

## Fixed Term Deposit maturity options form

1 Existing account details - you can find this information in the email or letter we sent you with this form.

| Customer Name(s)  |                         | Account Num   | ber                         |
|---|-------------------------|---------------|-----------------------------|
| Term  |                         | Maturity Date |                             |
| 2 Your personal de  | etails                  |               |                             |
| Name(s)   |                         | Contact Telep | ohone Number                |
| Name of Business /  | Charity (if applicable) |               |                             |
|   |                         |               |                             |
| 3 Your instruction  |                         |               |                             |
| Reinvest all of your<br>Fixed Term Deposit<br>funds up to 14 days | (you can add additional |               | Reinvest part of your funds |
| Transfer maturing fu<br>alternative account                       | unds into a             |               |                             |

## 4a Reinvest all your funds 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 term, please tick the following statement. If the details of the account holder(s) have changed, please apply for a new account. You can find the application form on www.reliancebankltd.co.uk.

1 year

£

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

What term would you like the new Fixed Term Deposit account over? (please select one option)

| 3 | Mont | hs |
|---|------|----|
|---|------|----|

| 6 months |
|----------|
|          |

2 years

Additional amount to be invested (if applicable)

If you are adding further funds. Please note these must be sent to us no later than 14 days after your account matures. We may contact you for more details about your additional deposit.

| Please provide details of the source of additional funds  |
|---|
| (please provide us with evidence of where these funds are |
| coming from)  |

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Registered Office: Reliance Bank Limited, Faith House, 23-24 Lovat Lane, London EC3R 8EB



## 4b Reinvest part of your funds - only complete this section if you are reinvesting part of your funds.

What term would you like the new Fixed Term Deposit account(s) over? (please select your option(s))

| 3 Months 6 months  | 1 year 2 years   |
|--|--|
| Value of amount to be reinvested   | £  |
| Please confirm the account details for th  | e remaining balance of where we need to send it:   |
| Name of Bank   |  |
| Account holder(s) name(s)  |  |
| Sort code  |  |
| Account Number   |  |
| 4c Transferring into a different account - require the maturing funds to be transfer | - only complete this section if you are not re-investing and red to a different account. |
| I'd like my maturing funds to be paid into my  | / chosen account:  |
| Sort code  | Account holder(s) name(s)  |
|  |  |
| Account Number   | Account Reference (if applicable)  |
|  |  |
| Name of Bank   |  |
|  |  |
| Why have you decided not to re-invest your   | funds into a Reliance Bank account?  |
| Interest rates Product offering  | Other  |
| If you selected "Other", please specify here   |  |

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## **5** Declaration

I/we have read and agreed to the Fixed Term Deposit Terms and Conditions.

The information I have given is true, complete, and up to date and I authorise you to make any appropriate enquiries to confirm this information and to update my account records where appropriate.

I/we understand that no withdrawals will be permitted during the Fixed Term Period as outlined in the T&C's.

I/we understand that Reliance bank may decide to decline my application.

I/we confirm that I have read and received the FSCS information Sheet and Exclusions List.

At Reliance Bank Limited we would like to keep you updated from time to time and share with you your information about our products and services which we think may be of interest to you. If you consent to us contacting you for this purpose, please select the ways you would like to receive this communication.



Post



Email



You can change your preferences at any time by contacting us.

If this is a joint application all parties must sign, if Business or Charity application it must be signed in accordance with the mandate.

| Full Name | Full Name |
|-----------|-----------|
|           |           |
| Signature | Signature |
|           |           |
| Date:     | Date:     |
| Full Name | Full Name |
| Signature | Signature |
|           |           |
| Date:     | Date:     |

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