



AIB Student Account (Second Level) Opening Form (AIB Student Account Card Request Form)

Must be read and signed by the Student and Parent/Guardian where Customer is under 16 years of age)

How to complete the form

1 Please use a BLACK pen

2 Mark boxes like this
 If you make a mistake, do this and mark the correct box

3 Please use BLOCK CAPITAL A 2
 LETTERS and leave one space between each word

Account Number NSC

To Allied Irish Banks, p.l.c. (AIB Bank or the Bank)

Personal Details of Student (Sections marked with an * must be completed in full)

*Title Mr Mrs Miss Other State here Middle initial Jnr/Snr

*First Name

*Surname

*County *Country

Gender Male Female

*Date of Birth Day / Month / Year

Place of Birth (as per identity documents)

County/City *Country

Parent/Guardian Full Name

*Purpose of Account
Daily Banking Other

*Source of Funding for the Account

*Estimated Annual Turnover of the account €

Terms and Conditions apply. Allied Irish Banks, p.l.c. Registered in Ireland. Registered No: 24173. Registered office: Bankcentre, Ballsbridge, Dublin 4. Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland

Tax Reporting – Customer Information Notice

Financial institutions in Ireland are required under legislation to seek answers to certain questions for the purpose of identifying those accounts, the details of which are reportable to Irish Revenue who may exchange these details with other tax authorities in relevant jurisdiction(s) and may include the following: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account number of each of your accounts, account balance or value at year end of each of your accounts and payments made with respect to each of your accounts during the calendar year. This legislation incorporates the United States Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS).

All relevant sections of this form must be completed. If customers do not provide all of the information requested, we may not be able to proceed with opening the new account until the relevant information is provided.

Please note that AIB is unable to offer tax advice. For tax related questions and/or further information please contact your professional tax advisor or Irish Revenue at <https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>.

Customers **must** promptly advise AIB if their tax residence changes.

We are also required to submit an annual return of interest to Revenue under the Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008. For the purposes of this return we may be obliged to seek the collection and verification of a Tax Reference Number (also known as PPSN) from customers when opening a new bank account. This number will be included in the annual return of interest to Revenue.

***Are you a US Citizen?** Yes No

*In what country(ies) are you tax resident?

If you answered yes to the US Citizen question please include the United States as one of the countries below.

Please provide a TRN for each jurisdiction in which you are tax resident unless you are tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Tax Reference Number

Tax Reference Number

Tax Reference Number

Home Address

*Address

*County

*Country

Contact Details

Home Phone No

Mobile Phone No

E-mail Address

School Details

Primary School

Secondary School

School Name

Year finishing school/Year of Leaving Certificate

If the Account is opened as part of a School Account Opening Programme, I consent to the Bank contacting my school in order to obtain 'a letter from the school' for the purposes of verifying my permanent address and date of birth in accordance with legislation*.

*Legislation to combat money laundering and terrorist financing.

Product Information (Required Information – To be completed if aged 12-15 years)

AIB may like to contact you occasionally, as part of our customer service programme, to advise you of AIB Group products and services that may be of benefit to you and relevant to your banking requirements. Please indicate the methods by which you are happy for us to contact you. (AIB Group means Allied Irish Banks p.l.c., its subsidiaries and associated companies).

Mail: Yes No

Phone: Yes No

E-mail: Yes No

Signature of Customer

Date / /

*Signature of Parent/Guardian

Date / /

*Parent/Guardian must sign where Customer is under 16 years of age.

Product Information (Required Information – Please complete if over 16 years)

AIB may like to contact you occasionally, as part of our customer service programme, to advise you of AIB Group products and services that may be of benefit to you and relevant to your banking requirements. Please indicate the methods by which you are happy for us to contact you. (AIB Group means Allied Irish Banks p.l.c., its subsidiaries and associated companies).

Mail: Yes No

Phone: Yes No

E-mail: Yes No

Data Protection Notice

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in branches and online. It may change from time to time.

Deposit Guarantee Scheme Information

By signing this declaration, I acknowledge that I have been provided with, read and accept the Deposit Guarantee Scheme - Depositor Information Sheet

Signature of Customer

Date / /

*Signature of Parent/Guardian

Date / /

*Parent/Guardian must sign where Customer is under 16 years of age.

Student Account – Application for AIB Debit Card (optional)

I apply for an AIB Debit Card and Personal Identification Number (PIN) under the Banks terms and conditions which will be sent to me for use with the Card. I am aware that this card can be used for ATM, Point of Sale (POS) and Internet transactions. I understand that the signature of my Parent/Guardian is required for ordering the first AIB Debit Card on this Account where I am under 16 years. I confirm the authority of my parent or guardian to cancel the card at any time until I reach the age of 16 years.

I hereby irrevocably authorise the Bank to debit the above current account in accordance with my instructions transmitted by means of the

Card and PIN without obligation on the Bank to further verify such instructions.

Once your application has been processed, your Personal Identification Number (PIN) will be posted to you at the address you have stated on this application form. For security reasons, your Card will follow to the same address 2-3 business days later.

Signature of Customer

*Signature of Parent/Guardian

*Parent/Guardian must sign where Customer is under 16 years of age.

Application/Declaration

Please open an AIB Student Account in my name under the Terms and Conditions for Current, Demand Deposit and Masterplan Accounts and the AIB Student Account Terms and Conditions, copies of which I have received. All information which I have given in relation to the Account is accurate.

Signature of Customer

Customer Name (Please use Block Capitals)

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Date / /

*Signature of Parent/Guardian

*Parent/Guardian Name (Please use Block Capitals)

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Date / /

*Parent/Guardian must sign where Customer is under 16 years of age.

BANK USE ONLY

All Fields are Mandatory and Application will be returned if not fully completed

Identification of Customer and Verification of Address

Customer Identification Provided

Yes No

Type of Document

Issued By/At

Reference Number

Permanent Address Verified

Yes No

Type of Document

Issued By/At

Reference Number

Account Details

Account Number NSC

Account Classification **B** Central Bank Code **1 6 5** Signing Authority Referral Code

Sub Office Mobile Code

Short Name

Account Title

Card Order

AIB Debit Card Yes No

Embossed Name

Mailing Address Mailing Address of Customer To Branch

Branch Checklist

- Customer CJA documentation has been sighted and verified to be true and original by Official signed below: Yes
- Terms and Conditions for Current, Demand Deposit and Masterplan Accounts have been given to the customer: Yes
- PPS No. (Tax Reference No.) documentation received: Yes No
- I confirm that the customer(s) has been provided with the DGS - Depositor Information Sheet: Yes
- I confirm that the customer(s) has signed and dated to acknowledge receipt of the DGS - Depositor Information Sheet: Yes

Name of Bank Official

Signature of Bank Official

Staff Number of Bank Official

Date / /

Deposit Guarantee Scheme

Depositor Information Sheet



Basic information about the protection of your eligible deposits

| | |
|---|--|
| Eligible deposits in Allied Irish Banks, p.l.c. are protected by: | the Deposit Guarantee Scheme ("DGS") ⁽¹⁾ |
| Limit of protection: | €100,000 per depositor per credit institution ⁽²⁾ |
| If you have more eligible deposits at the same credit institution: | All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 ⁽²⁾ |
| If you have a joint account with other person(s): | The limit of €100,000 applies to each depositor separately ⁽³⁾ |
| Reimbursement period in case of credit institution's failure: | 20 working days ⁽⁴⁾ |
| Currency of reimbursement: | Euro |
| To contact Allied Irish Banks, p.l.c. for enquiries relating to your account: | Allied Irish Banks, p.l.c., Bankcentre, Ballsbridge, Dublin 4 Tel: 0818 227 060 www.aib.ie |
| To contact the DGS for further information on compensation: | Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1 Tel: 1890-777777 Email: info@depositguarantee.ie |
| More information: | www.depositguarantee.ie |

Additional information

(1) Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 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 €100,000.

(4) Reimbursement

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1.

Tel: 1890-777777.

Email: info@depositguarantee.ie.

Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 20 working days until

31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

(5) Temporary high balances

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at www.depositguarantee.ie

(6) Exclusions

A deposit is excluded from protection if:

- The depositor and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements.
- 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 fund (Deposits by Small Self Administered Pension Schemes are not excluded)
- public authority

Further information about exclusions can be obtained at www.depositguarantee.ie

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.