another building society, this Agreement will still apply between me and the other society.
- In this Agreement:
 - '**selected charity**' means the Monmouthshire Building Society Charitable Foundation or, if it ceases to be registered as a charity, any other registered charity selected by it;
 - '**windfall benefits**' means any benefits which I may become entitled to as a shareholding member of the Society under the terms of any future transfer of the Society's business to a **successor** (i.e. on a conversion or take-over), other than the right to have savings in a share account with the Society replaced by savings in a deposit account with the **successor**; and
 - '**successor**' means any company or other corporate body to which the Society transfers its business under Section 97 of the Building Societies Act 1986 (or under any provision which amends or replaces it).

IMPORTANT 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 email. 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. In accordance with regulations, the Society will always treat information about you as confidential except as described in the Banking Code. I consent to you holding and processing my personal data for the purposes explained above.

The Society would like to contact you by post, telephone or email 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 investments, 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: Post Telephone Email

I declare that

- I am 16 years of age or over
- I am the child named on the voucher / I have parental responsibility for that child (delete which does not apply)
- I am the registered contact for the CTF

I authorise Monmouthshire Building Society

- to hold the child's Inland Revenue contributions, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- to make on behalf of the child any claims to relief from tax in respect of CTF investments.

I agree to the CTF terms and conditions.

Warning: Before you sign, please note that all funds transferred or paid into this account cannot be withdrawn until the child's 18th birthday.

| | |
|--|------|
| Signed (SIGNATURE OF REGISTERED CONTACT) | Date |
|--|------|

FOR OFFICE USE ONLY

| | | | | |
|---------|-----------------|--------------|-----------------|-------------|
| A/C No. | Customer Number | Branch/Agent | Security Number | Date Opened |
|---------|-----------------|--------------|-----------------|-------------|

| | SOURCE DOCUMENT | REF/ACCOUNT NUMBER | DATE OF DOCUMENT | CHECKED BY |
|----------------|-----------------|--------------------|------------------|------------|
| NAME | | | | |
| ADDRESS | | | | |
| THIRD ID CHECK | | | | DATA CHECK |

CHEQUE DETAILS

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