

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 Number

Term

Maturity Date

2 Your personal details

Name(s)

Contact Telephone Number

Name of Business / Charity (if applicable)

3 Your instruction

Reinvest all of your funds into a new Fixed Term Deposit (you can add additional funds up to 14 days from opening)

Reinvest part of your funds

Transfer maturing funds into a alternative account

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.

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)

6 months

1 year

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)

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))

6 months 1 year 2 years

Value of amount to be reinvested

Please confirm the account details for the 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 – only complete this section if you are not re-investing and require the maturing funds to be transferred 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

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 Telephone

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

Signature

Date:

Full Name

Signature

Date:

Full Name

Signature

Date:

Full Name

Signature

Date: