

MEMBERSHIP APPLICATION FORM

MEMBERSHIP No (office use only) _____

(Please complete in block capitals in black ink only)

Mr /Mrs/ Miss/ Ms _____ DOB _____ / _____ / _____

Nationality _____ Address _____

Flat No _____ Postcode _____ Employer _____

Occupation _____ Date Employed _____ / _____ / _____

If you are employed by: Virgin Trains West Coast, Southeastern Rail, Abellio Scotrail, please provide your National Insurance number here instead of Pay Ref :-

Pay Ref _____ Location _____ Home Tel _____

Mobile _____ Email _____

In order to process your membership application, we require the following information:

1. **I AGREE TO PROVIDE PROOF OF IDENTITY AND ADDRESS WITHIN 28 DAYS TO SATISFY GOVERNMENT ANTI-MONEY LAUNDERING/TERRORIST LAWS.** (TICK)
2. **I UNDERSTAND THAT AN ELECTRONIC ID CHECK MAY BE CARRIED OUT IN ORDER TO VERIFY MY DETAILS, TO COMPLY WITH GOVERNMENT ANTI-FRAUD GUIDELINES. THIS IS NOT A CREDIT CHECK.**
3. **THE COUNTRY I PAY INCOME TAX TO IS _____ IF NOT U.K MY TAX IDENTITY NUMBER IS _____**
4. **I HAVE READ AND UNDERSTOOD DETAILS OF THE FINANCIAL SERVICES COMPENSATION SCHEME OUTLINING THE £85k LIMIT AND EXCLUSIONS. (see attached to this form)** (TICK)
5. **IF THERE IS A CREDIT UNION REPRESENTATIVE AT MY WORKPLACE, I UNDERSTAND THAT THEY CAN CONTACT THE OFFICE ON MY BEHALF IN ORDER TO ASSIST. THIS MAY INCLUDE REQUESTING BALANCES, PROVIDING INFO, FORMS AND/OR OTHER ACCOUNT DETAILS. I UNDERSTAND THAT THIS IS OPTIONAL AND CAN CONTACT THE OFFICE AT ANY TIME TO ALTER THIS.**
6. **I UNDERSTAND THAT THE CREDIT UNION WILL CONTACT ME VIA THE MOST CONVENIENT METHOD i.e. TEXT, EMAIL, POST OR MY CREDIT UNION REP (if the matter is urgent and I am unavailable). THIS WILL NOT BE FOR THE PURPOSE OF MARKETING, WITHOUT MY PRIOR CONSENT.**

YOUR DATA RIGHTS AS A MEMBER: (Please note that our full Privacy Policy can be found on our website <https://www.mycu.co.uk/privacy-statement/> or posted out upon request)

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|--------------------------------|--|
| 1. the right to be informed; | 5. the right to restrict processing; |
| 2. the right of access; | 6. the right to data portability; |
| 3. the right to rectification; | 7. the right to object; and |
| 4. the right to erasure; | 8. the right not to be subject to automated decision making including profiling. |

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE TRANSPORT CREDIT UNION PRIVACY POLICY AND CONSENT TO THE COLLECTION, PROCESSING AND STORAGE OF MY DATA IN LINE WITH THE POLICY. I AM AWARE OF MY RIGHTS AND THE BASES UPON WHICH THE CREDIT UNION MAY USE MY DATA.

I HEREBY APPLY FOR MEMBERSHIP AND AGREE TO ABIDE BY THE RULES OF THE TRANSPORT CREDIT UNION, AND DECLARE THAT THE INFORMATION GIVEN BY ME ON THIS FORM IS TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: _____

Date: _____

Nominated by: _____
Any current member OR credit union staff member

Membership No: _____

PLEASE COMPLETE THE NEXT OF KIN FORM OVERLEAF, BEFORE RETURNING THE FORM TO THE OFFICE →

WORKING FOR YOU



WORKING WITH YOU

NEXT OF KIN NOMINATION FORM

Thank you for deciding to join the Transport Credit Union. We will send your membership information within the next few days.

As a member you will receive our free life cover benefit on your savings, up to your 65th birthday and loan cover up to your 70th birthday. In the event of your death, your nominated person will benefit from this free life cover; any savings you may have in the Transport Credit Union will be matched £ for £ and your loan cleared, both up to the maximum limit of £10,000*. Savings will be paid to them to the extent that the law permits.

Please note that we request this information regarding your Next of Kin as a legitimate interest - as a way of providing you and your family with peace of mind. We will not disclose this information with anyone other than for the purpose of submitting a life insurance claim. We ask that you ensure that your nominated next of kin is aware of the personal information provided by yourself.

This does not replace the need for a Will; you should have a Will in place to protect your family.

I (own name) _____ of (address) _____

_____ As a member of the above Credit Union, hereby nominate

the person named below:-

(Next of Kin Name) _____ of (address, inc postcode) _____

_____ (Date of Birth) ____ / ____ / ____

Relationship to me: Spouse Partner Parent Son Daughter State if other: _____

as the person to whom there shall be transferred such property in the Transport Credit Union (whether in shares, loans or deposits or otherwise) that may be mine at the time of my death. I understand that the maximum amount provided for under nomination is £5,000 and any residual balance in my account shall be paid to my legal Personal Representative(s) for the purpose of inclusion to my estate.

In witness whereof this form of Nomination is subscribed by me at:

_____ on (date) ____ / ____ / ____ before this witness:
Name of town or city

Signature of new member

WITNESS: _____
(Signature)

FULL NAME: _____

ADDRESS: _____

POSTCODE: _____ (Any person who is **not** the nominee, aged over 18yrs can witness)

YOU MAY ALTER THIS NAME AT ANY TIME, BY COMPLETING A CHANGE OF NOMINATION FORM. PLEASE CONTACT THE OFFICE FOR MORE DETAILS

*Terms and Conditions apply – please contact the office if you require full details.

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EARNINGS DEDUCTION FORM

(Please complete in black ink only)

I(print) _____ Full Pay Ref _____ Company _____

Occupation _____ Location _____

request an earning deduction change from the next relevant date, from £ 0 to £ _____:

weekly 2 weekly 4 weekly monthly and to be forwarded to the Transport Credit Union on my behalf.

I agree that this form is not valid without being countersigned and stamped by the Credit Union*

Member Signature: _____ Date: _____

*Signed: _____ on behalf of the Credit Union

Note: please return this and any other forms to the Transport Credit Union, 186 Argyle Street, Glasgow, G2 8HA. Alternatively where there is a local CU Employee Representative, he/she can process the form for you instead.

THE TRANSPORT CREDIT UNION
186 ARGYLE STREET GLASGOW G2 8HA Tel: 0141 221 7474
(THE TRANSPORT CREDIT UNION IS THE TRADING NAME OF SCOTTISH TRANSPORT CREDIT UNION LTD)
"Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority FRN: 213869"

MEMBERSHIP No (office use only) _____

BANK MANDATE FORM

Account holder's name: _____ Name of Bank: _____

Branch address: _____ Postcode: _____

Sort code:

Account number:

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Building society roll/ref number (if applicable): _____

THIS IS THE ACCOUNT TO WHICH THE CREDIT UNION SHALL DEPOSIT ALL MONIES DUE TO ME UNTIL FURTHER INSTRUCTION IS ISSUED BY ME BY COMPLETING A CHANGE OF BANK MANDATE FORM AND CONFIRMING WITH THE OFFICE.

Signature: _____ Date: _____

For your security this form should be sent directly to the Credit Union.



FINANCIAL SERVICES COMPENSATION SCHEME INFORMATION SHEET

Basic information about the protection of your eligible deposits	
Eligible deposits in Scottish Transport Credit Union Ltd are protected by:	The Financial Services Compensation Scheme ("FSCS")
Limit of protection:	£85,000 per depositor per bank / building society / credit union The following trading names are part of your credit union: The Transport Credit Union is a trading name of Scottish Transport Credit Union Ltd.
If you have more eligible deposits at the same credit union:	All your eligible deposits at the same bank are "aggregated" and the total is subject to the limit of £85,000.
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.
Reimbursement period in case of credit union's failure:	20 working days.
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact The Transport Credit Union for enquiries relating to your account:	The Transport Credit Union 186 Argyle Street Glasgow G2 8HA Tel: 0141 221 7474 Email: enquiries@transportcu.co.uk
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St. Botolph Street, London, EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	www.fscs.org.uk

Additional information

Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

This method will also be applied if a bank, building society or credit union operates under different trading names. Scottish Transport Credit Union Ltd also trades under The Transport Credit Union.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under www.fscs.org.uk

Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.

Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within ten working days from 1 January 2021 to 31 December 2023; and within seven working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within seven working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within five working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit.

Further information can be obtained under www.fscs.org.uk

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Financial Services Compensation Scheme Exclusions List

A deposit is excluded from protection if:

- The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following: credit institution, financial institution, investment firm, insurance undertaking, reinsurance undertaking, collective investment undertaking, pension or retirement fund¹, public authority, other than a small local authority.

¹ Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.

For further information about exclusions, refer to the FSCS website at www.FSCS.org.uk

LARGER PRINT AVAILABLE IF REQUIRED

WORKING FOR YOU



WORKING WITH YOU

ANTI -MONEY LAUNDERING IDENTITY AND RESIDENCY REQUIREMENTS

NAME: _____

MEMBER NUMBER: _____

ADDRESS _____

DATE: _____

Dear Member

Government Legislation demands that any person operating a Bank, Building Society or Credit Union account must provide SEPARATE evidence for identity and permanent address. This is of course for the security of our families and ourselves, we thank you in advance for your co-operation. Please assist with the following request:

Please provide proof of identity

Please provide proof of address

FOR PROOF OF IDENTITY TICK BOX TO SHOW WHAT CURRENT DOCUMENTS YOU HAVE PROVIDED:

Current signed Passport

Full Driving Licence (photocard if new style licence)

Provisional Driving Licence

Cross referenced documentation as approved by MLRO _____ Details _____

FOR PROOF OF ADDRESS TICK BOX TO SHOW WHAT CURRENT DOCUMENTS YOU HAVE PROVIDED:

Utility Bill, e.g. Gas/ Electric/Water or phone bill (in last 3 mths) **Not mobile phone, TV licence or Insurance/ Finance (not online statement/bill)**

Bank, Building society or Credit Card Statement (in last 3 mths) **Not online statement unless verified by Branch**

Mortgage Statement for current year

Housing Association Tenancy statement for current year

Council Tax Demand for current year

HMRC Notice of Tax Coding for current year (Not P45 or P60) **Not Annual Tax Summary**

Recent original Benefit Notification confirming address

Cross referenced documentation as approved by MLRO _____ Details _____

To comply with the law, the original document must be produced for the office, or verified by a Local Officer of the credit union where available, who can then forward a copy to the office for you. If you send original documents by post please take appropriate precautions, ensuring the appropriate stamp is used, as we cannot be held responsible for any loss due to the postal service, if you choose to record delivery the letter, we will return by same method.

ORIGINALS SEEN BY LOCAL OFFICER/ STAFF MEMBER: _____