

| Change of Address and / or Change of Name for Prize Bond Holdings   |                     |                                   |  |   |
|---|---------------------|-----------------------------------|--|---|
| IMPORTANT – the notes overleaf should be read before filling in this form. Please place an X in the appropriate box(es) above. Any field containing* is a mandatory field and must be completed.  |                     |                                   |  |   |
| PANEL A   CUSTOMER DETAILS  |                     |                                   |  |   |
| Title* First Name* Current Surname* Contact Telephone Number*   |                     |                                   |  |   |
|   |                     |                                   |  |   |
| SSCN  |                     | Date of Birth*                    | Prize Bonds Customer Number* IMPORTANT: Please no  | te, your registered                             |
|   |                     | DDMMYYYY                          | address and / or name w<br>your Prize Bonds holding  |   |
|   |                     |                                   |  |   |
| PANEL B   CHANGE OF ADDRESS DETAILS - see note 3  |                     |                                   |  |   |
|   | State Savings to am | nend my registered address as fol |  | other former addresses<br>e noted on a separate |
| Former<br>Address*  |                     |                                   | page   | which should be<br>ded with this form.          |
| (BLOCK<br>CAPITALS)   |                     |                                   | Eirce  | ode   |
|   |                     |                                   |  |   |
| New   |                     |                                   |  |   |
| Address*<br>(BLOCK  |                     |                                   |  |   |
| CAPITALS)   |                     |                                   | Eirce  | ode   |
|   |                     |                                   |  |   |
| PANELC   C  | HANGE OF NA         | AME DETAILS - see note 4          | 4  |   |
|   |                     |                                   |  |   |
| Details*  | Title* Fir          | rst Name*                         | Surname*   |   |
| (BLOCK CAPITALS)  |                     |                                   |  | de te la la como e ferra                        |
| Former<br>Signature* Signature Signatur |                     |                                   |  |   |
|   | Title* F            | First Name*                       | Surname*   |   |
| (BLOCK CAPITALS)  |                     |                                   |  |   |
| New<br>Signature*   | Signature           |                                   | IMPORTANT: All requests for a change of name must be acc<br>original documents or certified <sup>1</sup> copies of original document |   |
|   |                     |                                   |  |   |
| PANEL D   THIS PANEL MUST BE SIGNED BY THE HOLDER AND WITNESSED - see note 5  |                     |                                   |  |   |
| Declaration and Signature: Please sign below to confirm you have read and accept the General Terms and Conditions and the Specific Conditions   |                     |                                   |  |   |
| including the use of your PPSN. I request you to amend my name and / or address details, as per Panel B and / or C above. Please sign and date.   |                     |                                   |  |   |
| Signature*  |                     | Signature                         |  | YY  |
| Nominated Parent<br>(where customer is a m  | t/Guardian Signatui | <sup>re</sup> Signature           | Date DD MM YY  | YY  |
| Witness – I confirm that the person named above has signed in my presence and has provided current and valid proof of name documentation (for both their former   |                     |                                   |  |   |
| name and new name if changing name) and two current and valid proof of address documents (not older than 6 months) displaying the new quoted address.<br>I also confirm that the proof documentation provided has been photocopied and the photocopies have been marked as 'original sighted' and are enclosed with this form.  |                     |                                   |  |   |
|   |                     |                                   |  |   |
| Witness Name*   |                     |                                   |  |   |
| (BLOCK CAPITAL  |                     |                                   | Witness Contact Tel. N   |   |
| Witness Address*<br>(BLOCK CAPITAL  |                     |                                   |  |   |
|   |                     |                                   |  |   |
|   |                     |                                   |  | т   |
| Witness<br>Occupation*  |                     |                                   | Eircode Witness Offi<br>Stamp*   |   |
| (BLOCK<br>CAPITALS)   |                     |                                   | Statip   |   |
| Witness<br>Signature <sup>*</sup>   | gnature             |                                   | Date* DD MM YYYY   |   |
| Please note, all relevant photocopies of proof documentation must be certified by an independent witness, stamped and returned along with this form to:<br>Ireland State Savings, FREEPOST, Prize Bonds, Fexco Centre, Killorglin, Co. Kerry, V93 WN9T  |                     |                                   |  |   |



# IMPORTANT NOTES - To be read before filling out this form

### 1. GENERAL INFORMATION

Please complete the form in BLOCK CAPITALS using blue or black ink and return the completed form together with the original or certified<sup>1</sup> copies of proof documentation to: Ireland State Savings, FREEPOST, Prize Bonds, FEXCO Centre, Killorglin, Co. Kerry, V93 WN97. Please note, all fields containing \* are mandatory fields and must be completed. The Change of Address/Name form for Deposits/ Fixed Term Ireland State Savings Products should be completed and sent to: Ireland State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01F5P2. Both forms are available for download at statesavings.ie or on request by calling 0818 20 50 60 / 01 705 7200.

#### 2. STATE SAVINGS CUSTOMER NUMBER (SSCN)

The State Savings Customer Number (SSCN) is a unique customer number that identifies you and enables you to transact with us easily. Your SSCN may be printed on correspondence you receive from us. See statesavings.ie/SSCN for more details.

### 3. CHANGE OF ADDRESS

Please ensure you supply details of your former address as well as your new address. All requests for a change of address must be accompanied by original documents or certified<sup>1</sup> copies of original documents as follows; ONE current and valid proof of name document and TWO current and valid proof of address documents (not older than 6 months) displaying the new quoted address. All original documents supplied will be returned to you. Should you have any queries or difficulty in providing this documentation, please contact us on 0818 20 50 60 / 01 705 7200.

### 4. CHANGE OF NAME

Please ensure you supply details of your former name as well as your new name. You must provide proof of your former name details by way of an original or certified<sup>1</sup> copy of, for example, EU Driving Licence or Passport, a marriage certificate, deed poll certificate or decree absolute (in the case of a divorce). As a change of name will necessarily invoke a change of signature you must provide a sample signature. All requests for a change of name must be

accompanied by original documents or certified\* copies of original documents as follows; ONE current and valid proof of name document (confirming your new name details) and TWO current and valid proof of address documents (not older than 6 months). All original documents supplied will be returned to you. Should you have any queries or difficulty in providing this documentation, please contact us on 0818 20 50 60 / 01 705 7200.

#### 5. SIGNATURE & WITNESS

Please ensure that you sign this panel in the presence of an independent witness which must be any one of the following; A Post Office Official, Member of An Garda Síochána, or a practising Solicitor / Commissioner for Oaths.

Acceptable proof of address documentation includes original or \*certified copies of any TWO of the following: Current (not older than 6 months) and valid Household bill (electricity, telephone, gas), Bank, Building society or Credit Union statement, official document from the Revenue Commissioners or the Department of Employment Affairs and Social Protection. Acceptable proof of name documentation includes original or certified copies of any ONE of the following: Current and valid EU Driving Licence or Passport. All original documents will be returned to you.

Please ensure that all of the required proof documentation has also been appropriately witnessed as set out in Panel D We may verify your identity:

- electronically (by reference to information supplied by you including PPSN); or
- (b) manually (by reference to acceptable original or certified copy documentation supplied by you).

<sup>1</sup>Certified Copy - You may bring the original documents to any Post Office where a Post Office Official can photocopy the original to certify it is a true copy of the original. Alternatively you can bring the original documents to a Member of An Garda Siochána or a practising Solicitor/Commissioner for Oaths where they can photocopy the original and stamp it to certify it is a true copy of the original.

# Notes on Evidence of Identity and Personal Data

#### 2. EVIDENCE OF IDENTITY & OTHER INFORMATION

- 2.1 You are required to confirm your identity to us (including your surname, first name, date of birth and address) from time to time for the purposes of:
  - (a) the Agreement (including any Transaction);
  - (b) the administration of your Product(s) and any other State Savings Product(s) that you may hold now or in the future; and
  - (c) associated legal purposes, including compliance with statutory obligations relating to the prevention of money laundering and terrorist financing and any related guidance issued by relevant regulatory bodies, and account security and fraud prevention.
- 2.2 We may verify your identity:
  - electronically (by reference to information supplied by you, including your Personal Public Service Number (PPSN)); or
  - (b) manually (by reference to acceptable original or certified copy documentation supplied by you, which may include documents such as your current passport, current EU driving licence, recent utility bill, recent account statement from a bank, building society or credit union, your Public Services Card and/or other official documentation issued to you by the Revenue Commissioners or the Department of Social Protection).
- 2.3 Where you have not provided evidence of your identity to our satisfaction for the purposes set out in condition 2.1, we will advise you and we will not proceed with your application to purchase the Product until your identity has been verified to our satisfaction.
- 2.4 We may also require you to provide certain other information to us about your nationality, employment status, source of funds (e.g. savings or income) and other information for the purposes of compliance with statutory obligations relating to the prevention of money laundering and terrorist financing and any related guidance issued by relevant regulatory bodies.
- 2.5 Where you have been requested to provide information pursuant to condition 2.4 and have not done so we will advise you and we will not proceed with your application to purchase a Product until the requested information has been provided to us.

# 3. PERSONAL DATA

3.1 This condition 3 (Personal Data) sets out a summary of the personal data that we may process in relation to you in connection with the Products, together with a summary of your data protection rights. A full copy of our Ireland State Savings Data Protection Statement is available at statesavings.ie/help-support/help-articles/state-savings-data-protection-statement. If you would prefer to obtain a hard copy of the Ireland State Savings Data Protection Officer, Ireland State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2.

- 3.2 The NTMA is the Controller (as defined in, and for the purpose of, the General Data Protection Regulation (GDPR)) for all personal data supplied by you. The Minister for Finance and the NTMA are each a 'specified body' for the purposes of sections 262 to 270 and schedule 5 of the Social Welfare Consolidation Act 2005, as amended, under which the NTMA and the Minister for Finance are both authorised to process personal data including PPSNs for certain purposes.
- 3.3 We will collect, process and use personal data relating to you, including your PPSN and the information referred to in condition 2 (Evidence of Identity & Other Information): (a) as necessary for the performance of the Agreement (including any Transaction); (b) for the administration of your Product(s) and any other Ireland State Savings Product(s) that you may hold now or in the future; and (c) for associated legal purposes, including compliance with statutory obligations relating to prevention of money laundering and terrorist financing and any related guidance issued by relevant regulatory bodies, and account security and fraud prevention.
- 3.4 You acknowledge the collection, processing and use of your personal data (including your PPSN) for the purposes as outlined in 3.3.
- 3.5 Personal data may be processed by us, our Agents, and any third-party service providers acting on our behalf for the purposes of the Agreement and for associated legal purposes and for any other purpose required for or reasonably incidental to the performance of the Agreement.
- 3.6 We will retain your personal data for as long as you have a holding with Ireland State Savings and otherwise in accordance with applicable data protection law and statutory obligations (including under legislation relating to prevention of money laundering and terrorist financing).
- 3.7 Subject to your consent, your personal data may be used by us, or our Agents, for the purpose of marketing Ireland State Savings Products. Where you hold more than one Product, the preferences indicated most recently by you will apply to all Products held by you to which the General Terms and Conditions apply.
- 3.8 Subject in each case to certain exceptions, you have the right to request access to and a copy of your personal data held by us in accordance with the GDPR, to have your personal data corrected where it is inaccurate or misleading, to have your personal data erased, to object to the processing of your personal data, to withdraw your consent to the processing of your personal data, to withdraw your consent to the processing of your personal data, where we rely on your consent to process it, to request data portability in relation to your personal data. Should you wish to avail of any of these rights, please contact the Data Protection Officer, Ireland State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2. You also have the right to lodge a complaint with the Data Protection Commission. See dataprotection.ie for more information.