

## JUNIOR SAVER APPLICATION

### Junior Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No: \_\_\_\_\_

### Trustee Details

I hereby agree to act as Trustee of this account until the Junior Member becomes responsible for their own account.

Membership No: \_\_\_\_\_

Full Name: \_\_\_\_\_

Relationship to Junior Applicant: \_\_\_\_\_

*Please specify at what age the Junior Member will become responsible for their own account:  
(18 in England/16 in Scotland).* \_\_\_\_\_

### Payment Details

How much do you wish to contribute into the Junior Account per week/month: \_\_\_\_\_

Please state the amount you wish to increase your payroll/Direct Debit deduction by: \_\_\_\_\_

### Declaration

I have read and agree to the Terms & Conditions of the Junior Account:

I have read and understand the UK FSCS information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_