

Application for Repayment of:

☐ Childcare Plus Sa☐ Instalment Savin	gs National	e Save Account Solidarity Bond (Issues 1-4 only) vings Account	Statement Based Deposit Account Pension Save Account				
CUSTOMER(S) D	ETAILS - Any field containing	g * is a mandatory field. Please note evid	lence of identity may be required.				
IMPORTANT - Plea	ise read the notes overleaf	before completing this form.					
(1) Title* First N	ame(s)*	Surname*	Contact Telephone Number*				
(2) Title* First N	ame(s)*	Surname*	Contact Telephone Number*				
Address* (If address differs from registered account address, please ensure Panels A and B are completed overleaf) Eircode							
REPAYMENT INS	TRUCTION						
	rate application is required for each	ch repayment request					
I/ We, the holder(s) of Account No:* The full value OR (please place an X in ONE option only)* Close account Do you wish to defer repayment if additional interest is due on your savings within a period of 30 days?* Yes OR No THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL HOLDERS(S) - see note 1 Please sign below to confirm you have read and understand the Notes overleaf and enclosed document on Evidence of Identity and Personal Data. Please sign and date. I/We instruct State Savings to complete my/our chosen request as set out above. Signature 1* Date of Birth* Date* Date of Birth* Date* Date of Birth* Date*							
Nominated Parent/Guardian where account holder is a minor (aged less than 18) Name(s) Surname Signature							
CHC: All additional doc. incl	Principal: € Interest: € Total: €						



PANEL A	CHANGE OF ADDRES	S ON ACCOUNT - se	ee notes 2 and 3				
I / We, the holder(s), request you to amend my/our address as follows:							
New Address (BLOCK CAPITALS)							
CAPITALS)				Eircode			
One current and valid proof of name document and two current and valid proof of address documents must be included with all Change of Address requests, see note 2 below.							
Signature (1)*		Signature (2)*					
PANEL B THIS	SECTION MUST BE SIGNED	AND WITNESSED WHERI	E PANEL A HAS BEEN COMPL	ETED - see note 3			
I / We, the holders(s), verify the instruction specified in Panel A.							
Signature (1)*		Signature (2 *)					
Witness: I confirm that the holders(s) named above have signed in my presence and the holder(s) requesting the change of address have provided current and valid proof of name documentation and two current and valid original proof of address documents (not older than 6 months) displaying the new quoted address. Please refer to Note 3 for acceptable ID documents. 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.							
Proof of Name Type	* Applicant	1					
Proof of Name Ref*							
Customer's Date of (as per proof documentation							
Please note, all original proof documentation or certified¹ photocopies of original proof documentation must be returned with this form to; State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2							
WITNESS Name*				Witness Contact Telephone Number*			
(BLOCK CAPITALS WITNESS Address*	,						
(BLOCK CAPITALS							
WITNESS Signature*			Date*				
WITNESS Occupati	on*						

IMPORTANT NOTES - To be read before filling out this form

1.GENERAL INFORMATION

Please complete the form in BLOCK CAPITALS using black or blue ink. Please note, all fields containing * are mandatory fields and must be completed. This application must be signed by all Holders named on the account. Withdrawals from Instalment Savings, Childcare Plus Savings, Childcare Save Accounts, Pension Save Account, National Solidarity Bond, Statement Based Deposit Accounts and State Savings Account are subject to 7 working days notice from the date of receipt. The repayment of Instalment Savings within the 12 month contribution period where lodgements are received through Direct Debit/Group Schemes may be subject to a waiting period of up

Your Repayment will be dispatched to you at your registered address. Please note all cheques must be lodged to a bank account in the name(s) of the payee(s). Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. If you have not previously provided evidence of your identity to our satisfaction we will advise you and we will not proceed with the processing of your requested Repayment until evidence of your identity has been received and verified by State Savings.

The completed form together with any original documentation or certified¹ copies of original documentation should be returned to:- State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2.

2.CHANGE OF ADDRESS

All requests for a change of address must be accompanied by original documents or certified¹ copies of original documents as follows; **ONE** current and valid proof of name document and **TWO** current and valid proof of address documents (not older than 6 months) displaying the new quoted address. Acceptable proof documentation is listed in Note 3. All original documents supplied will be returned to you. Should you have any queries or difficulty in providing this documentation, please contact us on 0818 20 50 60 / 01 705 7200.

3.WITNESS PANEL & ACCEPTABLE ID DOCUMENTATION

Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. In the event that Panel A has been completed please ensure that you complete and sign Panel B. Please also ensure that all necessary proof documentation has been appropriately witnessed, as set out in Panel B, by 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 'tertified 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 certified copies of any one of the following: Current and valid EU Driving Licence or Passport. All original documents will be returned to you.

4.PERSONAL DATA

The NTMA is the data controller (for the purposes of the Data Protection Acts 1988 and 2003 and, with effect from 25 May 2018, the General Data Protection Regulation (GDPR)) for all personal data supplied by you. For further information on our General and Specific Terms and Conditions, including the collection and processing of your personal data, please contact us at 0818 20 50 60 / 01 705 7200 or at service@statesavings.ie. Please note we can also supply you with a specific information document with regard to our Evidence of Identity and Personal Data policies upon request. This document is also available at your local Post Office.

¹Certified 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 Siochána 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.