

# Application for Trust No Notice Issue 2 Account

www.bucksbs.co.uk

## Your Investment

We wish to invest the sum of £  Into the following account:  Trust No Notice Issue 2

Approximate amount to be saved:

Up to £5,000  £5,000 to £85,000  Over £85,000

How often will you use the account?

Weekly  Monthly  Annually

Please state the source of funds:

## Trust Details

Name of Trust:

Nature of Trust:

The following types of Trust are acceptable: Bare/Simple Trusts, Discretionary Trusts, Charitable Trusts and Will Trusts.

Contact name:

Correspondence address:

Postcode:

Tel (day):

Mobile:

Email:

Bank Account Name For  
Nominated Purposes\*:

Account Number:

Postcode:

Sort Code:

\*The bank account must be in the same name as this Trust Account.

## Authorised Trustees

Please Note: All correspondence will be sent to the Primary Account Holder unless we are advised otherwise.

**Primary Account  
Holder**

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.

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)

Yes

No

If yes, please provide details

## Authorised Trustees

### Trustee 2

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.

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)

Yes

No

If yes, please provide details

## Beneficiaries

### Beneficiary 1

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.

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)

Yes

No

If yes, please provide details

## Beneficiaries

### Beneficiary 2

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.

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)

Yes

No

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:

**Primary Account Holder**  Email  Telephone/SMS  Post
 **Trustee 2**  Email  Telephone/SMS  Post  
**Beneficiary 1**  Email  Telephone/SMS  Post
 **Beneficiary 2**  Email  Telephone/SMS  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):

**Primary Account Holder**  Email  Telephone/SMS  Post
 **Trustee 2**  Email  Telephone/SMS  Post  
**Beneficiary 1**  Email  Telephone/SMS  Post
 **Beneficiary 2**  Email  Telephone/SMS  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.

We acknowledge that we have received and read the FSCS information sheet and exclusion list.  Please tick box to confirm

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

Primary Account Holder:	Date:	Trustee 2:	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 Memo? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	