

Registered Contact Removal / Application Form - CTF Accounts only



Before you complete this form, please see how Nationwide uses your information by visiting nationwide.co.uk/privacy

- Please complete this form in BLOCK CAPITALS using black ink only, then return your completed form to Nationwide.
- If you would like any help with this form, please contact Nationwide.

Account details

CTF account number Unique Reference number
(this can be found on your welcome letter or statement)

Child's details

Title (please tick the box that applies or state the child's title) Mr Miss Other
Please enter ALL forenames
Surname
Date of birth

Child's address details currently registered with Nationwide

Permanent residential address: Flat number (if applicable) and/or Property name
Property number Street
Town Postcode

Please complete the section below if the Child's address has changed

Child's new address details

Permanent residential address: Flat number (if applicable) and/or Property name
Property number Street
Town Postcode

Is there an existing Registered Contact for this account?

Yes - complete section below and details overleaf No - complete details overleaf

Details of existing Registered Contact to be removed from above account

Existing Registered Contact's details

Title (Please tick the box that applies to you or state your title) Mr Mrs Miss Ms Other
Please enter ALL forenames
Surname

Existing Registered Contact's signature

I authorise you to remove me as the Registered Contact on the above numbered CTF Account.
(The existing Registered Contact must sign, unless they are being replaced for one of the reasons described overleaf in the section headed 'Reason for change of Registered Contact')

Existing Registered Contact Signature Date

Now please turn over to provide details of the person who is to be the NEW REGISTERED CONTACT for the account and, if the existing registered contact has not signed, the reason why.

Details of new Registered Contact to be added to the account

New Registered Contact's details

If you have any account(s) with Nationwide please give ONE of your account numbers (including sort code if there is one)

Sort code

Account number

We may use this information to link to any account information we already hold about you. You don't need to give this information if you would prefer not to.

Title (Please tick the box that applies to you or state your title) Mr Mrs Miss Ms Other

Please enter ALL forenames

Surname

Date of birth DDMMYYYY Nationality (required for regulatory reasons)

Permanent residential address: Flat number (if applicable) and/or Property name

Property number Street

Town Postcode

When did you start living at this address? MMYYYY **If less than 3 months at current address please also provide previous address in the new Registered Contact's previous address details' section below**

Daytime contact telephone number Extension (if applicable)

We want to keep you in the loop about your application, and also get in touch if there's something important you need to know about this account. We'll use the phone number you've given us to do this.

New Registered Contact's previous address details

Flat number (if applicable) and/or Property name

Property number Street

Town Postcode

When did you start living at this address? MMYYYY

Reason for change of Registered Contact (if applicable)

- Reason for change (Tick relevant box)
- | | |
|--|--|
| <input type="checkbox"/> There is no previous Registered Contact on this account | <input type="checkbox"/> The existing Registered Contact cannot be contacted |
| <input type="checkbox"/> The Court order which gave the existing Registered Contact parental responsibility for the child has expired (original Court order is needed) | <input type="checkbox"/> The incapacity of the existing Registered Contact means they are unable to sign (Power of Attorney or original Court order is needed) |
| <input type="checkbox"/> I have adopted the child (original Adoption papers are needed) | <input type="checkbox"/> The Court has ordered that the existing Registered Contact must cease to be the Registered Contact (original court order is needed) |
| <input type="checkbox"/> The existing Registered Contact has died (original death certificate is needed) | |

New Registered Contact's Signature

I apply to become the Registered Contact for the Child Trust Fund of the child named overleaf (the child).
 I have read and agree to be bound by the terms of the attached declaration. I also declare that I am 16 years of age or over, I have parental responsibility for the child and I will be the Registered Contact for this CTF.
 I authorise Nationwide Building Society to hold the child's Inland Revenue contributions, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and to make on the child's behalf any claims to relief from tax in respect of CTF investments.

New Registered Contact Signature Date DDMMYYYY

Please sign within a white box

Office use only

Signature checked Employee number Branch prefix ID confirmed

Please detach this page and retain for your future reference

Cash Declaration

Declaration
 On behalf of myself and the child I agree to be bound by the Terms and Conditions of the account. I understand that at any time the child may hold only one Child Trust Fund. I declare that the information given in this application form is true to the best of my knowledge and belief. I will inform you without delay of any change in my circumstances affecting any of the information given on this form.

IF YOU WERE A MEMBER OF THE SOCIETY ON 2ND NOVEMBER 1997 AND HAVE CONTINUED TO BE A MEMBER EVER SINCE THAT DATE, THE WORDING IN THE PARAGRAPH BELOW DOES NOT APPLY TO YOU

Charitable Assignment

By applying to be added to this account after 2nd November 1997, I also apply to be a charity member of The Nationwide Foundation ("the Foundation") unless I am already a charity member. I agree that, if I am added to the account by the Society and I am or become a charity member of the Foundation, I will be bound to assign to the Foundation (or to any charity(ies) nominated by it, but to no other person) the rights to any conversion benefits to which I would otherwise become entitled as a member or depositor at any time before, or within two years after, my membership of the Society comes to an end. This agreement is irrevocable and authorises the Society to make over to the Foundation (or to any charity(ies) nominated by it) any such benefits without further notice to me. I understand that neither the Society or the Foundation will release me from this agreement or vary its terms. I understand that (except in the case of any class of person where the Society considers this to be inappropriate) the Society will require on behalf of itself and the Foundation that all applicants for share and mortgage accounts agree to the above condition (or a condition having substantially the same effect), unless the Society decides and announces any press release that it is no longer in the best interests of the Society to do so generally on a continuing basis. Any such decision by the Society would not have retrospective effect and I would continue to be bound by the above condition. For this purpose "conversion benefits" means any benefits under the terms of any future transfer of the Society's business to a company (i.e. on conversion or takeover) except the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company and, if the Society merges with another society, after the date of such merger "Society" includes such other society.

Important: before signing this application overleaf, please ensure that;
 - the rest of the form has been completed
 - you have read the section entitled 'New Registered Contact's Signature'
 - you have read the appropriate declaration
 After you have signed the form please detach this page and keep it in a safe place.