

# Savings Account Application Form for Beneficiary Accounts

Beneficiary details						
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Master <input type="checkbox"/>	Other <input type="checkbox"/>
Surname						
All other names in full						
Date of birth						
Nationality						
Full Address (We do not accept a PO Box or 'care of address')						
House name/number						
Street						
Town/city						
County						
Postcode						
Length of time at address	Years	Months	If less than three years at your current address please provide us with your previous addresses, and length of time at each address, on a separate sheet.			
Tax Status (Please refer to Section 7 on the previous page)						
Is the beneficiary a resident for TAX PURPOSES anywhere other than UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the beneficiary a citizen of the USA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered Yes to either of the tax status questions please complete the Self-Certification Declaration Form. Please request this from a member of staff.						
Relationship to the Beneficiary						
Trustee 1				Trustee 3		
Trustee 2				Trustee 4		
For office use only						
Account number						
Date opened						