



Application for Repayment of:

- | | | |
|---|---|--|
| <input type="checkbox"/> Childcare Plus Savings | <input type="checkbox"/> Childcare Save Account | <input type="checkbox"/> Statement Based Deposit Account |
| <input type="checkbox"/> Instalment Savings | <input type="checkbox"/> National Solidarity Bond (Issues 1-4 only) | <input type="checkbox"/> Pension Save Account |
| | <input type="checkbox"/> State Savings Account | |

CUSTOMER(S) DETAILS - Any field containing * is a mandatory field and must be completed

Please read the notes overleaf before completing this form.

(1) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address* (If address differs from registered account address, please ensure Panels A and B are completed overleaf)

<input type="text"/>	Eircode
<input type="text"/>	<input type="text"/>

REPAYMENT INSTRUCTION

Please note that a separate application is required for each repayment request

I / We, the holder(s) of Account No:* request:

- The full value
- OR**
- (please place an X in **ONE** option only)* Partial repayment of € , , -
- OR**
- Close account

Do you wish to defer repayment if additional interest is due on your savings within a period of 30 days?* Yes **OR** No

THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL SAVER(S) - see note 1

I/We instruct State Savings to complete my/our chosen request as set out above. I/We have also read and accept the notes on page 2.

Signature 1*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature 2*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominated Parent/Guardian where account holder is a minor (aged less than 18)

Name(s)	Surname	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICIAL USE ONLY

CHC: <input checked="" type="checkbox"/>	Signature check: _____	Date repaid: _____	Principal: € _____
All additional doc. included: <input checked="" type="checkbox"/>			Interest: € _____
			Total: € _____



PANEL A CHANGE OF ADDRESS ON ACCOUNT - see notes 2 and 3

I / We, request you to amend my/our address as follows:

New Address
(BLOCK CAPITALS)

Eircode

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One current proof of name document and two current proof of address documents must be included with all Change of Address requests, see note 2 below

*Signature (1)** _____ *Signature (2)** _____

PANEL B THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A HAS BEEN COMPLETED - see note 3

I / We, the saver(s), verify the instruction specified in Panel A.

*Signature (1)** _____ *Signature (2)** _____

Witness: I confirm that the holders(s) named above have signed in my presence and the holder(s) requesting the change of address have provided current and valid proof of name documentation and two current and valid original proof of address documents (not older than 6 months). Please refer to Note 3 for acceptable ID documents. I also confirm that the proof documentation provided has been photocopied and the photocopies have been marked as 'original sighted' and are enclosed with this form.

<i>Proof of Name Type*</i>	Applicant 1	Applicant 2
<i>Proof of Name Ref*</i>	Applicant 1	Applicant 2
<i>Customer's Date of Birth*</i> <small>(as per proof documentation)</small>	Applicant 1	Applicant 2

Please note, all original proof documentation or certified¹ photocopies of original proof documentation must be returned with this form to; State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2

*WITNESS Name**
(BLOCK CAPITALS)

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*WITNESS Address**
(BLOCK CAPITALS)

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*Witness Contact Telephone Number**

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*WITNESS Signature** _____ *Date**

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*WITNESS Occupation**

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*IMPORTANT
Witness Official Stamp**

NOTES

- 1. GENERAL INFORMATION**
Please complete the form in BLOCK CAPITALS using black or blue ink. Please note, all fields containing * are mandatory fields and must be completed. This application must be signed by all parties named on the account. Withdrawals from Instalment Savings, Childcare Plus Savings, Childcare Save Accounts, Pension Save Account, National Solidarity Bond, Statement Based Deposit Accounts and State Savings Account are subject to 7 working days notice from the date of receipt. The repayment of Instalment Savings within the 12 month contribution period where lodgements are received through Direct Debit/Group Schemes may be subject to a waiting period of up to 21 days.

Your Repayment will be dispatched to you at your registered address. Please note all cheques must be lodged to a bank account in the name(s) of the payee(s). Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. If you have not previously provided evidence of your identity to our satisfaction we will advise you and we will not proceed with the processing of your requested Repayment until evidence of your identity has been received and verified by State Savings.
- The completed form together with any original documentation or certified¹ copies of original documentation should be returned to:- **State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2.**
- 2. CHANGE OF ADDRESS**
Please ensure you supply details of your former address as well as your new address. All requests for a change of address must be accompanied by original documents or certified¹ copies of original documents as follows; ONE current proof of name document and TWO current proof of address documents (not older than 6 months) displaying the new quoted address. All original documents supplied will be returned to you.
- 3. WITNESS PANEL & ACCEPTABLE ID DOCUMENTATION**
In the event that **Panel A** has been completed please ensure that you complete and sign **Panel B**. Please also ensure that all necessary proof documentation has been appropriately witnessed, as set out in Panel B, by one of the following: a Post Office Official, Member of An Garda Síochána or a practising Solicitor / Commissioner for Oaths. **Acceptable proof of address documentation** includes original or *certified copies of any one of the following: Current (not older than 6 months) Household bill (electricity, telephone, gas), bank, building society or Credit Union statement, official document from the Revenue Commissioners or the Department of Social Protection. **Acceptable proof of name documentation** includes original or certified copies of any one of the following: Current EU Driving Licence or Passport or National ID Card. All original documents will be returned to you.
- 4. PERSONAL DATA**
The NTMA is the data controller (for the purposes of the Data Protection Acts 1988 and 2003 and, with effect from 25 May 2018, the General Data Protection Regulation (GDPR)) for all personal data supplied by you.

¹Certified Copy - You may bring the original documents to any Post Office where a Post Office Official can photocopy the original to certify it is a true copy of the original. Alternatively you can bring the original documents to a Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths where they can photocopy the original and stamp it to certify it is a true copy of the original.