

For use by private individuals only. An additional application form should be completed where there are more than two account holders of the proposed account. For use by UK RESIDENTS ONLY. Corporate Bodies, Companies resident in the UK, Trustees for Partnerships, Charities and Unincorporated Clubs/Associations should not complete this form but should ask for the appropriate form.

# Savings Account Application Form

Share account only - deposit accounts prohibited by statute

**IMPORTANT:** All fields are mandatory and incomplete application forms may be returned and result in accounts not being opened. Before completing this form please ensure you have received the General Savings Terms and Conditions. The Rules of the Society are available on request. They provide important information about your account with the Society. Please oomplete this form and the read and sign the agreement to assign and the declarations overleaf. If you require any assistance in completing this form, please contact Furness Direct on 0800 834 312 or your local branch.

## ACCOUNT INFORMATION

Type of account (to be completed in all cases)

\_\_\_\_\_

Opening Amount: Cash £ \_\_\_\_\_ Cheques\* £ \_\_\_\_\_ Total £ \_\_\_\_\_

\*Cheques should be made payable to the account holder only

I authorise you to transfer £ \_\_\_\_\_ from my/our

Furness Account Number:

I authorise you to amend my/our Furness account number:           to the joint names of: (existing and new customers to complete and sign this form on the reverse)



Talk to us

**0800 834 312**

[www.furnessbs.co.uk](http://www.furnessbs.co.uk)

Always with your interest at heart



**NAMES** If more than 2 account holders are required, please complete an additional application form (maximum of 4 on an account).

Mr/Mrs Miss/Ms Surname	First name and other initials	Date of Birth (dd/mm/yyyy)	
Applicant 1: _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Applicant 2: _____	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Occupation 1: _____	Nationality: _____	Country of birth: _____	Town of birth _____
Occupation 2: _____	Nationality: _____	Country of birth: _____	Town of birth _____

\*Number of signatories:  \*If you select 2 signatories both account holders will be required to sign for any withdrawals

**ADDRESS - Please complete for both people named in 1 and 2 above - Please note that we are unable to accept c/o addresses and PO Box Numbers.**

1. _____	2. _____
_____	_____
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Tel No. Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Tel No. Day <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Evening <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Evening <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address _____	E-mail address _____
How long have you lived at this address? <input type="text"/> <input type="text"/> years.	How long have you lived at this address? <input type="text"/> <input type="text"/> years.

**PREVIOUS ADDRESS - If you have lived at your current address for less than 6 months, please provide full details of your previous address:**

1. _____	2. _____
_____	_____
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone	Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Telephone

**INTEREST INSTRUCTIONS - Please tick the appropriate box and enter the relevant account holder(s) details. Please refer to the product leaflet for the available interest options.**

Please add the interest to this account.

Please transfer the interest annually\*/monthly\* (\*delete as appropriate) to Furness Account No:

Please pay the interest direct to the Bank/other Building Society account below:

Account Holders Name: \_\_\_\_\_ Account Number:  Sort Code:  -  -

Bank/Building Society Name: \_\_\_\_\_ Account Reference: \_\_\_\_\_

**From 6 April 2016 all building societies and banks stopped deducting tax from the interest paid on your savings. Please refer to HMRC for further details.**

**SELF CERTIFICATION TAX DECLARATION (PLEASE READ BEFORE COMPLETING THIS FORM)**

The UK government has signed, and will be signing, a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other countries. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial institution we are legally obliged to collect it. We are asking for your tax residency and tax ID numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

To find the list of countries that have signed information sharing agreements, please go to the OECD automatic exchange information portal <http://www.oecd.org/tax/automatic-exchange/international-framework-for-the-crs/> and <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/crs-by-jurisdiction/#d.en.345489>

Your tax residence generally is the country in which you live for more than half the year, but rules differ. Further details are available here: [www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760](http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/#d.en.347760)

As a financial institution, we, Furness Building Society, are not allowed to give tax advice. If you have any questions on how to complete this form we recommend that you speak to your tax authority (for example, HMRC in the UK) or your tax or legal adviser.

**INDIVIDUAL TAX RESIDENCY SELF-DECLARATION FORM**

**PART 1 – Country of tax residence**

1. Are you a citizen and tax resident of the UK only? Applicant 1: Yes  No  Applicant 2: Yes  No   
**If YES**, please sign at the end of this form. **If NO**, please answer questions 2-5.
2. Are you a citizen of and/or tax resident in the USA? Applicant 1: Yes  No  Applicant 2: Yes  No   
**If YES**, please go to question 3.
3. If you answered yes to Q2, please provide your US tax Identification Number.

APPLICANT 1		
Country(ies) of tax residency	Tax Identification Number (TIN)	Please state why TIN not provided

APPLICANT 2		
Country(ies) of tax residency	Tax Identification Number (TIN)	Please state why TIN not provided

4. Are you a tax resident in a country other than the UK or US? Applicant 1: Yes  No  Applicant 2: Yes  No   
**If YES**, please go to question 5. **If NO**, please sign at the end of this form.
5. Please list the countries **other than the UK and US** of which you are tax resident, if any, together with associated tax Identification Number.

APPLICANT 1		
Country(ies) of tax residency	Tax Identification Number (TIN)	Please state why TIN not provided

APPLICANT 2		
Country(ies) of tax residency	Tax Identification Number (TIN)	Please state why TIN not provided

**PART 2 - Declaration**

I understand that the information I have supplied is covered by the full provisions of the terms and conditions governing my relationship with Furness Building Society setting out how Furness Building Society may use and share the information I have supplied.

I acknowledge that the information contained in this form and information regarding reportable account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the account holder (or am authorised to sign for the account holder) of all the account(s) to which this form relates.

**I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**

I undertake to advise Furness Building Society within 30 days of any change in circumstances which affects my tax residency status identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Furness Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

Applicant 1: Signature : \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Applicant 2: Signature : \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

*If you are not the account holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.*

Capacity: \_\_\_\_\_

**Agreement to Assign**

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 30TH SEPTEMBER 1999 AND HAVE KEPT THAT SHARE ACCOUNT EVER SINCE THAT DATE, THE WORDING IN PARAGRAPHS 1 TO 3 BELOW DOES NOT APPLY TO YOU. PLEASE LIST YOUR SHARE ACCOUNT NUMBER(S)

- By applying to open a share account on or after 1st October 1999, 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 17th September 1999 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 below). This obligation 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 below) I will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release (a “termination notice”)) 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.
- (a) “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 takeover) which is completed at any time within the 5 years immediate following the date on which my share account is opened. “Relevant conversion benefits” does not include (a) 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 takeover; (b) a right conferred under the terms of a transfer which is publicly announced by the Society more than 3 years after the Society has issued a termination notice.  
 (b) If the Society merges with any other society, after the date of such merger the “Society” includes such other society.
- I authorise the Society to pass to the CAF such information relating to me and my accounts with the Society as the CAF may reasonable require in order to administer this agreement to assign 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 obligation to assign (this list may change from time to time but not with retrospective effect) is available on request from the Society’s Secretary at its principal office.

### Standard Customer Agreement

**This is our standard customer agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information**

- (a) I confirm that I have read the product terms and conditions relating to the account I am opening and that I have received the General Savings Terms and Conditions and agree to be bound by them and the Rules of the Society (copies of which are available on request) and any subsequent terms and conditions and Rules for the time being in force.
- (b) I confirm that I am aware that the type of account I am opening is a share account and I understand that only the first named account holder will initially be recorded in the Society's Records as the Representative Joint Shareholder for the account. Subject to the Rules of the Society, only the Representative Joint Shareholder will have voting rights.
- (c) I declare that any share(s) acquired by me under this account will not be held by me as a bare trustee (or, in Scotland as a simple trustee) for a body corporate, or for persons who include a body corporate.
- (d) I agree to be bound by the conditions relating to the Agreement to Assign as described above.
- (e) I agree that this account (including all the provisions in this form) and all dealings on it will be subject to English law. If any provision is for any reason unenforceable, this will not affect the enforceability of any other provision.
- f) I undertake to notify the Society of change in circumstances including tax residency status and citizenship
- g) I declare that I am a permanent UK resident.
- h) I consent to the Society using electronic means to verify my identity if required.

### Marketing Choices

The Society, or members of the Society's group of companies, requires your permission to contact you for the purposes of marketing its products and services which we think may be of interest. A list of these companies is available on request. We also require your permission to pass on details to third parties who may contact you about marketing services or products to you.

If you would like us to keep you up to date with our products, services and promotions, please let us know by ticking one of the boxes below. You'll need to give us individual permission for each type of communication. If you want to change your permissions please let us know.

I consent to Furness Building Society contacting me for marketing purposes in the following ways:

By post	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>
By email	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>
By SMS (text message)	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>
By phone	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>

I consent to Furness Building Society:

sharing my information (in this form and about my account/s) for marketing purposes with other companies within the Furness Building Society group.	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>
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sharing my information (in this form and about my account/s) for marketing purposes with other companies which the Society has a business relationship with.	Applicant 1 <input type="checkbox"/>	Applicant 2 <input type="checkbox"/>
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### Privacy and Your Personal Information

I confirm that I have received a copy of 'Key Facts about your personal information and what we do with it' which tells me how Furness Building Society processes my information and what my rights are. Applicant 1  Applicant 2

Further information about how your privacy and personal data is processed is available on request or by visiting [www.furnessbs.co.uk/privacy-page](http://www.furnessbs.co.uk/privacy-page)

### Financial Services Compensation Scheme

I confirm that I have received a copy of the Financial Services Compensation Scheme Information Sheet Applicant 1  Applicant 2

**Please make sure you have read and understood all of the declarations above before signing below:**

Applicant 1: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

ACCOUNT NUMBER	APPLICANT 1 CUSTOMER NUMBER	APPLICANT 2 CUSTOMER NUMBER	
INTERVIEWER	INPUT BY	DATE OPENED	DATA CHECKED BY INPUTTER? YES/NO
AUDITED BY	DATE AUDITED		