

Application Form for:

- (a) Savings Bonds (3 year)
- (b) Savings Certificates (5½ year)
- (c) Deposit Account Plus (30 day notice)



Section 1 – Product options (Please select one)

<input type="checkbox"/> Savings Bonds (12 th Issue) <table border="1"> <tr> <td>Individual Amounts:</td> <td>Minimum</td> <td>Maximum</td> </tr> <tr> <td>€100</td> <td>€120,000</td> <td></td> </tr> </table>	Individual Amounts:	Minimum	Maximum	€100	€120,000		<input type="checkbox"/> Savings Certificates (17 th Issue) <table border="1"> <tr> <td>Individual Amounts:</td> <td>Minimum</td> <td>Maximum</td> </tr> <tr> <td>€50</td> <td>€120,000</td> <td></td> </tr> </table>	Individual Amounts:	Minimum	Maximum	€50	€120,000		<input type="checkbox"/> Deposit Account Plus (30 day Notice) <table border="1"> <tr> <td>Individual Amounts:</td> <td>Minimum</td> <td>Maximum</td> </tr> <tr> <td>€1</td> <td>No maximum</td> <td></td> </tr> </table>	Individual Amounts:	Minimum	Maximum	€1	No maximum	
Individual Amounts:	Minimum	Maximum																		
€100	€120,000																			
Individual Amounts:	Minimum	Maximum																		
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Individual Amounts:	Minimum	Maximum																		
€1	No maximum																			

Section 2 – Type of Account Note: For application forms for Charities, Clubs, other unincorporated bodies or Friendly Societies telephone State Savings at 1850 30 50 60.

Please tick Account type required below (Tick one box only)

<input type="checkbox"/> Sole Complete Section 4 Panel 1	<input type="checkbox"/> Joint (2 people or more)* Complete Section 4 Panel 1, 2. Note - Funds can only be withdrawn by <u>both</u> of the account holders. In the event of the Death of one of the Account Holders the funds are transferred to the survivor(s).	<input type="checkbox"/> Trust* Complete Section 4 (a) Trustees – Panel 1 (b) Beneficiary – Panel 2	<input type="checkbox"/> Number of customers* *If you wish to add more than two names to the account, please complete and attach a second form for the additional name/s.
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Section 3 – Method of Payment

Payment Methods	Fill in Lodgement Amount (See minimum above)	Instructions
Cash	€	Cash may only be used at Post Office counters
Personal Cheque	€	Payable to "NTMA State Savings" & crossed "Account Payee" No 3rd party cheques but those payable to account holder named in Section 4 are acceptable.
Debit Card	€	Post Office – Laser, Maestro, Visa Debit – with your PIN MAIL – Complete Debit Card Payment below and available on web at StateSavings.ie Debit Card payments are subject to the individual limit (if any) applied by your Bank.
Total Lodgement	€	

Section 4 – Account Holder(s) Details

All Correspondence will be sent to this address – All fields marked with asterisk must be completed.

<p>Panel 1 First named Account holder</p> <p>* Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____</p> <p>* First name(s) _____</p> <p>* Surname _____</p> <p>* Date of birth <input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY</p> <p>* Place of birth _____</p> <p>* Nationality _____</p> <p>* Address of permanent residence Line 1 _____ Line 2 _____ Line 3 _____</p> <p>* Country of residence _____</p> <p>* PPS Number# _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Daytime tel no. _____</p> <p>Mobile no. _____</p> <p>E-mail address _____</p> <p>Occupation _____</p> <p>Previous savings ref _____</p>	<p>Panel 2 Second named Account holder</p> <p><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YYYY</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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If an existing State Savings customer (with holdings of Savings Bonds, Savings Certificates, Prize Bonds, Deposit Accounts etc) enter any one of your a/c Reference numbers above to allow us to link this to your existing records
* See notes overleaf re PPSN requirements.

Section 5 – Declaration and Signature This must be signed by all account holders before the account can be opened

I/We (each of us if more than one is applying) have completed all Sections 1,2,3,4 and 5 and agree that; this application is subject to the Savings Bonds 12th Issue Prospectus, or the Savings Certificates 17th Issue Rules, Deposit Account Plus Terms and Conditions, as appropriate; I/We confirm that I/each of us individually has not breached the maximum limits - see notes above.

Signature of 1st Account Holder	Date	Signature of 2nd Account Holder	Date
_____	_____	_____	_____

Tick box if you wish to receive marketing information on other State Savings products and services. 1st Account Holder 2nd Account Holder

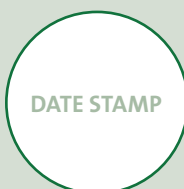
FOR OFFICIAL USE ONLY

RECEIPT NO. _____ GROF _____
Office Name _____

PLEASE ENDORSE ALL CHEQUES WITH THE RECEIPT NUMBER

I confirm that I have verified the Name, Address and PPS No./Date and Place of Birth for each of the above named customers in accordance with Official Internal Procedures. Copies of all documentation provided by each customer for verification as necessary are attached.

Signature of Officer: _____ Date: _____



Form of Identification	Reference Number
1	
A2	
3	
1	
B2	
3	
1	
C2	
3	

Notes on Completion of Form (please read notes below)

Account Opening Identification Requirements.

In accordance with the anti-money laundering provisions of the Criminal Justice (Money Laundering and Terrorist Financing) Act, 2010 customers must quote their date of birth in the space provided and provide verification of the (1) name and (2) address as outlined below.

In accordance with the provisions of the Finance Act, 2004 and the Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations, 2008 relating to interest paid customers must provide proof of (1) name, (2) address and (3) PPS No as listed below.

Proof of Identity Photo ID of current Passport or current EU Driving Licence;

Proof of Address One of the following 8 documents - Electricity, telephone, gas bill or bank, building society or credit union statement (issued in last 6 months) or official letter from the Revenue Commissioners or Dept. of Social Protection which shows account holders name, address and PPSN (issued in the last 12 months).

Proof of PPSN Personal Public Service Number – (official letter from the Revenue Commissioners or Dept. of Social Protection which shows account holders name, address and PPSN). If you are opening a Savings Bond or Savings Certificate then proof of your 'Date and Place of Birth' can be accepted (original or certified copy of Birth Cert / Passport / Driving Licence).

New applications which are not accompanied by the relevant documentation will not be accepted and any funds remitted may be refunded by State Savings™. If you do not possess the required documents listed above, please consult your local Post Office or telephone 1850 30 50 60 or text 0852 30 50 60 to establish what alternative documentation may be acceptable.

Data Protection

The National Treasury Management Agency (and its agents) may collect, process and use personal data relating to you in accordance with applicable legal (including the Data Protection Acts 1988 and 2003) and regulatory obligations and in accordance with the Terms and Conditions.