

# Maturity instructions

## Before you begin:

**i** Once complete either sign, scan and email the form to [savings@ccbank.co.uk](mailto:savings@ccbank.co.uk) or print, sign and post it to us at:

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

Account name

Account number

**i** Please complete the relevant sections based on what you'd like to do with your funds.

Section

## 1 Reinvesting your funds

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**i** You can find our latest available products listed in the summary box we sent you, or alternatively please visit [ccbank.co.uk/savings](http://ccbank.co.uk/savings)

Please specify selected account type	Minimum investment	Maximum investment	Gross/AER Rate	Funds to be reinvested	Additional funds to be invested*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Total</b>				£ <input type="text"/>	£ <input type="text"/>

\*Please note: if you don't indicate the full balance, any remaining funds will be transferred to an easy access account. If you wish to add additional funds, please contact the team using the details below before returning your maturity instructions form.

If you would like any interest applied on your account to be paid away to your nominated current account, please tick here

I confirm that I have read the FSCS information sheet and exclusions list which can be found at [ccbank.co.uk/fscsinfo](http://ccbank.co.uk/fscsinfo)

Terms & Conditions of the account(s) selected, and the Savings Tariff of Charges which can be found at [ccbank.co.uk/savingshelp](http://ccbank.co.uk/savingshelp)

I have read the features of the account(s) outlined on the summary box

## 2 Transfer your funds to an existing variable rate account with us

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Existing account number

  

Amount to transfer

  

## 3 Withdraw your funds

of 3

Amount to be repaid (write ALL if the account is to be closed)

**i** Before returning this form, please ensure it is signed by a signatory on the account

Name (block capitals)

Signature

Date

Contact telephone no

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