

Savings Account

Application Form PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

For use by private individuals who are UK residents only. An additional application form should be completed where there are more than two account holders of the proposed account. **PLEASE ENSURE ALL SECTIONS ARE COMPLETED.**

If you do not understand any point or require assistance in completing this form, please call the Vernon Building Society on 0161 429 6262

Section 1: Account Information			
Type of Account			
What are you saving for?			
Opening Investment			
Cash £ Chequ	ne(s) £	-	Total £
NOTE: CHEQUES SHOULD BE MADE PAYABLE TO THE ACC a personal current account or if issued by a Bank or Build	OUNT HOLDER(S). For a ling Society, the 'Payee'	ll accounts not ope must bear your nan	ned in person, cheques must be drawn from ne.
Section 2: Account Holder(s) Details			
NOTE: IF AN ACCOUNT IS TO BE OPENED BY AN ATTORNE INFORMATION IN ACCOUNT HOLDER 2 / ACCOUNT SIGNATION		N ON BEHALF OF A	CHILD, PLEASE COMPLETE THE REQUIRED
Account Holder 1	Acc	ount Holder 2 / Acc	count Signatory
Title Surname	Title	9	Surname
First Name(s)	First	t Name(s)	
Date of Birth (DD/MM/YYYY)	Date Date	e of Birth (DD/MM/	YYYY) / /
National Insurance Number	Nati	ional Insurance Nun	nber
Residential Address	Resi	idential Address	
	_		
Postcode			Postcode
How long have you lived at this address?	Hov	v long have you live	d at this address?
Years Months		ears	Months
		+ 2	
If less than 2 years please provide your previous address:-	li le	ss than 2 years plea	se provide your previous address:-
Previous Residential Address	Prev	vious Residential Ad	ldress
	—— <u> </u>		
	_		
Postcode			Postcode
How long did you live at this address?	Hov	v long did you live a	t this address?
Years Months		ears	Months

Section 2: Account Holder(s) Details (continued)	
Account Holder 1	Account Holder 2 / Account Signatory
Email	Email
Telephone Numbers	Telephone Numbers
Day	Day
Evening	Evening
Mobile	Mobile
Occupation	Occupation
Nationality	Nationality
Nationality	Nationality
Country of Residence	Country of Residence
Are you an existing customer?	Are you an existing customer?
.,	
If Yes, please enter your existing Vernon account numbers	If Yes, please enter your existing Vernon account numbers
Section 3: Joint Account - Withdrawals	
	Fither / All OD Any, of to sign
Withdrawals may be made on the following number of signatures:	Either / All OR Anyofto sign.
Section 4: Tax Details	
It is mandatory to complete this section for each person named above. P	llease note we are unable to onen an account without these details
it is manuatory to complete this section for each person named above.	lease note we are unable to open an account without these details.
Account Holder 1	Account Holder 2 / Account Signatory
Are you a citizen ONLY of the UK Yes No	Are you a citizen ONLY of the LIV
Are you a citizen ONLY of the UK Yes No No	Are you a citizen ONLY of the UK Yes No
If NO are you a citizen of the United States Yes No No	If NO are you a citizen of the United States Yes No
Are you tax resident ONLY in the UK Yes No	Are you tax resident ONLY in the UK Yes No
If No, please list which countries are you tax resident?	If NO, please list which countries you are tax resident?
Please list your Tax Identification Number (TIN) for the countries	Please list your Tax Identification Number (TIN) for the
entered above	countries entered above

The Tax Identification Number (TIN) is the number by which the tax authority in your country of tax residence identifies you.

I undertake to advise the Vernon Building Society within 30 days of any change in circumstances which affects my tax residence status declared in Section 3 of this form or causes the information contained herein to become incorrect, and to provide the Vernon Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

Section 5: Interest Instructions											
Please tick the appropriate box & enter the relevant Account Holder(s) de	etails. Refer t	o the	prod	uct lea	aflet f	or the	availal	ole inte	erest o	ption	s.
Please add the interest to the account											
Please transfer the interest Annually*/Monthly* (*delete as appropriate) to Vernon Account No.											
Please pay the interest Annually*/Monthly* (*delete as appropriate)	direct to Ban	k / Bu	ilding	g Socie	ety Aco	count	below:				
Account Holder(s) Name(s)	Account N	umbe	r					Sor	t Code	9	
Bank / Building Society Name	Account R	efere	nce /	Roll N	o. (if a	pplica	ıble)				

Section 6: Customer Identification

We are unable to open a new account without sufficient identification.

One form of identification is required from you and we will carry out an electronic verification search. If you are an existing customer we will check our records as to when your identity was last confirmed and in certain circumstances we may require further proof of your identity and address. Please refer to 'Our Identification Requirements Leaflet' for full details.

NOTE: If an account is to be opened by an Attorney/Parent or Guardian on behalf of a child, please complete the required information in Account Holder 2 / Account Signatory column.

Section 7: Terms & Conditions

This is our client agreement upon which we intend to rely. For your own benefit and protection you should read the declarations below carefully before signing them. If you do not understand any point please ask for further information.

Declarations

I / We the person(s) whose signature(s) appear on this form declare that:

- The sums to be invested in the Vernon Building Society will be held by me / us as either sole beneficial owner or joint beneficial owners OR trustee(s) or nominee(s) on behalf of the beneficial owner(s) (excluding trustees for discretionary and accumulation trusts) and the account will not be held by me / us as a bare trustee for a body corporate or for persons who include a body corporate.
- I am / We are fully aware that this account is only available for investments made by or on behalf of individuals
- I / We have received copies of the last published 'Annual Review & Report' incorporating the 'Summary Financial Statement' and the 'Complaints Policy & Procedure' leaflet.
- I / We agree to be bound by the rules of the Society.
- I / We have read a copy of and accept the full terms and conditions of the account.
- I / We confirm that the above details are correct
- I / We undertake to advise the Vernon Building Society within 30 days of any change in circumstances which affects my tax residence status declared in Section 4 of this form or causes the information contained herein to become incorrect, and to provide the Vernon Building Society with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

Your Personal Data

YOUR RIGHTS

For the purposes of General Data Protection Regulation, the Vernon Building Society is the Data Controller responsible for the processing of your personal data. You have the right to request in writing a copy of the details held about you and where necessary the right to object to certain processing, the right to correct, sometimes delete and restrict the personal data the Society uses. In addition, you have the right to complain to the Society and the Information Commissioners Office (the data protection regulator). Please refer to the Vernon Building Society's Privacy Notice for further information on your rights.

Where you have provided your consent to the Society, such as to receive marketing messages, you have the right to withdraw it at any time. You can do this by notifying your local branch, calling us on 0161 429 6262 or writing to us at Marketing Communications, Vernon Building Society, 19 St Petersgate, Stockport, SK1 1HF. Alternatively, email unsubscribe@thevernon.co.uk.

HOW WE USE YOUR DATA

- a) The Vernon Building Society will only retain your personal data only for as long as necessary to administer your account in line with regulatory and legal requirements.
- b) The Vernon Building Society processes your personal information to enable it to provide a service for its members and customers which may include managing your accounts, maintaining its own accounts and records, supporting staff training and development, promoting its services; undertaking market research and the provision of financial services and advice.
- c) If false and inaccurate information is provided and fraud is identified, your details will be passed to fraud prevention agencies.
- d) The Vernon Building Society requires a lawful reason to process your personal data and for some processing more than one legal basis may be relevant (except where the Society relies on Consent). The Society uses the following reasons to process your personal data: Consent, Performance of a Contract, Legal Obligation and Legitimate Interests

BEFORE SIGNING THIS FORM OVERLEAF PLEASE READ CAREFULLY THE TERMS & CONDITIONS RELATING TO THIS ACCOUNT AS WE SHALL SEEK TO RELY ON THEM.

Section 7: Terms & Conditions (cont.)

Marketing Preferences Please Note: This section should only be completed if the account h The Vernon Building Society will not market to under 1											
	Account Signatory 1 Account Signatory 2										
I consent to receive a monthly email newsletter and the occasional information about Vernon Building Society products, services and n											
I consent to receive phone calls about Vernon Building Society proc	lucts and services										
I consent to receive direct mail containing information about Verno products and services	n Building Society										
You can change your preferences at any time by emailing communi Marketing Communications, Vernon Building Society, 19 St. Peters											
I/we agree to the Terms & Conditions as stated in Section 7 and als information about protection of our eligible deposits relating to the list:											
Applicant 1	Applicant 2 / Account Signatory										
Signature	Signature										
Date (DD/MM/YYYY)	Date (DD/MM/YYYY)										
For ongoing ID verification purposes, please write a memorable word of between 8 and 15 characters below (optional):	For ongoing ID verification purposes, please write a memorable word of between 8 and 15 characters below (optional):										
Opening a children's account where the account holder is un If you are under 13 and opening/operating the account yourself then an											
If the signatory is anyone other than the parent or guardian then an addi	tional signature from the parent or guardian is required below.										
I, the parent/guardian of the account holder provide consent for my ch	ild to open a saving's account with the Vernon Building Society.										
Signature											
Date (DD/MM/YYYY)											
/ / /											

For office use only (must be completed in BLACK)

Account Holder 1		Accou	ınt Hol	der 2/	/Acc	ount S	ignator	У			
Existing Customer		Ex	isting Cu	ıstome	r						
Customer No:		Custor	ner No:								
(A) Verification of identity: Call ML Reference			A) Verifi L Refere		of ide	entity:					
or I.D. Description Reference/Ex	xpiry Date	or I.D Des	scription	1			Referen	ce/Expi	ry Date	!	
(B) Verification of address: Call ML Reference			3) Verifi L Refere		of ad	dress:					
or I.D. Description Reference/Expiry Date		or I.D Description Reference/Expiry Date									
(C) Account holders under 13 Has the parent/guardian signed? Yes No N/A											
Input By		Date (DD/MN	1/YYYY)						
				/	_		/				
Checked By		Date (DD/MN	1/YYYY)						
				/			/				
Vernon Building Society Account Number	er										





Protected

Basic information about the protection of your eligible deposits					
Eligible deposits in the Vernon Building Society are protected by	The Financial Services Compensation Scheme ("FSCS") ¹				
Limit of protection:	£85,000 per depositor per bank / building society / credit union ²				
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000 ²				
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately ³				
Reimbursement period in case of bank, building society or credit union's failure:	15 working days ⁴				
Currency of reimbursement:	Pound sterling (GBP, £) or for branches of UK banks operating in other EEA Member States, the currency of that State.				
To contact the Vernon Building Society for enquiries relating to your account:	Vernon Building Society, 19 St Petersgate Stockport Cheshire SK1 1HF Tel: 0161 429 6262				
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme, 10 th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Tel: 0800 678 1100 or 0207 741 4100 Email: ICT@fscs.org.uk				
More information:	http://www.fscs.org.uk				

Additional Information (all or some of the below)

Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

² General Limit of Protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers a maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with

 $\pm 80,000$ and a current account with $\pm 20,000$, he or she will only be repaid $\pm 85,000$.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferrable. These are eligible deposits connected with certain events including:

- a) certain transactions relating to the depositor's current or prospective only main residence or dwelling;
- b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction. More information can be obtained under http://www.fscs.org.uk

Please turn over...





Protected

³ Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business, partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

4 Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: LCT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under http://www.fscs.org.uk.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Exclusion List

A deposit is excluded from protection if:

- 1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- 2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- 3) It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective instrument undertaking
 - pension or retirement fund 6
 - public authority, other than a small local authority

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk

Deposits by personal pension schemes, stakeholder pensions schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded