

Application for Repayment of: Savings Bond $\hfill \Box$ Savings Certificate $\hfill \Box$ National Solidarity Bond $\hfill \Box$

IMPORTANT - Please read the notes overleaf before completing this fo					
(1) Title* First Name(s)* S	urname*	Contact Telephone Number*			
(2) Title* First Name(s)*	urname*	Contact Telephone Number*			
Address* (If address differs from registered account address, please ensur	re Panels A and B are completed overleaf)				
		Eircode			
REPAYMENT INSTRUCTION - see note 1					
Please note that a separate repayment application is required for each Sa	vings Bond/Savings Certificate/National Solidarity Bond:				
I / We, the holder(s) of the National Solidarity Bond/Savings Bond/Savings Certificate No.*					
The full value					
(please place an X in ONE option only)*: OR					
Partial repayment of • ,					
Do you wish to defer repayment if additional interest is due on your saving	ngs within a period of 30 days?* Yes: <u>OR</u> 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*			
D D M M					
THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL HOL	IDED(S) con note 1				
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 ou		Date*			
Signature 1*	DDMMYYYY	D D M M Y Y Y Y			
Signature 2*	Date of Birth*	Date*			
Nominated Parent/Guardian where account holder is a minor (aged less					
First Name(s) Surname	Signature				
OFFICIAL LICE ONLY					
OFFICIAL USE ONLY					
	Interest: €				
All additional doc. included: Signature check:	Date repaid:				



PANEL A CHANGE OF ADDRES	SS ON ACCOUNT - see notes 4 and 5				
I/We, request you to amend my/or	ur address as follows:				
New Address (BLOCK CAPITALS)					
(,					
			Eircode		
Signature (1)*		Signature (2)*			
PANEL B THIS SECTION MUST	BE SIGNED AND WITNESSED WHERE PANE	L A HAS BEEN COMPLETED -	see note 5		
I/We, the holder(s), verify the instr	ruction specified in Panel A				
Signature (1)*		Signature (2)*			
	s(s) named above have signed in my presence and t address documents (not older than 6 months) displ		nt and valid proof of name documentation and two		
	entation provided has been photocopied and the p				
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, GPÖ, FRÉEPOST, DE WITNESS Name:	ublin 1, D01 F5P2				
BLOCK CAPITALS			Witness Contact Telephone		
WITNESS Address:			Number:		
BLOCK CAPITALS					
WITNESS Signature:					
MILIAE 33 SIRIIACUIE:		Date* D D M M Y Y			
WITNESS Occupation:					
TTTTLESS Occupation.					

IMPORTANT NOTES - To be read before filling out this form

1. GENERAL INFORMATION

lease 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 Are 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 to see the value of the value of 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 rorios will be paid to the Baha provided in the Baha you have supplied may be saved for future payments to you in the Baha you have supplied may be asset for future payments to you may be in the Baha you have supplied may be asset for future payments to you have supplied to the Baha you have supplied to the Baha in the Baha you have supplied to the Baha account the Baha in th

S. INCLEMENT:

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 opies 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. WINESS 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 Siochána 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 proving the contraction. 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 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.



Checklist

Before you submit this request, have you included the following?

For all Repayment requests
Application for Repayment form Fully completed and signed by registered holder(s).
For Bank Transfer Payments
Copy of bank statement header dated within the last 12 months
If informing State Savings of a Change of Address
TWO current and valid original or certified copies of proof of address documents Not older than 6 months displaying the new quoted address. ONE current and valid proof of name document

There is no requirement to return this checklist with your repayment form.



Did you know you can manage your State Savings products online? Visit statesavings.ie/register for more information.