

Authorised Trustee

Trustee 3	National Insurance Number:	Date of Birth:
Title:	Forename(s):	Surname:
Address:		Postcode:
Nationality:	Country of Birth:	
Occupation		
Tel (day):	Mobile:	
Email:		
Tax Residency:	I am a resident for tax purposes only in the UK and I am a citizen only of the UK. <input type="checkbox"/> Tick to confirm	
Are you (or are you related to or have a close association with someone who is) in a prominent position in public life? (head of Government, member of judiciary, high ranking member of the services or senior in state owned enterprise) <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details		

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Beneficiary

Beneficiary 3	National Insurance Number:	Date of Birth:
Title:	Forename(s):	Surname:
Address:		Postcode:
Nationality:	Country of Birth:	
Occupation		
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If yes, please provide details			

Personal Information

Buckinghamshire Building Society is committed to protecting your privacy and keeping your personal information secure. When you register an enquiry or complete an application form, you are authorising the Society to collect your personal information to process and operate your account(s). The Society does not share your data with any other organisation for marketing or promotional purposes. Our Privacy Notice is available on our website or you can ask us to send you a copy.

Keeping You Informed

In order to provide you with the service you require, Buckinghamshire Building Society will use your contact details to provide you with information about your account and the Society. We will not share this information with any third parties. Please tick one preferred contact method:

Trustee 3	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post	Trustee 4	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post
Beneficiary 4	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post	Beneficiary 4	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post

Marketing Preferences

Buckinghamshire Building Society would like to provide you with information on our other products and services relating to savings and mortgages that may be of interest to you. If you would like us to send you marketing communications, please tick at least one box below (you can tick all three):

Trustee 3	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post	Trustee 4	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post
Beneficiary 3	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post	Beneficiary 4	<input type="checkbox"/> Email	<input type="checkbox"/> Telephone/SMS	<input type="checkbox"/> Post

Customer Declaration

We declare that we have received and read the account Terms and Conditions, the Savers General Terms and Conditions, and agree to be bound by the Society's Rules (available on request).

We confirm that the account we are opening and the money we are investing is on behalf of the Trust.

The Society will only act on the instructions of the Trustees shown.

We understand that the Society is required to obtain evidence of our identification to prevent the fraudulent operation of savings accounts.

We agree to the Society using the information contained in this form for processing our application and managing our account.

There are no protectors, anonymous beneficiaries or principals on this Trust.

The Trustees agree to notify the society of any new beneficiaries of the Trust in the future. Please tick box to confirm

We acknowledge that we have received and read the FSCS information sheet and exclusion list.

Number of signatures required for withdrawals (in accordance with the Trust Deed) any 1 2 all signatories

Trustee 3:	Date:	Trustee 4:	Date:
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Please send your completed form, identification and investment to:
Buckinghamshire Building Society, High Street, Chalfont St Giles HP8 4QB Tel: 01494 879500

For office use only	Customer Number	Book Number	Account Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	CKSR Opened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	