

DOWNLOAD ONLY

# Joint Savings Account Application Form



**Important:** Please complete this form in ink and block capitals.

All fields are mandatory and incomplete application forms may be returned to you, which could result in your application being rejected.

## Section 1: Account Information

|                          |   |
|--------------------------|---|
| Type of Account          |   |
| Origin of funds          |   |
| What are you saving for? |   |
| Opening investment       | £ |

*Cheques should be made payable to the account holder(s) and **must** be drawn from an account in your name.*

## Section 2: Personal Information

|                                    |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
|------------------------------------|-------------|---|-----|--|------|--|----|--|----|--|----|----------------------------|----------------------|--------------|--|--|
|                                    | Applicant 1 |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Title (tick as appropriate)        | Mr          |   | Mrs |  | Miss |  | Ms |  | Mx |  | Dr |                            | Other:               |              |  |  |
| Forename(s)                        |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Surname                            |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Date of Birth (DD/MM/YY)           |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| National Insurance Number          |             |   |     |  |      |  |    |  |    |  |    | I do not have an NI Number |                      |              |  |  |
| Country of Birth                   |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Place of Birth                     |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Nationality                        |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Occupation                         |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Telephone                          |             |   |     |  |      |  |    |  |    |  |    | Preferred Contact Method   |                      |              |  |  |
| Mobile                             |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Email                              |             |   |     |  |      |  |    |  |    |  |    |                            |                      |              |  |  |
| Are you related to a staff member? | Y           | N |     |  |      |  |    |  |    |  |    |                            | Name of staff member | Relationship |  |  |

Permanent Residential Address including postcode.

|                                  |  |
|----------------------------------|--|
|                                  |  |
| Date moved into current address: |  |

If you have been at your current address for less than one year, please provide your previous address including postcode.

|                          |  |
|--------------------------|--|
|                          |  |
| Date moved into address: |  |

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A member of the Building Societies Association. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Reg No 164473.



|                                                                                                                     |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------|----|-------------|-----|--|------|--|----|--|----|--------------|----------------------------|--|--------|--|----------------------|---|--|--|--|--|--|--|--|--|--------------|--|--|--|--|
|                                                                                                                     |    | Applicant 2 |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Title (tick as appropriate)                                                                                         | Mr |             | Mrs |  | Miss |  | Ms |  | Mx |              | Dr                         |  | Other: |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Forename(s)                                                                                                         |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Surname                                                                                                             |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Date of Birth (DD/MM/YY)                                                                                            |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| National Insurance Number                                                                                           |    |             |     |  |      |  |    |  |    |              | I do not have an NI Number |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Country of Birth                                                                                                    |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Place of Birth                                                                                                      |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Nationality                                                                                                         |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Occupation                                                                                                          |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Telephone                                                                                                           |    |             |     |  |      |  |    |  |    |              | Preferred Contact Method   |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Mobile                                                                                                              |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Email                                                                                                               |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Are you related to a staff member?                                                                                  |    |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| <table border="1"> <tr> <td>Y</td> <td>N</td> <td colspan="10"></td> </tr> </table>                                 |    |             |     |  |      |  |    |  |    |              |                            |  |        |  | Y                    | N |  |  |  |  |  |  |  |  |              |  |  |  |  |
| Y                                                                                                                   | N  |             |     |  |      |  |    |  |    |              |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |
| <table border="1"> <tr> <td colspan="10">Name of staff member</td> <td colspan="5">Relationship</td> </tr> </table> |    |             |     |  |      |  |    |  |    |              |                            |  |        |  | Name of staff member |   |  |  |  |  |  |  |  |  | Relationship |  |  |  |  |
| Name of staff member                                                                                                |    |             |     |  |      |  |    |  |    | Relationship |                            |  |        |  |                      |   |  |  |  |  |  |  |  |  |              |  |  |  |  |

Permanent Residential Address including postcode.

|                                  |  |
|----------------------------------|--|
|                                  |  |
| Date moved into current address: |  |

If you have been at your current address for less than one year, please provide your previous address including postcode.

|                          |  |
|--------------------------|--|
|                          |  |
| Date moved into address: |  |

Withdrawals on this account can be made by the following signatures:

|                          |                      |                       |
|--------------------------|----------------------|-----------------------|
| <input type="checkbox"/> | Either signatory     | (tick as appropriate) |
| <input type="checkbox"/> | All signatories      |                       |
| <input type="checkbox"/> | Any ____ signatories |                       |

### Section 3: Marketing Consent

Penrith Building Society would occasionally like to keep you up to date with details of products and services by email, telephone or post. The Society will not sell your details to any company for their own use but may pass on your details to i) its subsidiary companies and ii) mailing houses (who enable us to send our direct marketing communications to you).

|                                                                                                               |  |             |  |
|---------------------------------------------------------------------------------------------------------------|--|-------------|--|
| If you <b>would like</b> to receive such direct marketing communications, please indicate by marking the box. |  |             |  |
| Applicant 1                                                                                                   |  | Applicant 2 |  |

Please note that these instructions will supersede any existing consents currently held by Penrith Building Society. These will also continue as your current marketing preferences unless you contact us and tell us otherwise.

## Section 4: Tax Details

|                                                                                                                                                                 |                      |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----|
| Applicant 1                                                                                                                                                     |                      |    |
| 1. Are you a citizen and tax resident of the UK only?<br><i>If YES, please sign at the end of this application form, If NO, please answer questions 2 and 3</i> | Yes                  | No |
| 2. Are you a citizen of and/or tax resident in the USA?                                                                                                         | Yes                  | No |
| 3. Please list the countries other than the UK of which you are a <b>tax resident</b> , if any, together with the associated tax reference number(s)            |                      |    |
| <b>Country of tax residency</b>                                                                                                                                 | <b>Tax ID number</b> |    |
|                                                                                                                                                                 |                      |    |
|                                                                                                                                                                 |                      |    |
|                                                                                                                                                                 |                      |    |

|                                                                                                                                                                 |                      |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----|
| Applicant 2                                                                                                                                                     |                      |    |
| 1. Are you a citizen and tax resident of the UK only?<br><i>If YES, please sign at the end of this application form, If NO, please answer questions 2 and 3</i> | Yes                  | No |
| 2. Are you a citizen of and/or tax resident in the USA?                                                                                                         | Yes                  | No |
| 3. Please list the countries other than the UK of which you are a <b>tax resident</b> , if any, together with the associated tax reference number(s)            |                      |    |
| <b>Country of tax residency</b>                                                                                                                                 | <b>Tax ID number</b> |    |
|                                                                                                                                                                 |                      |    |
|                                                                                                                                                                 |                      |    |
|                                                                                                                                                                 |                      |    |

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

## Section 5: Interest Payment Instructions

Please refer to the Summary Box for the available interest options and tick one box as appropriate.

|                                                                                                                       |                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Add to this account                                                                          | <input type="checkbox"/> Transfer to another PBS Account No: <input type="text"/> |
| <input type="checkbox"/> Pay the interest direct to the Bank/other Building Society account listed below in Section 6 |                                                                                   |

## Section 6: Nominated Bank Account

We will only accept withdrawals to Nominated Bank Accounts in your name or to which you are a joint party from financial institutions that hold a UK banking licence.

|                           |                      |
|---------------------------|----------------------|
| UK Bank/Building Society: | <input type="text"/> |
| Account Name(s):          | <input type="text"/> |
| Account Number:           | <input type="text"/> |
| Sort Code:                | <input type="text"/> |
| Reference/Roll Number:    | <input type="text"/> |

We will use the details you provide as the nominated bank account (NBA) for all your sole accounts going forward, unless you request a change in writing.

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## Section 7: Let us know if you need some extra support

We want you to be able to access our products and services regardless of your current circumstances. If you want us to do something differently, or need some more support, please tell us here or call us to let us know.

Perhaps you need us to change how we communicate with you? For example, you can ask:

- For things to help you, such as large print documents or other special formats.
- That we're extra patient when we speak to you over the phone or in branch.
- That we take into consideration that your mood may vary, and your reactions might be affected.

Let us know your individual needs so we can discuss with you how we can help. We'll do all we can to help make things easier for you. We'll note the support you need on your account(s) so our colleagues know how to help you whenever you contact us.

| Applicant 1                              | Applicant 2                              |
|------------------------------------------|------------------------------------------|
| <br><br><br><br><br><br><br><br><br><br> | <br><br><br><br><br><br><br><br><br><br> |

I agree to the above details being held on my account(s)

|             |     |  |
|-------------|-----|--|
| Applicant 1 | Yes |  |
|-------------|-----|--|

|             |     |  |
|-------------|-----|--|
| Applicant 2 | Yes |  |
|-------------|-----|--|

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## Section 8: Maturity Instructions

**If you are not applying for a fixed term account, section 8 does not apply.**

Upon maturity, your account will mature into your nominated account. We will contact you prior to the maturity of this account to confirm your instructions are still valid, and we will also notify you of any new products available which may be of interest to you. You may change your instructions at the point of maturity.

Please choose from the options:

|                                                                                                                     |                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> New Instant Access Account                                                                 | <input type="checkbox"/> Transfer to another PBS Account No: <input type="text"/> |
| <input type="checkbox"/> Transfer the maturing funds to the Bank/other Building Society account listed in Section 6 |                                                                                   |

If you have chosen to open a new Instant Access Account upon maturity, we will use this application form containing your signature for the authorisation to do so. Should any of your details change, please inform us immediately.

## Section 9: Terms, Conditions & Declarations

### Charitable Assignment

Please read the section entitled 'Charitable Assignment' within the Terms and Conditions for Savings Accounts, and our Charitable Assignment leaflet, to which your account will be subject. For your own benefit and protection, you should read this section carefully before signing this application form. The Society's Terms and Conditions for Savings Accounts are available by request, from our Branch, or by visiting our website [www.penrithbs.co.uk](http://www.penrithbs.co.uk).

### Use of Personal Information

Your personal information is held by Penrith Building Society and may be used in a number of ways, for example:

- To verify your identity.
- For fraud prevention.
- To manage your account.
- For audit purposes.

We will share your information with regulatory bodies, such as HMRC where we are required to do so by any regulations or legislation. We use your data in line with our Privacy Policy. You can find out more in our Privacy Notice, which is available by request, from our Branch, or by visiting our website [www.penrithbs.co.uk](http://www.penrithbs.co.uk).

### Financial Services Compensation Scheme

The Financial Services Compensation Scheme ('FSCS') protects deposits made by most individuals and business. Details of certain exclusions from the FSCS's protection are set out in the exclusions list which can be found on the FSCS Information Sheet, available by request, from our Branch or by visiting our website [www.penrithbs.co.uk](http://www.penrithbs.co.uk).

### Declarations

We, the persons whose signatures appear on this form declare that,

- The Account will be held by us as joint beneficial owners OR trustee(s) or nominee(s) on behalf of the beneficial owner(s) excluding trustees for discretionary and accumulating trusts. 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. (A bare trustee is one who holds property in trust for the absolute benefit and at the absolute disposal of other persons and, apart from a duty to transfer the property to them on request, has no other duties in respect of it. Any person who has an existing beneficial interest in the property cannot be a bare trustee).
- We are fully aware that this account is only available for investments made by or on behalf of individuals.
- We undertake to inform Penrith Building Society within 30 days of any changes in our circumstances, such as moving outside the UK that may affect this declaration.
- We have received the Financial Services Compensation Scheme Information Sheet.
- We have received a copy of Penrith Building Society's complaints leaflet.
- We agree to be bound by the Rules of Penrith Building Society.
- We have read and accept the full terms and conditions of this account.
- We confirm that the details contained within this application form are correct.

For your own benefit and protection, you should read the terms and conditions contained in the Society's Terms and Conditions for Savings accounts, the Summary Box and this application form together with the Society's Rules as they apply from time to time, carefully before signing.

**If you do not understand any point, please ask a member of staff for further information before signing below.**

| Applicant 1 | Applicant 2 |      |
|-------------|-------------|------|
| Signature   | Signature   |      |
|             |             |      |
| Print Name  | Print Name  | Date |
|             |             |      |

**For Office Use Only**

|                   |              |              |
|-------------------|--------------|--------------|
| Account Number    |              |              |
| Customer Numbers  | Applicant 1: | Applicant 2: |
| Account Opened By |              |              |
| Date              |              |              |
| Checked By        |              |              |
| Date              |              |              |
| Assigned?         | Applicant 1: | Applicant 2: |
| Memos Required    | Applicant 1: | Applicant 2: |