

CASH JUNIOR INDIVIDUAL SAVINGS ACCOUNT APPLICATION FORM

Please complete all sections in BLOCK CAPITALS.
Please circle preferred options that are in BOLD TYPE.
Please TICK the boxes provided where applicable.

I/We enclose £

To open a Cash Junior Individual Savings Account (JISA)

Source of funds for opening deposit:

REGISTERED CONTACT - I APPLY TO OPEN A JISA FOR A CHILD

Cust No. (BBS use only)

Title (MR/MRS/MS/MISS)

Surname(s)

Forename(s)

Date of Birth

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Permanent residential address

Postcode

Telephone Home

Mobile

Email address

Occupation

Nationality

Previous address (if less than 3 years at current address)

Postcode

DETAILS OF CHILD (APPLICANT)

Cust No. (BBS use only)

Child Title (if any)

Surname(s)

Forename(s)

Date of Birth

| Day | Month | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Child permanent residential address

Postcode

Nationality

Previous address (if less than 3 years at current address)

Postcode

National Insurance No. (if the child is over 16)

When you open an account with us, under regulations for prevention and detection of financial crime, we need to verify your name and address. We may use an electronic verification system to do this. Alternatively, we may ask you to provide physical forms of identification. Please refer to the separate sheet entitled 'Verifying Your Identity' for further details.

Account number:

AGREEMENT TO ASSIGN

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 30 NOVEMBER 2000 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, OR IF YOU HAVE A MORTGAGE WITH THE SOCIETY AT TODAY'S DATE, THE WORDING IN PARAGRAPHS 1 - 3 BELOW DOES NOT APPLY TO YOU. HOWEVER, IT MUST NOT BE DELETED. PLEASE LIST YOUR SHARE/MORTGAGE ACCOUNT NUMBER(S)

1. By applying to open a share account on or after 1 December 2000, I/we agree with the Society and the Charities Aid Foundation ("the CAF") that I/we will assign to the CAF (or to any charity(ies) nominated by it or by the Society under the provisions of a deed dated 30 November 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charity(ies), but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me/us if I/we fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me/us.

I/we understand that neither the Society nor the CAF will release me/us from this agreement or vary its terms and I/we will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release or otherwise) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

2. (a) "Relevant conversion benefits" means any benefits to which I/we might become entitled as a shareholding member of the Society under the terms of any future transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the five years immediately following the date on which my/our share account is opened (or if applicable, the shorter period as set out in the list available from the Society's Secretary). "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.

(b) If the Society merges with any other society, after the date of such merger the "Society" includes such other society,

3. A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign or in respect of which a shorter period applies (which list may change from time to time but not with retrospective effect) is available on request from the Society's Secretary at its principal office.

Account name:

DATA PROTECTION

Beverley Building Society is committed to protecting your privacy and keeping your personal information secure. When you register an enquiry, or complete an application form you are authorising the Society to collect your personal information to process and operate your account(s). The Society does not share your data with any other organisation for marketing or promotional purposes. Our Privacy Notice is available on our website or you can ask us to send you a copy.

I DECLARE THAT:

- The child named on this application will be the beneficial owner of the account investments.
- All subscriptions made, and to be made, belong to me / the applicant.
- I am 16 years of age or over.
- I am the child / I have parental responsibility for that child (delete which does not apply)
- I / or the child (delete which does not apply) does not have a Child Trust Fund account.
- I will be the registered contact for the JISA.
- Any share(s) acquired by the account holder under this account will not be held by the account holder as a bare trustee for a body corporate, or for persons who include a body corporate.
- They agree to be bound by the conditions relating to the Agreement to Assign as described above.
- They confirm they have read the section entitled Data Protection above. By signing this form, they consent to the uses and disclosures of information listed.
- I have not subscribed and will not subscribe to another JISA of this type in the same tax year that I subscribed to this Cash JISA for the child named on this application.
- I am not aware that this child has another JISA of this type.
- I am not aware of other JISA subscriptions that will result in this child exceeding the annual limit.
- I will not knowingly make subscriptions to JISAs for this child that will result in the subscription limit being exceeded in the same tax year.
- I confirm receipt of the Financial Services Compensation Scheme (FSCS) Information Sheet.
- Any changes to be made will be notified to Beverley Building Society within 30 days.
- The child is resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to/in a civil partnership with a UK Crown Servant.

Please note we are unable to open accounts for non-UK tax residents or non-UK citizens.

I AUTHORISE BEVERLEY BUILDING SOCIETY:

- To hold the child's subscriptions, JISA investments, interest, dividends and any other rights or proceeds in respect of those investments and cash.
- To make on the child's behalf any claims to relief from tax in respect of JISA investments.

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For your own benefit and protection, you should read our Cash JISA marketing literature, General Savings and JISA Terms and Conditions, the Rules of the Society, any subsequent Terms and Conditions and Rules for the time being in force and the declarations and authorities above carefully before signing, as these form our standard client agreement upon which we intend to rely. Copies of these documents can be found on our website (www.beverleybs.co.uk) or are available upon request. If you do not understand any point please ask for further information.

I declare that this application has been completed to the best of my knowledge and belief.

Signed (1):

Date:

Printed:

IF YOU ARE NOT THE ACCOUNT HOLDER PLEASE INDICATE THE CAPACITY IN WHICH YOU ARE SIGNING THE FORM:

Power of Attorney OR Other (.....)

For Office Use Only

| | | | |
|---|--|---|--|
| Cust No: | Date opened: | Cust No: | Date opened: |
| <input type="checkbox"/> Existing BBS member | <input type="checkbox"/> Tick if face to face | <input type="checkbox"/> Existing BBS member | <input type="checkbox"/> Tick if face to face |
| <input type="checkbox"/> Electronic verification PASS | <input type="checkbox"/> Electronic verification REFER | <input type="checkbox"/> Electronic verification PASS | <input type="checkbox"/> Electronic verification REFER |
| Diary No: | | Diary No: | |
| Customer(s) informed of: | <input type="checkbox"/> Any changes to FSCS scheme | <input type="checkbox"/> Any changes to interest rate | <input type="checkbox"/> Other (.....) |
| Input by: | Process date: | Checked by: | Date: |