

Fixed Rate Bond Application Form

• This form is for:

- Will Trusts
- Discretionary Trusts

Key: **1** = Important **i** = For your information

Before you begin:

- We only accept applications from trusts that are liable for tax in the UK only, and where their Beneficiaries/Trustees, or equivalent, are liable for tax in the UK only.
 - Please complete this form using BLOCK CAPITALS. This makes it easier for us to read.
 - We will require an original or certified copy of the Trust Deed, any subsequent Deeds of Variation and the grant of probate or letters of administration (as applicable) to open the account.

Section

1 of 11	Which a	ccount are you applying for?
	Please tick your selected account	5 Year Fixed Rate Bond Business, Trust & Charity Bond paying 1.85% Gross/AER Fixed (Issue 19). Minimum deposit £10k and maximum deposit £5m.
		3 Year Fixed Rate Bond Business, Trust & Charity Bond paying 1.60% Gross/AER Fixed (Issue 8). Minimum deposit £10k and maximum deposit £5m.
Section		2 Year Fixed Rate Bond Business, Trust & Charity Bond paying 1.50% Gross/AER Fixed (Issue 18). Minimum deposit £10k and maximum deposit £5m.
2 of 11	Tell us al	pout the trust
	Type of trust	Will Trust Discretionary Trust
	Trust name	e.g. ABC TrustThis must match your nominated current account name in Section 3.
	Correspondence address	Postcode

Forename(s)

• Full details of this individual must be provided in **Section 5 or 6**.

Trust contact individual Title

Trust contact number(s) (in order of preference)

Trust contact email address

This is how we will usually contact the trust about the account e.g. changes to the account or terms & conditions

or

Surname

Income for last 12 months	£					£		
Value of trust	£					DD	MM	YY
· · · · · · · · · · · · · · · · · · ·	V a	es No						
	- Y6	es No						
is the trust and are an	related en	tities incorpor	rated in th	e IIK and liabl				
	12 months Value of trust Does this trust already an account with Cambr Counties Bank? Does this trust operate countries outside the U	12 months	12 months £ Value of trust £ Does this trust already have an account with Cambridge & Counties Bank? Yes No Counties Bank? Does this trust operate in any countries outside the UK?	12 months £ Value of trust £ Does this trust already have an account with Cambridge & Counties Bank? Yes No I a countries bank? Does this trust operate in any countries outside the UK? Yes No I back	12 months E for Value of trust £ Dat esta Does this trust already have an account with Cambridge & Yes No If yes, please p account numb Counties Bank? Does this trust operate in any countries outside the UK? Yes No If yes, please st which countries	12 months £ for trust Value of trust £ Date trust established Does this trust already have an account with Cambridge & Yes No If yes, please provide account number Counties Bank? Does this trust operate in any Yes No If yes, please state	12 months E for trust for	L2 months E for trust E Value of trust E Date trust established D M M Does this trust already have an account with Cambridge & Yes No If yes, please provide account number D M M Does this trust operate in any countries outside the UK? Yes No If yes, please state which countries If yes, please state If yes, ple

We are only able to proceed with the application if the organisation, and any related entities, are incorporated in the UK and liable for tax in the UK only.

Section

About the deposit & nominated current account 3 of 11 I/We would like to invest: £ **Deposit amount** This must be within the relevant minimum/maximum deposit amount highlighted in Section 1. Where has this **Existing Proceeds** Compensation / Donation / Grant / deposit come from? settlement **Subscriptions** savings of a sale (tick all that apply) Gift / Rebate / Other Inheritance (please provide details) How will you Your opening deposit must come from your nominated current account as detailed below. make your This can be made either by cheque or electronic transfer. opening deposit? 🚺 The cheque must be made payable to the trust name as outlined in Section 2 and the cheque Cheque must show the account number and sort code to verify the account. The cheque must be included with your application form. **Electronic** A You will need to send us either a void cheque showing the account number and sort code, or transfer an original/certified copy of a bank statement for the nominated current account, showing the account number and sort code (a copy statement would need to be certified by the issuing bank or in accordance with the standards detailed here: www.gov.uk/certifying-a-document). The statement must be dated within the last 3 months. All original statements will be returned to you. Once your account is open, we will write to you with details of how to make your deposit.

The nominated current account

All deposits and withdrawals must be made to/from the nominated current account. This can be with any UK bank or building society and must be held in the same name as the trust outlined in Section 2.

Bank/Building Society name		
Account name	e.g. ABC Trust	
Account number		Sort Code



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About the interest

In the case of a 1 Year Bond or less, interest is credited to the account on maturity. For Bonds with a term of more than 1 year, interest is credited to the account annually on the anniversary of the Bond opening, and also then on maturity.

Please tick here if you would prefer interest to be paid into the nominated current account.

From 6 April 2016, HMRC rules mean that banks no longer deduct any tax from interest payments made. Your interest will therefore be paid without the deduction of tax (Gross). The trust will need to pay any tax that may be owed to HMRC.

The next three sections ask for information related to any individuals in the trust. We need this information to operate your

🚯 A Signatory is an individual who has the authority to operate and transact on the account e.g. request a withdrawal,

change signatories or nominated current account. Only Signatories may have online account access.

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About the Trustees and Settlors

account effectively and meet regulatory requirements.

Please detail information for each **Trustee**, whether individuals or organisations. These individuals must have the authority to open the account on behalf of the trust, and are required to sign the declaration in Section 11.

Individual Trustee / Settlor 1

Name	Title Forename(s) Surname				
Personal address					
	Postcode				
Personal email address					
Personal mobile number	National Insurance Number				
Date of birth	D D M M Y Y Nationality				
This individual is a UK resident and pays tax in the UK only:					
Does this individual alreat have an account with Cambridge & Counties B	Yes No account number				
Is this individual to be a signatory on this accour	Yes No If yes, please sign here				

Individual Trustee / Settlor 2

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of 11 (cont.)

Name	Title Forename(s) Surname					
Personal address						
	Postcode					
Personal email address						
Personal mobile number	National Insurance Number					
Date of birth	D D M Y Y Nationality					
This individual is a UK resident and pays tax in the UK only:						
Does this individual alreat have an account with Cambridge & Counties B	Yes No account number					
Is this individual to be a signatory on this accour	Yes No If yes, please sign here					

Individual Trustee / Settlor 3

Name	Title	Forename(s)			Surnam	ne	
)			
Personal address							
				Postcode			
Personal email address							
Personal mobile number			National Insurar Number				
Date of birth		MY	Y Nationa	lity			
This individual is a UK resident and pays tax in the UK only:							
Does this individual alreat have an account with Cambridge & Counties B	Yes	No	If yes, please pr account numbe				
Cambridge & Counties b			(
Is this individual to be a signatory on this accour	Yes	No	lf yes, please sign here				

Individual Trustee / Settlor 4

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of 11 (cont.)

Name	Title Forename(s) Surname					
Personal address						
	Postcode					
Personal email address						
Personal mobile number	National Insurance Number					
Date of birth	D D M M Y Y Nationality					
This individual is a UK resident and pays tax in the UK only:						
Does this individual alreat have an account with Cambridge & Counties B	Yes No account number					
Is this individual to be a signatory on this accour	Yes No If yes, please					

Organisation Trustee 1

Organisation name	Title Forename(s) Surname
Organisation address	
	Postcode
Organisation contact name	
Organisation email address	
Organisation contact number	

Organisation Trustee 2

Organisation name	Title	Forename(s)		Surname	
Organisation address					
			Postcode		
Organisation contact name					
Organisation email address					
Organisation contact number					

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About the individuals who will run this account

This section is for additional Signatories. If there are no additional Signatories to add, please go to Section 7.

1 If you require more than two additional signatories, please print and complete additional copies of this page.

Individual 1					
Name	Title	Forename(s)		Surname	
Personal address					
			Postcode		
Personal email address					
Personal mobile number		National Insurar Number			
Date of birth		1 M Y Y Nationa	lity		
This individual is a UK re	esident and pay	ys tax in the UK only:			
Does this individual alreat have an account with Cambridge & Counties B	Yes	No If yes, please pr account numbe			
Signature					
Individual 2					
Name	Title			Surname	
		Forename(s)		Sumanie	
Personal address		Forename(s)		Sumame	
Personal address		Forename(s)	Postcode		
Personal address Personal email address		Forename(s)	Postcode		
Personal email		National Insuran Number			
Personal email address Personal mobile		National Insuran Number	ce		
Personal email address Personal mobile number		National Insuran Number	ce		
Personal email address Personal mobile number Date of birth	esident and pay	National Insuran Number	ce		

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Other individuals in your trust

This section is for all **Beneficiaries**, **Protectors and Controllers** of the trust. If there are no any additional individuals to add, please go to **Section 8**.

• The trust may appoint Protectors or Controllers to ensure the wishes of the Trustmaker are fulfilled and the trust serves its intended purpose.

	Name		Date of birth	Home postcode	Please indicate role: Beneficiary Protector or Controller
1	Forename	Surname(s)	dd/mm/yy		
2	Forename	Surname(s)	dd/mm/yy		
3	Forename	Surname(s)	dd/mm/yy		
4	Forename	Surname(s)	dd/mm/yy		
5	Forename	Surname(s)	dd/mm/yy		
6	Forename	Surname(s)	dd/mm/yy		
7	Forename	Surname(s)	dd/mm/yy		
8	Forename	Surname(s)	dd/mm/yy		
9	Forename	Surname(s)	dd/mm/yy		
10	Forename	Surname(s)	dd/mm/yy		
11	Forename	Surname(s)	dd/mm/yy		
12	Forename	Surname(s)	dd/mm/yy		
13	Forename	Surname(s)	dd/mm/yy		
14	Forename	Surname(s)	dd/mm/yy		
15	Forename	Surname(s)	dd/mm/yy		
16	Forename	Surname(s)	dd/mm/yy		

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If you require any individuals to have access to the account for information purposes please complete the section below.

Additional individuals

Only balances, transaction history and general information can be given via phone or the correspondence email address. These individuals will not have online account access or be able to make changes to the account.

Name	Title Forename(s)	Surname
Organisation (if applicable)		
Personal address		
		Postcode
Personal email address		
Personal contact number		
Date of birth		

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Data about you and connected individuals

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Cambridge & Counties Bank Limited hold and use your personal information and information about connected individuals (e.g. Directors, Shareholders, Trustees, Beneficiaries) in accordance with the General Data Protection Regulation. We will use the contact details provided to get in touch regarding the account with us. We will use the information on this form to open the account, manage it and tailor the service we offer as well as make checks and seek any verifications needed. The information you provide us with, or is collected by the Bank during our dealings with each other, is kept for as long as is necessary to administer any contractual relationships with us, or for as long as regulation or the law says we have to, if that's longer. To prevent criminal activities, information captured on this form and obtained from Credit Reference Agencies or other third parties will be shared with relevant agencies who may keep a record of it. These agencies will also give us electoral roll information for the purpose of verifying the identities of significant persons to this application, which we will retain. Where additional individuals are identified as part of this process (e.g. Undisclosed Trustees, Beneficiaries) we will process the data for the prevention and detection of crime. If criminal activity is identified, any details we hold will be passed to the relevant agencies. Associations between joint applicants may be created at credit reference agencies.

You can find our full Privacy Notice, explaining how we use personal information and what rights there are in relation to it, at <u>www.ccbank.co.uk/privacy-notice</u>. If you have any questions or require further information, please get in touch using the details below:

🖋 Write: Data Protection Officer, Cambridge & Counties Bank, Charnwood Court, 5B New Walk, Leicester LE1 6TE

Call: 0344 225 3939

Email: dataprotection@ccbank.co.uk

By signing this document, you are declaring that you have read and understood both the above summary and our full Privacy Notice.

Would you like to hear from us?

Occasionally we may share information with you about account launches and news from Cambridge & Counties Bank. If you wish to receive this information, please tick the ways in which you would like to hear from us:

_			
Post	Telephone	Email	

You can withdraw your consent to receiving these types of communications at any time by contacting us on the details above.

Section



About the Financial Services Compensation Scheme (FSCS)

We are covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. For the current level of cover, further details and to view/download the FSCS Information and Exclusions list, please visit our site at www.ccbank.co.uk/fscs

1 This box must be ticked to proceed

I/We confirm that we have received the information sheet and exclusions list.

It is a regulatory requirement that all banks have to maintain records to help determine the eligibility of their customers. If the trusts circumstances change during the term of the Bond, you must inform us of the change. Most depositors, including individuals and businesses, are covered by the scheme.

If you are unsure as to whether you are eligible or not, you can call us on 0344 225 3939 or email savings@ccbank.co.uk

Alternatively, you can contact the FSCS directly on 0800 678 1100 or visit www.fscs.org.uk



Protected

Declaration

I/We declare that:

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- 1 I/We understand that any one of the signatories can sign to withdraw on maturity of the Bond;
- 2 I/We understand that all withdrawals and deposits will be via the nominated current account detailed in Section 3;
- 3 I/We understand that I/we can deposit a maximum of £10m per trust overall with Cambridge & Counties Bank;
- 4 I/We accept the Terms & Conditions applicable to this account;
- 5 I/We agree that Cambridge & Counties Bank may use my/our information as stated in this application form and where information has been provided in relation to others I/we have informed them of the Privacy Notice referenced in Section 9;
- 6 This application form has been completed to the best of my/our knowledge and belief;
- 7 The account I am/we are opening and the money I am/we are investing or will invest is on behalf of the trust named in Section 2 and is not clients' monies, unless specific authorisation to open this account has been obtained from the client. I/We hereby certify that the trust has the power to open the account applied for and that if required I/we will produce evidence of the appropriate authority to confirm that the deposit may be made;
- 8 I/We authorise you to act on the instructions of the signatories and I/we agree to provide you with an authorised signature for each signatory. I/We also agree and acknowledge that I/we will not hold the Bank responsible if the trust suffers a loss as a result of you acting on the authority and instructions of the signatories. I/We will tell you immediately in writing if the signatories are to be changed;
- 9 I/We agree that we will notify the Bank should the trust's status or account related individuals change. I/We will also notify you if the trust's tax status or residency change or if the tax status, or residency of its individuals change and;
- 10 I/We confirm that the trust named in Section 2 is a UK resident and that I/we will notify the Bank immediately if the trust or any named individual cease to be UK resident.

This box must be ticked to proceed

I/We understand that no withdrawals can be made during the term of the Bond.

PLEASE SIGN BELOW

① The below individuals must have provided details in Section 5 or 6 of this form.

1st Trustee		2nd	Trustee	
Signature		Sigr	nature	
Date	D D M M Y Y	Date	2	D D M M Y Y
Name		Nam	ie	
Position		Posi	tion	

Cambridge & Counties Bank Limited, Charnwood Court, 5B New Walk, Leicester LE1 6TE

🧈 Tel: 0344 225 3939 🛛 🗉 Fax: 0116 254 4637 🛛 🕿 Email: savings@ccbank.co.uk 👌 Web: ccbank.co.uk

Cambridge & Counties Bank Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under firm registration number 579415. Our authorisation can be checked at the Financial Services Register at www.fca.org.uk. Cambridge & Counties Bank Ltd Registered Office: Charnwood Court, 5B New Walk, Leicester, England, LE1 6TE. Registered in England and Wales No. 07972522. VAT Registration Number GB 208354420.