



Application for Junior Account

Trustee Information

| | |
|------------------------|-----------------------|
| Relationship to child: | Title: Mr/Mrs/Ms/Miss |
| First Name: | Family Name: |
| Address: | |
| | |
| Email: | |
| Post Code: | Date of Birth: |
| Tel. Number: | Mobile Number: |

Junior Account Information

| | |
|-------------|----------------|
| First Name: | Family Name: |
| Address: | |
| | |
| Post Code: | Date of Birth: |

Nomination

In the event of the death of the trustee before the account holder reaches 16 years old, the following person is nominated for responsibility of the account on the Junior members behalf.

| | |
|-----------------------|--------------|
| Nominee First Name: | Family Name: |
| Relationship: | |
| Witnessed by (print): | |
| Witness Signature: | |

Please Note: We recommend that all forms are submitted either in person at one of our offices or by post.

Please be aware that should you choose to send any personal or sensitive information to us by email this will be at your own risk and we cannot accept any responsibility for a third party acquiring this via unlawful actions outside of the organisations control.

You can subscribe or unsubscribe from receiving marketing information and change your marketing preferences at any time. We will only send information on our products and services and your details will not be passed to third parties. Please use the details in the header to contact us about your marketing preferences.

Trustee Declaration: *I declare that the above information is accurate and true to the best of my knowledge and belief.*

Signature of Trustee:

Date: