

## Fixed Term Deposit maturity options form

Please complete this form in BLOCK CAPITALS and black ink, then send it to us at: **Client Team, Cater Allen Operations, Sunderland, SR43 4FB**. If you need any help completing it, please call us on **0800 092 3300**.

In the Acceptance section of this form, we'll ask you to confirm you have the FSCS Information Sheet and Exclusions List. This is if you choose to roll over your account. If you need a new copy, please visit the literature section of [caterallen.co.uk](http://caterallen.co.uk) to download another one.

### 1 Existing account details - you can find this information on the letter we sent you with this form

Applicant(s) to complete

Client name Account number Term description Maturity date 

### 2 Your personal details

If you're a professional signatory and completing the form on behalf of a pension or trust, please include your name and company name here

Name

Contact telephone number

Name of corporate trustee or professional co-signatory (if applicable)

### 3 Your instruction – please tick as appropriate

#### Rollover total value into a new Fixed Term Deposit

please complete section 4A, 5 (non-personal customers only) and 6

#### Rollover part of the balance or add more money to a new Fixed Term Deposit

please complete section 4A, 5 (non-personal customers only) and 6. If you'd like withdraw some of the money, also complete sections 4B and 7

#### Transfer maturing funds into an alternative account

Please complete sections 4B and 7

### 4A Rollover into a new Fixed Term Deposit – only complete this section if you want to transfer into a new Fixed Term Deposit

When rolling over into a new account, please tick the following statement. If the details of the account holder(s) have changed please apply for a new account. You can find application forms on [caterallen.co.uk](http://caterallen.co.uk)

I/We confirm that the personal details of the account holder(s) are up to date or haven't changed since the original Fixed Term Deposit was applied for.

Length of newly rolled over Fixed Term Deposit

1 year Fixed Term Deposit 2 year Fixed Term Deposit 

Value of newly rolled over Fixed Term Deposit

£ 

If you'd like to add money when rolling over, enter the total amount below. Money being added must be sent to us no later than 14 days after your account matures. The account details to pay can be found at [caterallen.co.uk](http://caterallen.co.uk). **We may contact you for more details about your additional deposit.**

Value of additional deposit

£

**4A Rollover into a new Fixed Term Deposit – only complete this section if you want to transfer into a new Fixed Term Deposit (continued)**

Please tick the source(s) of the funds from the list. Add the amount and country the money is from.

Income from employment	<input type="checkbox"/>	£	Income from ownership/sale of virtual currencies	<input type="checkbox"/>	£
Country			Country		
Retirement Income	<input type="checkbox"/>	£	Income from gifts (more than £10,000)	<input type="checkbox"/>	£
Country			Country		
Property Related Income	<input type="checkbox"/>	£	Income received from another person/entity	<input type="checkbox"/>	£
Country			Country		
Inheritance Related Income	<input type="checkbox"/>	£	Income from savings	<input type="checkbox"/>	£
Country			Country		
Income from Stocks, Shares, Bonds, Debentures or Managed Investments	<input type="checkbox"/>	£	Student related income	<input type="checkbox"/>	£
Country			Country		
Income from legal settlement	<input type="checkbox"/>	£	Other: please specify	<input type="checkbox"/>	
Country					£
Income from divestment/divestiture of assets	<input type="checkbox"/>	£	Country		
Country					

**4B Returned funds - Payment can only be made to one account in your name or the name of the entity your account is for. Payments can't be made to an ISA**

Please complete the below sections.

I'd like my maturing funds to be paid into my chosen account:

Sort code  
   -    -

Account number

Account holders name(s)

Account reference (if applicable)

**5 Authorised Signatories on this Account – for non-personal customers opening a new Fixed Term Deposit only** **Applicant(s) to complete**

Anyone who wishes to be able to transact on this account needs to be identified as an Authorised Signatory below. If you are not identified as an Authorised Signatory then we will not accept your signature as authorisation to carry out a transaction.

The following Authorised Signatories wish to operate this account ('The Account') with Cater Allen Private Bank ('The Bank'). By signing this application form I/we agree that:

- I/We have read the Data Protection Statement, and agree that you can use our information as stated in the Statement.
- I/We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to us by the Bank from time to time.
- My/Our personal information contained in this application is true and correct.

**First signatory**

Full name

Position

Signature

Date

**Second signatory**

Full name

Position

Signature

Date

**Third signatory**

Full name

Position

Signature

Date

**Fourth signatory**

Full name

Position

Signature

Date

**6 Acceptance - only complete this section if opening a new Fixed Term Deposit**

Applicant(s) to complete

**This acceptance must be signed by all non-personal applicants as follows:**

- Sole Traders – the Sole Trader is required to sign
- Partnership – by a minimum of 2 partners
- Limited Liability Partnerships – by a minimum of 2 Designated Members
- Private Limited Company – by 2 Directors or by 1 Director and the Company Secretary, or if there is no Company Secretary and only a Sole Director, or if the Sole Director is also the Company Secretary then the Sole Director must sign
- PLC – by a minimum of 2 Directors or 1 Director and the Company Secretary
- 25%+ Shareholders who are not Authorised Signatories on the Account

**For personal applicants all account holders must sign this acceptance.**

By signing this form I/we agree that:

- I/We have read the Data Protection Statement, and agree that you can use my/our information as stated in the Data Protection Statement. You can find this in the using my personal data booklet at [caterallen.co.uk](http://caterallen.co.uk)
- I/We have received and accept the Terms and Conditions of this account and agree to also be bound by any subsequent amendments advised to me/us by the bank from time to time
- I/We hereby certify that the information provided in this application form is, to the best of my/our knowledge and belief, accurate and complete in all respects
- Cater Allen Private Bank is duly authorised to operate the Account(s)
- I/We have received a copy of the FSCS Information Sheet and Exclusions List

**If a joint application, all must sign.**

**First applicant**

Full name

Position - if applicable

Signature

Date

**Second applicant**

Full name

Position - if applicable

Signature

Date

**Third applicant**

Full name

Position - if applicable

Signature

Date

**Fourth applicant**

Full name

Position - if applicable

Signature

Date

**7 Acceptance - only complete this section if withdrawing funds into an alternative account****Applicant(s) to complete**

By signing the below I/we confirm that Cater Allen may withdraw my funds into the chosen account outlined in section 4.

**First applicant**

Full name

Position - if applicable

Signature

Date

**Second applicant**

Full name

Position - if applicable

Signature

Date

**Third applicant**

Full name

Position - if applicable

Signature

Date

**Fourth applicant**

Full name

Position - if applicable

Signature

Date

Cater Allen Private Bank can provide literature in alternative formats. The formats are: large print, braille and audio CD. If you'd like to register to receive correspondence in an alternative format contact us on **0800 092 5500**. If you are deaf, have hearing loss or speech loss, please use Relay UK at **relayuk.bt.com**. This is a free service that can help you communicate over the phone.

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