

# TELEPHONE BANKING/ INTERNET BANKING REGISTRATION FORM

Complete this form to register for Telephone Banking and/or Internet Banking. Please return your completed form (remember to sign section C) to : **Scottish Widows Bank plc, PO Box 12757, 67 Morrison Street, Edinburgh, EH3 8YJ**

My Scottish Widows Bank account number is:

## A TO REGISTER FOR TELEPHONE BANKING

Telephone Banking gives you the flexibility to manage your account(s) by telephone. To help prevent fraud and protect your account(s), you will be asked to confirm the passwords you provide below when calling Scottish Widows Bank.

**Important: Only complete password details if you have not previously supplied this information.**

	APPLICANT 1	APPLICANT 2
1. First name	<input type="text"/>	<input type="text"/>
2. Surname	<input type="text"/>	<input type="text"/>
3. Date of birth (DD MM YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Password 1 – First primary school	<input type="text"/>	<input type="text"/>
Password 2 – Mother's maiden name	<input type="text"/>	<input type="text"/>
Password 3 – Customer code word	<input type="text"/>	<input type="text"/>

When receiving telephone instructions we will ask for two or more of the above.

**Always take reasonable steps to keep your passwords and other security information secret at all times.**

## B TO REGISTER FOR INTERNET BANKING

Internet Banking allows you to manage your Scottish Widows Bank savings or mortgage account(s) online. Please complete your details in this section if you would like to register for this service.

**Important: If you are not an existing Telephone Banking customer, please also complete section A (at the top of this form) – this information will allow you to call us if you have any queries relating to Internet Banking or your Scottish Widows Bank account.**

	APPLICANT 1	APPLICANT 2
1. First name	<input type="text"/>	<input type="text"/>
2. Surname	<input type="text"/>	<input type="text"/>
3. Email address	<input type="text"/>	<input type="text"/>

## C SIGN AND DATE HERE TO CONFIRM YOUR CHOICES

Signature

Date (DD MM YYYY)

Contact number

### FOR MORE INFORMATION

For help in the completion of any part of this form, or for further information on the products and services provided by Scottish Widows Bank, please call our customer service team on:



0345 845 0829

Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).



Or visit our website: [www.scottishwidowsbank.co.uk](http://www.scottishwidowsbank.co.uk)

Scottish Widows Bank plc. Registered Office: PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ. Registered in Scotland no. 154554.

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