

# Addition of an Attorney - Power of Attorney (POA)

For the addition of an Attorney when there is an EXISTING Attorney on the account  
Before completing this form, please:

- see how Nationwide uses your information at [nationwide.co.uk/privacy](https://nationwide.co.uk/privacy)
- check the terms and conditions of any account you will be managing at [nationwide.co.uk/support](https://nationwide.co.uk/support)
- A separate form must be completed for each account holder
- An Attorney cannot be registered on: Treasurers Trust, Business Investor, PortfolioInvestor and Child Trust Fund
- **This form will be scanned electronically; please write INSIDE the boxes in BLOCK CAPITALS using black ink as this will help us to process your request faster**
- Please DO NOT cross out any sections that you do not need to complete

## Account Details

Please list the accounts you are registering power of attorney for, starting with any current accounts. If there's more than one attorney, please state if you are acting:

- Jointly (J) - all attorneys need to make decisions together
- Jointly and Severally (S) - attorneys can make decisions on their own or together.

Note: attorneys acting Jointly:

- must register at the same time.
- cannot have a card, chequebook or use online banking.

If you wish to register all accounts, please tick this box.  You do not need to list the accounts below.

If you do not wish to register all accounts, please list those accounts you wish to register below.

	Sort code/Prefix	Account number	Jointly	Jointly and Severally
1	<input type="text"/>	<input type="text"/>	<input type="text" value="J"/>	<input type="text" value="S"/>
2	<input type="text"/>	<input type="text"/>	<input type="text" value="J"/>	<input type="text" value="S"/>
3	<input type="text"/>	<input type="text"/>	<input type="text" value="J"/>	<input type="text" value="S"/>
4	<input type="text"/>	<input type="text"/>	<input type="text" value="J"/>	<input type="text" value="S"/>
5	<input type="text"/>	<input type="text"/>	<input type="text" value="J"/>	<input type="text" value="S"/>
6	<input type="text"/>	<input type="text"/>	<input type="text" value="J"/>	<input type="text" value="S"/>

If the Power of Attorney is to be applied to more than six accounts, please mark X in this box  and list them on a separate sheet.

## Section A - Account Holder's Details

Title (please mark X in the box that applies to you or state your title) Mr  Mrs  Miss  Ms  Other

Please enter ALL forenames

Surname

Permanent residential address Property number  and/or Property name

Street

Town  Postcode

Date of birth

Country of birth

Nationality

Are you a US citizen, US Green card holder or US resident? Yes  No

If YES, please provide your Tax Identification Number (TIN) below, this will be the same as your Social Security Number:

Tax Identification Number (TIN)

Can you confirm you are only a UK tax resident and not legally required to pay tax in any other country? Yes  No

If NO, and you have to pay tax in another country that is not the UK or USA, please list all the countries this applies to, along with the Tax Identification Number (TIN) for each one.

Country 1	Country 2	Country 3
TIN 1	TIN 2	TIN 3

Secure Lasting Power of Attorney access code from the Office of Public Guardian



## Section E – Requirements for Savings Accounts with cards

Choose who should have the card for each savings account. We can only issue ONE card for an account. If the attorney needs a card, it will replace the account holder's card.

Account <b>1</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account <b>2</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account <b>3</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account <b>4</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>

If a card has been requested for Savings Accounts the Account Holder makes the following declaration:

For the purpose of the legal agreement for these savings accounts, this application form contains additional terms which vary the legal agreement:

- Nationwide may accept instructions from the attorney to withdraw funds from my account with the cash card issued to them;
- The attorney can use the cash card to withdraw funds in branch or at an ATM.

I request that Nationwide issue a cash card to my attorney on my savings accounts, as indicated above in this Section E. I accept the additional terms to the legal agreement, and ask and authorise Nationwide to accept and act on instructions my attorney gives on my behalf when they use that cash card to access funds on my savings accounts.

**Account Holder signature (If the donor is not mentally capable, an attorney must sign on their behalf)**

<p>Signature</p> <p style="text-align: center; color: orange;">PLEASE SIGN WITHIN THIS BOX WITH A PEN</p>	<p>Date (please write INSIDE the boxes)</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Signature

## Section F – Requirements for Current Accounts

Choose who should have a card for each current account. We can only issue one card for an account. If the attorney needs a card it will replace the account holder's card. For an attorney to have a card, there must not be any restrictions on the account in the Power of Attorney document.

You can find a copy of the terms and conditions at [www.nationwide.co.uk](http://www.nationwide.co.uk) or at your local branch.

Account <b>1</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account <b>2</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account <b>3</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account <b>4</b>	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>

If a card(s) has been requested for a Current Account(s) the Account Holder makes the following declaration:

- I request that Nationwide issue a debit card with contactless functionality to my attorney on my current account(s), as indicated in this Section F.
- I request and authorise Nationwide to accept and act on instructions my attorney gives on my behalf when they use that debit card to withdraw cash/ or instruct payments on my current account(s).
- I am responsible for charges arising from the instruction my attorney gives Nationwide on my behalf to the same extent as I would be if I had given the instructions myself under the terms and conditions of my current account(s).

**Account Holder signature (If the account holder is not mentally capable, an attorney must sign on their behalf)**

<p>Signature</p> <p style="text-align: center; color: orange;">PLEASE SIGN WITHIN THIS BOX WITH A PEN</p>	<p>Date (please write INSIDE the boxes)</p> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Signature

**Who needs a chequebook? (Please mark an X in each box that applies)**

Account <b>1</b>	Account Holder <input type="checkbox"/>	or/and	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>
Account <b>2</b>	Account Holder <input type="checkbox"/>	or/and	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>
Account <b>3</b>	Account Holder <input type="checkbox"/>	or/and	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>
Account <b>4</b>	Account Holder <input type="checkbox"/>	or/and	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>

**Who needs to receive statements? (Please mark an X in each box that applies) N.B. At least one Attorney must receive statements**

Account <b>1</b>	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>
Account <b>2</b>	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>
Account <b>3</b>	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>
Account <b>4</b>	Attorney 1 <input type="checkbox"/>	or/and	Attorney 2 <input type="checkbox"/>

**Section G – Declaration and Indemnity**

As the appointed attorney(s) for the account holder named in Section A of this form, I (each of us) agree:

- That I am not bankrupt.
- To tell the Society if bankruptcy proceedings are taken against me.
- To act on the accounts according to the terms of power of attorney agreement I am registering.
- To never apply for credit, increase credit card borrowing or extend an existing overdraft for any account I am managing.
- To tell the Society if I or the account holder changes address.
- To repay the Society for any costs caused by directly following my instructions.
- To follow the terms and conditions of the accounts.
- Where the account holder(s) has requested that I be issued with a card(s), I consent to being issued with that card(s) and will comply with the provisions in the terms and conditions about taking all reasonable precautions to take care of the card(s) and PINs issued to me. In particular, I will;
  - always take reasonable steps to keep the card and cheque book safe.
  - keep the PIN, password, security codes and other security information secret at all times.
- If I register the current account card details in an e-wallet or on a device such as a mobile phone I must take reasonable precautions to keep them, and any security codes and other security information which relates to them e.g. my phone passcode or fingerprint stored in my phone, safe and to prevent fraudulent use of them. I will not store anyone else's fingerprint or other biometric means of identification in my device if that fingerprint/ other biometric identification can be used to authorise a payment or access my card details.
- Let you know as soon as you possible if my card is lost or might have been stolen; I think someone else knows my PIN; I think a payment has been made incorrectly or I don't recognise a payment from the account; I think someone else might be using or have access to my card, PIN, security details, e-wallet or security device without my permission.
- Follow any other reasonable instructions you give you to help me take care of the money in the account.

**Mental and Physical capacity**

Is the account holder mentally incapable? Yes  No  Is the account holder physically incapable? Yes  No

Where this form has been completed online and printed, please ensure that all signature boxes are signed using a pen.  
We are unable to accept digital signatures on this form.

**Attorney signature**

**1** Signature of first named Attorney  
PLEASE SIGN WITHIN THIS BOX WITH A PEN

**Attorney 2 signature**

**2** Signature of second named Attorney  
PLEASE SIGN WITHIN THIS BOX WITH A PEN

Date (please write INSIDE the boxes)

D	D	M	M	Y	Y	Y	Y
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**Office use only**

Both donor and attorney signature present and checked

Official docs seen

Employee number

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Date

D	D	M	M	Y	Y	Y	Y
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Branch

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Portrait Record created & ID confirmed for all Attorneys

Employee number

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Confirmed correspondence address

CIS Number for Attorney

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CIS Number for Attorney

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