



**Application for Repayment of:**

- Childcare Plus Savings
- Childcare Save Account
- Statement Based Deposit Account
- Instalment Savings
- State Savings Account
- Pension Save Account

**CUSTOMER(S) DETAILS - Any field containing \* is a mandatory field. Please note evidence of identity may be required.**

**IMPORTANT - Please read the notes overleaf before completing this form.**

(1) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address\* (If address differs from registered account address, please ensure Panels A and B are completed overleaf)

<input type="text"/>	Eircode
<input type="text"/>	<input type="text"/>

**REPAYMENT INSTRUCTION - see note 1**

Please note that a separate application is required for each repayment request

I / We, the holder(s) of Account No:  request:

(please place an X in ONE option only)\*

The full value

OR

Partial repayment of € , ,  -

OR

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:

**BANK TRANSFER INSTRUCTION - see notes 2 and 3**

To have your repayment credited to your SEPA bank account, please supply IBAN details below together with a copy of a bank statement:\*\*

IBAN:

**\*\*IMPORTANT: Unless you have already supplied State Savings with a bank statement for the purposes of a repayment, you must now supply a copy of a bank statement header dated within the last 12 months verifying the account holder(s) name, address and IBAN details. Failure to supply the bank statement will result in this request being delayed.**

**Declaration:** I/We agree to have the value requested above credited to the IBAN provided and have read and understand notes 2 and 3 overleaf relating to documentation required and the potential saving and reuse of the nominated IBAN.

Signatures of ALL holders are mandatory and each holder must sign both declarations on this form. For all holder(s) under 18 years, a nominated Parent/Guardian must sign this form.

Signature 1*	Date*	Signature 2*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL HOLDER(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*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature 2*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominated Parent/Guardian where account holder is a minor (aged less than 18)

First Name(s)	Surname	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

**OFFICIAL USE ONLY**

CHC:	<input checked="" type="checkbox"/>	Principal: € <input type="text"/>		Interest: € <input type="text"/>	Total: € <input type="text"/>
All additional doc. included:	<input checked="" type="checkbox"/>	Signature check: <input type="text"/>		Date repaid: <input type="text"/>	



**PANEL A CHANGE OF ADDRESS ON ACCOUNT - see notes 4 and 5**

I/We, request you to amend my/our address as follows:

New Address  
(BLOCK CAPITALS)

Eircode

Signature (1)\* 



 Signature (2)\*

**PANEL B THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A HAS BEEN COMPLETED - see note 5**

I/We, the holder(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) 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 5 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\*

Proof of Name Reference\*

Customer Date of Birth\* (as per proof documentation)

**Please note, all original proof documentation or certified' 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:

WITNESS Address:

WITNESS Signature: 



 Date\*

WITNESS Occupation:

**IMPORTANT**  
Witness Official Stamp\*

**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. Repayment requests are subject to 7 working days notice from the date of receipt. 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. 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. The completed form together with any original documentation or certified' copies of original documentation should be returned to:- **State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2.**

**2. BANK TRANSFER DETAILS**  
Funds will be paid to the IBAN provided in the Bank Transfer Instruction panel on this form. The IBAN you have supplied may be saved for future payments to you in connection with State Savings. The IBAN provided must be in the names of at least one of the State Savings account holders. If an IBAN is provided for a bank account that is (a) not in the name of all State Savings account holders or (b) is in the names of third parties additional to the State Savings account holder(s), by signing in the Bank Transfer Instruction panel you are authorising the funds to be paid to this IBAN. NTMA or its agents shall not be liable (in contract, tort or otherwise) for any loss or damage suffered by you in the event that the IBAN or account details provided by you are incorrect or are provided in error. If you have not previously supplied State Savings with your IBAN details or you have changed bank account since your previous repayment via bank transfer, you must enclose a copy of an original bank statement header (dated within the last 12 months) verifying the IBAN and account name. Failure to supply the required proof of bank statement may delay the payment process.

**3. INDEMNITY**  
By signing this form you agree to indemnify NTMA and its agents and to keep NTMA and its agents indemnified from and against any proceedings, claims, loss and/or damage howsoever arising, suffered by NTMA or its agents caused by payment of funds into an account nominated by you.

**4. CHANGE OF ADDRESS**  
All requests for a change of address must be accompanied by original documents or certified' 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 5.

**5. 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 certified' 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.

**6. 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.

\*Certified 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 Síochána 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.