

# BANKING DETAILS



## And/or Direct Debit Instructions

### Mandatory fields marked with\*

Please complete this form if you want to change your nominated bank details. Completing this form enables you to fund your Wisdom account as needed, but does not oblige you to make regular payments. For joint accounts, please note that **both** account holders must sign the form. Please complete this form in BLOCK CAPITAL letters, sign and return it to Witan Wisdom, PO Box 10550, Chelmsford, CM99 2BA.

#### Please tell us what you would like to do:

Change the nominated bank details on my Witan Wisdom account  **and** set up regular savings with new bank details to fund my Witan Wisdom account

<b>1. Wisdom account details</b>	
Wisdom product*	Witan Wisdom Share Plan <input type="checkbox"/> Witan Wisdom ISA <input type="checkbox"/>
Wisdom account number(s)	<input type="text"/> <input type="text"/>
<b>2. Your details (For joint accounts, the first named account holder)</b>	
Your title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other title <input type="text"/>
First name*	<input type="text"/>
Surname*	<input type="text"/>
Your permanent home address*	House number or name* <input type="text"/>
Address details*	<input type="text"/>
Postcode*	<input type="text"/> National Insurance Number* <input type="text"/> - <input type="text"/> - <input type="text"/>
Date of birth*	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth*	<input type="text"/> Nationality* <input type="text"/>
<b>3. Banking details - Please complete this with your new bank account details</b>	
Name(s) of account holder(s)*	<input type="text"/>
Name of bank/building society*	<input type="text"/>
Branch sort code*	<input type="text"/> Bank/building society account number* <input type="text"/>
<b>4. Your preferences*</b>	
• I would like to pay my Annual Management Fee:	
By Direct Debit <input type="checkbox"/> <b>or</b> for Witan Investment Services to sell shares to cover the fee <input type="checkbox"/>	
• I would like dividends to be: Reinvested <input type="checkbox"/> <b>or</b> Paid out <input type="checkbox"/> (to my nominated bank account as in Section 3)	



**7. Declaration\***

I understand and accept that this application is made on the basis and subject to the current Witan Wisdom Key Features & Terms and Conditions.

**I declare the statements completed on this form are true and complete.**

<b>First account holder's signature*</b>		<b>Date*</b> (XX/XX/XXXX)	/	/
<b>Second account holder's signature* (where applicable)</b>		<b>Date*</b> (XX/XX/XXXX)	/	/

Large empty area for signature and date.

For internal use only

