THE FAMILY BUILDING SOCIETY

JUNIOR CASH ISA

APPLICATION FORM

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PLEASE NOTE, TRANSFERS FROM STOCKS & SHARES ISAS ARE NOT PERMITTED.

A Junior Cash ISA can be opened and operated on behalf of a child by a person with parental responsibility, who is known as the 'Registered Contact'. Children aged 16 or 17 may open and operate a Junior Cash ISA on their own behalf, as the account holder. Please note, a child is unable to have a Junior Cash ISA if they already hold a Child Trust Fund account.

ACCOUNT DETAILS

PLEASE FULLY COMPLETE IN BLOCK CAPITALS. FIELDS MARKED WITH A * ARE OPTIONAL.

If you're applying as a Registered Contact, please complete sections A and B.

If you're applying as an account holder, please complete section B only.

	SECTION A REGISTERED CONTACT (Details of the person with parental responsibility applying on behalf of the child who will be the account holder – see the 'Applying for an account' section in the Junior Cash ISA Product Features leaflet for definitions)	SECTION B ACCOUNT HOLDER (CHILD) (Details of the child who is aged 16 or 17 who will be the account holder)
TITLE:	MR / MRS / MISS / MS	MR / MRS / MISS / MS
SURNAME:		
FORENAMES:		
PERMANENT HOME ADDRESS:		
POSTCODE:		
LENGTH OF TIME AT ADDRESS:	YEARS MONTHS	YEARS MONTHS
HOME PHONE:*		
MOBILE PHONE:*		
EMAIL ADDRESS:*		
DATE OF BIRTH:	DD MM YYYY	DD MM YYYY
MARITAL STATUS:		
OCCUPATION:		
NATIONAL INSURANCE NO:*†		

(If you do not know your National Insurance number, please refer to your P60, Notice of Coding, or Tax Return. Otherwise your employer or Tax Office may be able to help.)

* If we have a home or mobile phone number or email address for you, we may use these to get in touch regarding your application or with important information about your account. This could include letting you know about any concerns we have about the activity on your account.

† These may not be necessary for an account holder if under age 16.

TAX IDENTIFICATION NUMBER:
(Only applicable to foreign nationals working in the UK)

HOW DO YOU WANT TO RECEIVE ACCOUNT UPDATES FROM US? (e.g. statements)

☐ POST ☐ EMAIL ☐ TEXT

IF YOU ARE AN EXISTING CUSTOMER PLEASE STATE YOUR ACCOUNT NUMBER:

IF THE ACCOUNT HOLDER / CHILD IS AN EXISTING CUSTOMER PLEASE STATE THEIR ACCOUNT NUMBER:

The child named above will be the beneficial owner of the investments held in the Junior Cash ISA.

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OPENING INVESTMENT

TO OPEN A JUNIOR CASH ISA:

RELATIONSHIP OF PERSON PROVIDING OPENING INVESTMENT TO THE CHILD:

I / WE ENCLOSE A CHEQUE FOR THE SUM OF: £

NAME OF ACCOUNT HOLDER ON THE CHEQUE:

Cheques should be made payable to "**Family Building Society**" followed by the name of the child.

AND / OR PLEASE TRANSFER THE SUM OF: £
(Write "full balance" to transfer the closing balance)

FROM ANOTHER SAVINGS ACCOUNT WITH US. ACCOUNT NUMBER:

AND / OR I / WE WILL TRANSFER THE OPENING INVESTMENT FROM ANOTHER BANK OR BUILDING SOCIETY: Once the account has been opened we will supply you with the account details to make the transfer.

AND / OR APPLY TO TRANSFER A JUNIOR CASH ISA FOR THIS CHILD FROM:

INSERT NAME OF CURRENT JUNIOR ISA PROVIDER:

If you are transferring to the Junior Cash ISA from another ISA provider, you will need to complete a Junior Cash ISA Transfer Authority Form. Please either download the form from our website or call 03330 140141 for a form to be sent to you.

Please note, you will be unable to fund this account until the funds have been received from your bank. Junior ISA's can only be held by one ISA provider only.

IDENTITY DOCUMENTS REQUIRED

CHILD UNDER 16 YEARS

The child's name will need to be confirmed using a copy of **either** their birth certificate or passport signed by one of the following:

- A bank representative
- Solicitor
- Financial adviser

(referred to as a "certified" copy).

CHILD 16 OR 17 YEARS

If the young person is opening the account on their own behalf we require **two** forms of identification, one from each of the following:

NAME
- Passport*
- Birth Certificate*
- National Insurance notification^

ADDRESS
- Bank statement
- Current UK photo-card driving licence*
- NHS medical card
- National Insurance notification^

*We require original documents **except** for those marked with an asterisk. For documents marked with an asterisk, we require a copy signed by a solicitor, accountant, bank or building society official, Independent Financial Advisor (IFA), mortgage broker, doctor or a Justice of the Peace (referred to as a "certified" copy). All other documents must be originals.

^If you use your National Insurance notification to confirm your name, you cannot use it to confirm your address as well, and vice versa.

Copies of your original documents should be certified using the following words – *'I certify this to be a true copy of the original document'*. The certifier must sign their name and include the following details – full name, profession, company address, phone number and date. Copies must be certified within the last 12 months.

FOR FURTHER DETAILS PLEASE SEE THE 'APPLYING FOR AN ACCOUNT' SECTION IN THE ACCOMPANYING LEAFLET OR CALL **03330 140141**.

HOW DID YOU FIND OUT ABOUT THIS ACCOUNT?

USING YOUR PERSONAL INFORMATION

1. Personal information which you supply to us may be used in a number of ways, for example:
   - to open and manage the account for which you are applying
   - for fraud prevention
   - for management and audit of our business
   - for market research and statistical analysis
2. Information about you will be kept after your account is closed.
3. We may share your information with, and obtain information about you from, credit reference agencies to check your identity. This will not affect your credit score.
4. We may share your personal information with other people or organisations, for example:
   - third parties for processing on our behalf
   - governmental and regulatory bodies (such as HMRC and the Financial Conduct Authority)
   - for fraud prevention and detection purposes
   - other payment services providers
   - if required to do so by law
   - with your consent
5. We may use your information to tell you about other products and services we think may be of interest to you.
6. We may monitor or record any communications you have with us in the interests of staff training, customer service and security.
7. For further details about how your personal information is used, and your rights under data protection law, please refer to the enclosed leaflet, "How We Use Personal Information".

THIS SECTION IS FOR SOCIETY USE

IDA	
IDP	
PAYEE	
DRAWER	
SORT CODE	
A/C No.	
KYC	

SOURCE OF INITIAL DEPOSIT IS ACCEPTABLE ☐ YES ☐ NO

PASSBOOK NUMBER

PLEASE COMPLETE OVERLEAF, SIGNING AND DATING THE CONSENT AND CONFIRMATION SECTION.

DECLARATIONS

1 GENERAL

I hereby declare that:

1.1 The sum being invested does not belong to a company or other corporate body and will not be held by me as trustee(s) for a company or corporate body.

1.2 I have received the following:
- Product Features leaflet.
- General Conditions for our Savings Accounts booklet.
- The Financial Services Compensation Scheme (FSCS) Information Sheet.
- The leaflet on "How We Use Personal Information".

1.3 I agree that I have read the "How We Use Personal Information" leaflet, which has important information about how my personal data will be used by third parties and the potential consequences.

1.4 I agree to notify the Society of any changes to my personal details as set out overleaf.

1.5 The information supplied on this form is true and correct to the best of my knowledge and belief.

1.6.1 I am 18 years of age or over.

1.6.2 I am the child / I have parental responsibility for that child (delete which does not apply).

1.6.3 I / The child does not have a Child Trust Fund account.

1.6.4 I will be the registered contact for the Junior ISA.

1.6.5 The child is resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to / in a civil partnership with a UK Crown servant.

1.6.6 I am not aware that this child has another Junior ISA of this type.

1.6.7 I am not aware of other Junior ISA subscriptions that will result in this child exceeding the annual limit.

1.6.8 I will not knowingly make subscriptions to Junior ISAs for this child that will result in the subscription limit being exceeded.

1.7 I acknowledge that I have 15 calendar days from the opening of this account to notify the Society that I am not happy with my choice of account and, subject to cheque clearance, without notice or penalty, withdraw from the investment, with any interest earned, or, subject to eligibility, transfer the investment to another account of my choice.

1.8 I accept that as a holder of a share account, the child will be a member of the Society and bound by the Rules.

1.9 I accept that I will be bound by:
- the terms set out in the General Conditions for Savings Accounts, and
- the specific conditions of the Junior ISA applicable from time to time.

1.10 I authorise the Family Building Society:
- to hold the child's subscriptions, Junior ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- to make on the child's behalf any claims to relief from tax in respect of Junior ISA investments.

1.11 I declare that the money I invest does not belong to a company or other corporate body and will not be held by me as trustee for a company or corporate body.

I agree to the Junior ISA terms and conditions and confirm that to the best of my knowledge and belief the information in this form is true.

2 AGREEMENT TO ASSIGN CONVERSION BENEFITS TO CHARITY

2.1 By applying to open a share account on or after 14 February 2000 I agree with the Society and the Charities Aid Foundation ("the CAF") that I will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 11 February 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charity(ies) but to no other person), the rights to any relevant conversion benefits (defined in paragraph 2.1.1 below). This agreement to assign will not apply to me if I fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me. I understand that neither the Society nor the CAF will release me from this agreement or vary its terms and (except as set out in paragraph 2.2 below) I will continue to be bound by the agreement even if the Society decides at some time in the future that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

2.1.1 "Relevant conversion benefits" means any benefits to which I might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (i.e. on a conversion or take-over) which is completed at any time within the five years immediately following the date on which my share account is opened or, if applicable, the shorter period set out in the list referred to below. "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or take-over.

2.1.2 If the Society merges with any other society, after the date of such merger the "Society" includes such other society.

2.2 I authorise the Society to pass to the CAF such information relating to me and my accounts with the Society as the CAF may reasonably require in order to administer this agreement and the relevant conversion benefits and for no other purpose. I consent to both the Society and the CAF holding and processing such information for such purposes. A list of the classes of persons which the Society currently wishes to be excluded from the agreement to assign, or in respect of which a shorter period applies, (which list may change from time to time but not with retrospective effect) is available on request from the Society's branch or principal office.

INFORMATION ABOUT ELECTRONIC PAYMENTS TO AND FROM YOUR ACCOUNT

Each month we will send you a statement listing the electronic payments on your account, unless there are no payments in that month. This excludes crediting or payment of interest. Alternatively, we can give you this information on request or via our Online Service. If you do not wish to receive such monthly statements, please tick the box ☐

MARKETING

We would like to tell you about our products, services, and events and those of our carefully selected partners (a list of which is available on request). We will always treat your personal details with the utmost care and will never share them with other companies for marketing purposes. If you give consent this will last as long as you have a relationship with us. If you agree to us communicating with you for marketing purposes, please tick the relevant boxes below to confirm how we may contact you.

Applicant One: Post ☐ Email ☐ Phone ☐ Text ☐

You can unsubscribe from marketing at any time by writing to: Family Building Society, Ebbisham House, 30 Church Street, Epsom, Surrey KT17 4NL.

CONSENT AND CONFIRMATION

For your own benefit and protection you should carefully read the Product Features leaflet, Product Summary Box and the General Conditions for our Savings Accounts Booklet as these contain the terms and conditions upon which we intend to rely. You should do this before signing this application form. If you have any questions about the account terms and conditions please contact our New Business Team on **03330 140141** or *newbusiness@familybsoc.co.uk*

By signing this application form you are:

- confirming that you have read the section "Using Your Personal Information" above, and the leaflet "How We Use Personal Information" which accompanies this application form.
- making the declarations and giving the authorities set out in the section "DECLARATIONS" above.
- agreeing to the use of your personal information to enable us to provide you with payment services, such as faster payments, to and from your account.

REGISTERED CONTACT*	SIGNED:		DATE:	DD	MM	YYYY

*Or the child, if aged 16 or 17.

If you need this application form in an alternative format please call our New Business Team on **03330 140141**.

PLEASE RETURN THIS APPLICATION FORM AND NECESSARY IDENTITY DOCUMENTS TO:

Freepost, Family Building Society. Alternatively you can upload your application form securely to *familybuildingsociety.co.uk/file-upload*

Please retain the Product Features leaflet, General Conditions for our Savings Accounts booklet and the FSCS information sheet for your future reference.

Family Building Society is a trading name of National Counties Building Society.