

PROGRESSIVE
BUILDING SOCIETY

1. INFORMATION ABOUT THE ACCOUNT HOLDER

Name(s) of Saver(s)

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Account number(s)
(which amendment(s)
relates to)

Passbook(s) must accompany this form to enable the Society to make the amendment(s) requested.

When a Power of Attorney or Care & Protection Order is registered on a savings account(s), the Donor/Patient will no longer have access to their savings account(s).

To register an Attorney on a Donor's savings account where the Donor is an existing Progressive Saver, we will require:

- the original or certified copy of the Power of Attorney document, and
- ID to confirm the identity of all Attorneys who wish to be registered i.e. original or certified copy of Attorney's passport or driving licence.

To register a Controller on a Care & Protection Order on a Patient's savings account where the Patient is an existing Progressive Saver, we will require the **original or certified copy of the Care & Protection Order appointing the Controller on behalf of the Patient.**

HOW ARE THE ATTORNEY(S)/CONTROLLERS(S) APPOINTED?

- ☐ sole – only one Attorney/Controller appointed.
- ☐ joint/together – two or more Attorney(s)/Controller(s) appointed, who must act together.
- ☐ jointly & severally/independently – two or more Attorneys appointed, who can act independently of each other

New title of account

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Donor/Patient residential address

[illegible]

New correspondence address

[illegible]

This amendment will change the records on all your Progressive savings accounts.

Self Certification for Tax Residency Status

Is the Donor/Patient a citizen and tax resident of the UK only?

Yes ☐ No ☐

If **No** you will be required to complete a separate self certification form.

Senior Public Figure

Are you currently or have you ever been a senior public figure? Yes ☐ No ☐

**Senior public figure – occupying or have occupied a senior position in the government in any department, agency, subsidiary government organisation or political party.*

If 'YES' please state your position and dates in position

From To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

2. PERSONAL DETAILS OF ATTORNEY(S)/CONTROLLER(S)

First Attorney/Controller

Title	
Forename(s)	
Surname	
Date of birth	
Nationality	
Permanent home address (inc postcode)	
Daytime tel. no.	
Mobile no.	
Email	
Security identifier (for example mother's maiden name or place of birth)	

Occupation Details

Job title

Self Certification for Tax Residency Status

Are you a citizen and tax resident of the UK only? Yes ☐ No ☐

If 'NO' you will be required to complete a separate self certification form.

Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes ☐ No ☐

**Senior public figure – occupying or have occupied a senior position in the government in any department, agency,*

Second Attorney/Controller

Title	
Forename(s)	
Surname	
Date of birth	
Nationality	
Permanent home address (inc postcode)	
Daytime tel. no.	
Mobile no.	
Email	
Security identifier (for example mother's maiden name or place of birth)	

Occupation Details

Job title

Self Certification for Tax Residency Status

Are you a citizen and tax resident of the UK only? Yes ☐ No ☐

If 'NO' you will be required to complete a separate self certification form.

Senior Public Figure

Are you currently or have you ever been a senior public figure?

Yes ☐ No ☐

**Senior public figure – occupying or have occupied a senior position in the government in any department, agency,*

subsidiary government organisation or political party.

If 'YES' please state your position and dates in

position

From To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

subsidiary government organisation or political party.

If 'YES' please state your position and dates in

position

From To

Please name any senior public figure you are related to or have connections with and state the nature of the relationship

Relationship

3. CHANGE OF INTEREST INSTRUCTIONS

I/We require interest to be: (please tick one of the following)

A. ☐ Added to this account

B. ☐ Paid to a Progressive account Account no.

C. ☐ Paid to another bank/building society

Other bank/building society account details

Name of bank/building society

Sort code Account no.

Account name

Payment Reference

Please refer to the Savings Service Agreement and the relevant account Summary Box to confirm how interest is paid.

4. MARKETING

The Society would like to send you information about products and services which it feels may be of interest to you by post, telephone, email and SMS. This may be through a third party acting on our behalf. If you agree to being contacted in this way please tick the relevant boxes:

	Post	Telephone	Email	SMS
Attorney/Controller one	☐	☐	☐	☐
Attorney/Controller two	☐	☐	☐	☐

You can withdraw this consent at any time by contacting your branch.

5. USE OF YOUR INFORMATION

You will be required to prove your identity as the account holder, Nominee, Controller, account signatory or beneficial owner when opening a new account and at various points throughout our relationship. The Society will undertake a search with a credit reference agency or a data reference agency for this purpose. They will supply us with information, including information from the Electoral Register, for the purpose of verifying your identity. A record of the search will be retained. The search will not be seen or used by lenders to assess your ability to obtain credit. This information may also be used for the prevention of money laundering.

If the Society cannot check your identity from the information you provide then we will require you to provide two items of documentation as proof of your identity. Further information on the agency searches and a list of acceptable documents for identification purposes can be found in our leaflet 'Proving Your Identity' which can be accessed at theprogressive.com.

The Society will rely on the following legal basis for processing your personal data. The processing is necessary for:

- the performance of a contract with you or to take steps to enter into a contract;

- compliance with a legal obligation;
- the purposes of legitimate interests pursued by us or a third party.

By signing this form you are confirming that you:

- have read the section 'Use of Your Information' above and you agree to your information being used in this way;
- agree to the use of your personal information to enable the Society to provide you with payment services, such as electronic payments, to and from your account. You may withdraw your consent by closing your account.

IF POSTAL AMENDMENT PLEASE TICK ☐

6. SIGNATURE(S)

1st Attorney's/Controller's signature

Date

2nd Attorney's/Controller's signature

Date

FOR BRANCH USE ONLY

	Attorney/Controller 1	Attorney/Controller 2
Authenticated reference		
Not Authenticated reference		
Email from Compliance Department		
Valid ID already held?		
Type of ID produced if not held		
Reference number/serial number		
ID issue date/expiry date		
Cashier's initials and date		

Branch code

FOR HEAD OFFICE USE ONLY

Input by:	Date:
Checked by:	Date: