

YOUNG SAVERS ACCOUNT APPLICATION FORM

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

I/we apply to open a **YOUNG SAVERS ACCOUNT** on behalf of myself/the following young person* and enclose £ being the initial investment.
(*Please delete as appropriate)

2 Personal Details – please use BLOCK CAPITALS

Applicant 1 (Name of Young Saver)

Title: _____ Forenames (in full): _____ Surname: _____
Permanent Residential Address (address where the account holder/young saver normally lives): _____
Post Code: _____
Date of Birth: _____ Nationality: _____

Applicant 2 (Name of Young Saver)

Title: _____ Forenames (in full): _____ Surname: _____
Permanent Residential Address: - tick this box if address is same as Applicant 1
Post Code: _____
Date of Birth: _____ Nationality: _____

3 Details of the person operating the Young Savers Account – please use BLOCK CAPITALS if you are operating the account on behalf of the above 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 Account Operation & Withdrawal Instructions for Young Savers Accounts

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

*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.

5 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

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.

Online

6 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 <input type="checkbox"/>	No <input type="checkbox"/>	(If you have ticked 'No' to any of these, we will send it to you on receipt of this application)
Interest Rate Leaflet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Savings Services Tariff Leaflet	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- 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