

PLEASE NOTE **IDENTIFICATION MUST BE PROVIDED FOR THE PARENT/GUARDIAN RESPONSIBLE FOR THE CHILD TRUST FUND APPLICATION**

# Earl Shilton

**BUILDING SOCIETY**

YOUR MUTUAL FRIEND

22 The Hollow, Earl Shilton,  
Leicester LE9 7NB

Telephone: (01455) 844422

www.esbs.co.uk

SHARE ACCOUNT No.



Child Trust Fund

## Application/Transfer Form

You can invest in either an Equity Stakeholder or a Cash Child Trust Fund; You **cannot** invest in both of them. This is an application/transfer form for a Non-Stakeholder Cash Savings Child Trust Fund. Please complete this form **in full** in BLOCK Capitals, then return your completed form together with the Child Trust Fund Voucher (excluding transfer in) to Earl Shilton Building Society. Please retain the letter you received with the voucher. If you would like any help with this form, please contact the Society.

### 1. Childs Details

Title	<input type="text"/>	Surname	<input type="text"/>	Address	<input type="text"/>
Forenames	<input type="text"/>				
Date of Birth	<input type="text"/>	/	<input type="text"/>	Town	<input type="text"/>
Sex	Male <input type="checkbox"/>	Female	<input type="checkbox"/>	County	<input type="text"/>
Nationality	<input type="text"/>			Postcode	<input type="text"/>

### 2. Registered Contact Details

Title	<input type="text"/>	Surname	<input type="text"/>	Address	<input type="text" value="(If different from above)"/>
Forenames	<input type="text"/>				
Date of Birth	<input type="text"/>	/	<input type="text"/>	Town	<input type="text"/>
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	County	<input type="text"/>
Daytime tel no.	<input type="text"/>			Postcode	<input type="text"/>
Evening tel no.	<input type="text"/>			Nationality	<input type="text"/>
Completing your phone number will minimise delays if we have any queries.				E-mail	<input type="text"/>
If existing account holder please tick box <input type="checkbox"/>				Relationship to named child	<input type="text"/>

### 3. Investment and Voucher Information

Voucher Expiry Date	<input type="text"/>	/	<input type="text"/>	/	Voucher Value	£	<input type="text"/>		
URN	<input type="text"/>			Please enclose your voucher with your application form.					
Value of any additional investment	Cash	£	<input type="text"/>	Cheques	£	<input type="text"/>	Total	£	<input type="text"/>

### 4. Transfer Details (if applicable)

I apply to transfer a Child Trust Fund for the above named child.	Account No.	<input type="text"/>
Current Child Trust Fund Provider	<input type="text"/>	
Company Address	<input type="text"/>	
	<input type="text"/>	

### 5. Important Information

#### Identification Requirements

The Child Trust Fund voucher is sufficient identification for the child. However the Society will require full identification from the child prior to their 18th birthday to allow them access to their savings. The Registered Contact (Parent/Guardian) is required to provide identification detailed in the Society's Information section of the Terms and Conditions booklet, before the account can be opened.

*Important information continued overleaf . . .*

## 5. Important Information . . . continued

### AGREEMENT TO ASSIGN WINDFALLS TO CHARITY

Words printed in *italics* in this section of the application form are explained in the notes at the end.

1. Paragraphs 2 to 6, below, will apply to me unless I am an *exempt customer* at the time when the account is *opened*.
2. I agree with the Society that, if the right to any *windfall benefits* is granted to me after the *account* is *opened*, I will assign those *windfall benefits* to the selected charity unless the period between my *account* being *opened* and the *conversion announcement date* is more than 5 years (or, if applicable the *shorter period*).
3. I authorise the Society and the *successor* to pass any *windfall benefits* direct to the *selected charity* (or to any other charity which the *selected charity* may nominate to receive those benefits), without notice to me.
4. I understand that:
  - the Society has promised to transfer to the *selected charity* the benefit of the agreement which I have given under paragraph 2, above;
  - neither the Society nor the *selected charity* will release me from that agreement; and
  - any power of the Society to change the terms of its contract with me will not apply to any of the terms set out in this section of the application form.
5. I authorise the Society to give the *selected charity* any information about me or any account which I have with the Society (now or in the future) - but only if the *selected charity* reasonably needs it regarding the agreement I have given under paragraph 2, above.
6. I understand that the Society will require anyone who *opens* a share account (who is not then an *exempt customer*) to agree to assign to charity the right to any *windfall benefits* to which that person may become entitled. The terms of the agreement will be decided by the Society and may be different from the terms in paragraphs 1 to 5, above. This paragraph will no longer apply if the Society publishes a notice in the press of a decision by the Society that it will no longer require new shareholding members to enter into such agreements.

**Notes** - These notes apply to paragraphs 1 to 6, above:

- (a) The "*account*" is the share account which you are applying to *open* by completing this form.
- (b) The "*conversion announcement date*" means the date on which the Society makes a public announcement of a proposal to transfer its business to a *successor*.
- (c) The "*current terms*" means terms which are the same as, or similar to, the terms set out in paragraphs 2 to 5 above.
- (d) You are an "*exempt customer*" when you *open* the *account* if:
  - you have held shares in the Society on, and at all times since, 31 October 1999; or
  - you have already entered into an agreement with the Society binding you to the *current terms*; or
  - you belong to one of the groups of other people who, in the Society's opinion, do not need to be asked to agree to the *current terms*. A list of these groups is available from the Society at any time. The Society may alter the number and composition of the groups from time to time, but no alteration will apply retrospectively.
- (e) A person "*opens*" an account either by opening a new account or by having an existing account transferred into his or her name (whether as sole or joint holder).
- (f) The "*selected charity*" means the Charities Aid Foundation or, if it is at any time no longer a registered charity, any other charity or charities selected by it to receive assignments of *windfall benefits*.
- (g) A "*shorter period*" is applicable if, when the Society *opens* your *account*, you belong to one of the groups of people who, in the Society's opinion, do not need to be asked to agree the usual 5 year period. A list of these groups, stating the periods applicable to them, is available from the Society at any time. The Society may alter the number and composition of the groups and the periods applicable to them from time to time, but no alteration will apply retrospectively.
- (h) The "*successor*" is any company or other corporate body to which the Society transfers its business under Section 97 of the Building Societies Act 1986 (or under any provision which amends or replaces it).
- (i) A "*windfall benefit*" is a benefit which a person has the right to receive as a shareholding member of the Society, under the terms of any future transfer of the Society's business to a *successor* (i.e., on a conversion or take-over), other than:-
  - the replacement of savings in a share account with the Society with savings in a deposit account with the *successor*, or
  - any benefit which the Society has decided may be kept by a person who has a number of accounts and was an *exempt customer* when *opening* one or more (but not all) of them. A list setting out the conditions which determine whether, and to what extent, such a person may keep a benefit is available from the Society at any time. These conditions may be altered by the Society from time to time, but no alteration will apply retrospectively.
- (j) Where more than one of you is signing this form, paragraph 1 and (if applicable) paragraphs 2 to 6, above, apply to each of you separately.
- (k) If the Society no longer exists following a merger with another building society, paragraphs 2 to 6, above, will still apply between you and the other society.

## 6. Your Information - Data Protection



The information we hold about you is confidential and may be held on paper and computer files. The information will be used to process and maintain the account or service that you have requested. The information will be held for six years after your account has been closed. The information will be only be disclosed at your request or with your consent; to investigate or prevent fraud; if the law permits it; or if it is in the public's interest. You have the right under the Data Protection Act 1998 to access the information that we hold about you by applying in writing to our Head Office, 22, The Hollow, Earl Shilton, Leicester LE9 7NB. A fee will be charged for this.

## 7. Declaration

I declare that

- I am 16 years of age or over
- I have parental responsibility for the child
- I will be or am the registered contact for the Child Trust Fund

I authorise Earl Shilton Building Society

- to hold the Child's HM Revenue & Customs Contributions, subscriptions, Child Trust Fund 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 to Child Trust Fund Investments.
- Opening this share account confers the child's membership of the Earl Shilton Building Society and I acknowledge that the child's membership rights are included in the Society's Rules.
- I consent to you searching a credit reference agency for the purpose of money laundering and fraud prevention. I understand that a record of the search will be held, whether or not the application is processed.
- I consent that the information held about me and the child may be passed to the Banking Code Standards Board, The Financial Services Authority and the Financial Ombudsman Service for compliance purposes.
- It is important that you read and understand the section entitled '**Your Information**'. By signing this application you agree that we can use the information in this way.
- From time to time the Society may wish to inform you of other services or products.

Please indicate by entering 'X' in the boxes if you do not wish to receive details

By Post

By Phone

I declare that this application has been completed to the best of my knowledge. I agree to be bound by the Terms and Conditions relating to the Child Trust Fund and inform Earl Shilton Building Society in writing immediately of any change in my circumstances.

Signed:

Date:

FOR OFFICE USE ONLY

DATE ACCOUNT OPENED

### IDENTIFICATION

	Personal Verification	Address Verification	Postal Check	Cashier's Signature(s)	Date
Registered Contact					
Child					

BANKING CODE - Information pack issued

Passbook Serial No.

Customer Number 1

Customer Number 2