



Addition of Name to a Deposit Account: Book Based Statement Based

IMPORTANT - The notes overleaf should be read before filling in this form. Please place an X in the appropriate box above. Any field containing* is a mandatory field and must be completed.

PANEL A | EXISTING CUSTOMER(S) DETAILS

Deposit Account Number*

IMPORTANT: Please ensure that you include your Deposit Account Book when submitting an addition of name request

(1) Title*

First Name*

Surname*

Contact Telephone Number*

(2) Title*

First Name*

Surname*

Contact Telephone Number*

PANEL B | NAME TO BE ADDED TO THE DEPOSIT ACCOUNT - see note 2

Title*

First Name*

Surname*

Date of Birth*

PPSN*

Address (BLOCK CAPITALS)*

Contact Telephone Number*

Eircode

Declaration and Signature: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of Identity and Personal Data.

If you hold other Ireland State Savings Products please quote an account number

Signature

Date*

Nominated Parent/Guardian Signature

(where person named to be added to the Deposit Account is a minor under 18)

Signature

Date

IMPORTANT: Please note that by adding a name to this account, the account and funds on deposit become jointly owned by all parties named. Signatures from all account holders named on the account are therefore required in order to complete transactions.

PANEL C | THIS PANEL MUST BE SIGNED BY THE HOLDERS AND WITNESSED - see note 3

Declaration and Signature: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of Identity and Personal Data.

Signature (1)*

Signature

Signature (2)*

Signature

Witness I confirm that the person(s) named in Panel A and Panel B have signed in my presence and that the person named in Panel B has provided provided **ONE current and valid proof of name document, ONE current and valid proof of address document (not older than 6 months) and ONE current and valid proof of PPSN document.** 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 CAPITALS)

Witness Contact Tel. No*

Witness Address* (BLOCK CAPITALS)

Witness Signature*

Signature

Eircode

Witness Occupation* (BLOCK CAPITALS)

Date

IMPORTANT
Witness Official
Stamp*

Please note, all relevant photocopies of proof documentation must be certified¹ by an independent witness, stamped and returned along with this form to: Ireland State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01 F5P2.



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 certified¹ copies of proof documentation to: **Ireland State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01F5P2**. Please note, all fields containing * are mandatory fields and must be completed. Should you have any queries you can contact us on 0818 20 50 60 / 01 705 7200. We may need to phone you to clarify details relating to your request. We will always ask security questions to confirm your identity and confirm details of your request. We will never ask you to disclose information such as your PPSN, Bank Account details, Passwords etc. If you have any doubts, please immediately phone the Ireland State Savings Team - 0818 20 50 60/01 705 7200.

2. PANEL B - ADDITION OF NAME

If you wish to add a new name to your existing Deposit Account, please complete **all panels** on this form. Any application for repayment must be completed by all parties named or the survivor(s) among such parties. In the event of the death of one of the parties, the proceeds of the savings product are payable to the survivor(s) and may incur a liability for inheritance tax. The proceeds of an account or a Ireland State Savings product registered in joint names are deemed to be the joint personal property of all the parties named on the account. Please ensure the original Deposit Book is returned to the address above with this fully completed form.

All addition of name requests must be accompanied by original documents or certified¹ copies of original documents, for the person to be added to the Ireland State Savings account, as follows; **ONE** current and valid proof of name document, **ONE** current and valid proof of address document (not older than 6 months) and **ONE** current and valid proof of PPSN document.

All original documents supplied will be returned to you. Please note that any existing customers named on the Ireland State Savings product/account may also need to provide proof documentation as part of this request and Ireland State Savings may contact you directly regarding this.

3. PANEL C - SIGNATURE & WITNESS

Please ensure all current holders of the product/account 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 certified¹ copies of any **ONE** 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 certified¹ copies of any **ONE** of the following: Current and valid EU Driving Licence or Passport. Acceptable proof of PPSN documentation includes original or certified¹ copies of any **ONE** of the following - Public Service Card, Letter from Revenue Commissioners / Department of Employment Affairs and Social Protection. 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 C.

¹*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 Síochána 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

1. EVIDENCE OF IDENTITY & OTHER INFORMATION

1.1 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:

- the Agreement (including any Transaction);
- the administration of your Product(s) and any other State Savings Product(s) that you may hold now or in the future; and
- 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.

1.2 We may verify your identity:

- electronically (by reference to information supplied by you, including your Personal Public Service Number (PPSN)); or
- 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).

1.3 Where you have not provided evidence of your identity to our satisfaction for the purposes set out in condition 1.1, 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.

1.4 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.

1.5 Where you have been requested to provide information pursuant to condition 1.4 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.

2. PERSONAL DATA

2.1 This condition 2 (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 Statement you can also write to us to request a copy at Data Protection Officer, Ireland State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2.

2.2 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.

2.3 We will collect, process and use personal data relating to you, including your PPSN and the information referred to in condition 1 (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.

2.4 You acknowledge the collection, processing and use of your personal data (including your PPSN) for the purposes as outlined in 2.3.

2.5 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.

2.6 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).

2.7 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.

2.8 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 by us, to request the restriction of the use 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.