

# Registration of Power of Attorney (POA) or Court of Protection Order (COP)



## Before completing this form, please:

- See how Nationwide uses your information at [nationwide.co.uk/privacy](https://nationwide.co.uk/privacy), or you can ask in branch or call us on **0800 464 30 18**.
- Check the terms and conditions of any account you will be managing at [nationwide.co.uk/support](https://nationwide.co.uk/support)

**Note: We cannot register attorneys/deputies on some account types - you will be notified on registration.**

## When filling out this form, please:

- Write inside the boxes
  - Use BLOCK CAPITALS and black ink
  - Do not cross out any sections that you do not need to complete.
- This helps us process the document quickly, as it gets scanned electronically.

## To register a Power of Attorney or Court of Protection Order, you will also need:

- The original or a certified copy of the Power of Attorney, or for Lasting Power of Attorneys, the access code, if these are held electronically
- The original or a certified copy of the Court of Protection Order
- Proof of ID (name and address).

You can find a list of suitable ID at [nationwide.co.uk/identification](https://nationwide.co.uk/identification)

## Registration Details

This form allows you to request access to all eligible accounts held by the donor.

Please mark an X in the box to confirm how you will be acting:

As the only attorney/deputy

Jointly

Jointly and severally

Jointly for some, severally for others

If you have a secure access code (V-Code) please provide it below. You can get this by logging into your Lasting Power of Attorney account at

[gov.uk/government/organisations/office-of-the-public-guardian](https://gov.uk/government/organisations/office-of-the-public-guardian)

## Section A - Donor's Details

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

Please enter all forenames

Surname

Permanent residential address  and/or property name

Street

Town  Postcode

Date of birth

Country of birth

Nationality

Is the donor a US citizen, US green card holder or US resident? Yes  No

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

Tax Identification Number (TIN)

Can you confirm the donor is only a UK tax resident and not a tax resident in any other country? Yes  No

If no, and they are a tax resident in another country that is not the UK or USA, please list all applicable countries along with the Tax Identification Number (TIN) for each one.

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

## Mental and Physical Capacity

The answers to these questions relate to the donor's mental or physical health condition, this is known as 'special category data'. By giving us this information, you will be confirming that you are happy for us to use it to support them in the right way.

You can find out more about how Nationwide uses your information at [nationwide.co.uk/privacy](https://nationwide.co.uk/privacy), or you can ask in branch.

Is the donor mentally capable?

Yes  No

Is the donor physically capable?

Yes  No

## Section B – Attorney/Deputy 1 Details

**Professional attorney/deputy** (e.g. solicitor) for contact/correspondence complete title, forenames, surname, **business** address, contact telephone number, DOB & nationality. **Attorney/deputy** for contact/correspondence complete title, forenames, surname, **permanent** residential address, contact telephone number, how long at address, DOB & nationality. Please tell us the details for one of your Nationwide accounts, if you have one. This will help us identify you on our systems.

### Attorney/deputy 1

Sort code (if any)

Account number

Relationship to donor

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/business address**  
Property number

and/or property name

Street

Town

Postcode

When did you start living there?

Contact telephone number

Mobile number\*

Are you able to receive mobile text messages?

Yes  No

We'll use your email address and mobile number to:

- Contact you about this application.
- Contact you about any account you may manage as an attorney.
- Register you for internet bank access if you need it.

Email address

Date of birth

Country of birth

Country of residency

Nationality

Your country of birth and nationality are required for regulatory reasons.

\*By providing your mobile number, we are automatically enrolling you into our alerts for arranged and unarranged overdrafts. Following your enrolment, if you wish to unsubscribe, please go to [nationwide.co.uk/textalerts](http://nationwide.co.uk/textalerts) or speak to us in branch.

## Section C – Attorney/Deputy 2 Details

Please tell us the details for one of your Nationwide accounts, if you have one. This will help us identify you on our systems. You don't have to give this information if you don't want to.

### Attorney/deputy 2

Sort code (if any)

Account number

Relationship to donor

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/business address**  
Property number

and/or property name

Street

Town

Postcode

When did you start living there?

Contact telephone number

Mobile number\*

Are you able to receive mobile text messages?

Yes  No

We'll use your email address and mobile number to:

- Contact you about this application.
- Contact you about any account you may manage as an attorney.
- Register you for internet bank access if you need it.

Email address

Date of birth

Country of birth

Country of residency

Nationality

Your country of birth and nationality are required for regulatory reasons.

\*By providing your mobile number, we are automatically enrolling you into our alerts for arranged and unarranged overdrafts. Following your enrolment, if you wish to unsubscribe, please go to [nationwide.co.uk/textalerts](http://nationwide.co.uk/textalerts) or speak to us in branch.

## Section D – Correspondence Address - for all future mailings

Choose the postal address you would like us to use for all future mailings, including statements.

- If the correspondence box in this Section D has been ticked for the attorney/deputy to receive all future mailings, we will update the address for the donor on all the donor's accounts with a Power of Attorney/Court of Protection arrangement unless you tell us otherwise
- If the attorney/deputy's address, or the address of any joint account holder or other attorney/deputy needs to be updated a separate request needs to be made
- Please note the address details may appear on statements that are available to any joint account holder or other party, such as attorneys/deputies, associated with the accounts
- We may write to the donor or any other attorney/deputy linked to the donor's accounts to confirm that address details have been updated
- Tell us if you're not happy about this before submitting the change of address request.

Who needs to receive the future correspondence for these accounts?

Opting to receive future correspondence:

- Will stop correspondence to any other address
- May change the address on some accounts to the preferred correspondence address
- This address may appear on statements that are available to any joint account holder
- We may write to the donor to confirm we have changed their address details

Donor  Attorney/deputy 1  Attorney/deputy 2

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

Donor  Attorney/deputy 1  Attorney/deputy 2

## Section E – Requirements for Current Accounts

Choose who should have a card. **We can only issue one card for an account.** If the attorney/deputy needs a card it will replace the donor's card. An attorney or deputy can only be issued with a card if the Power of Attorney or Court of Protection document places no restrictions on the account.

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

Donor

Attorney/deputy 1

Attorney/deputy 2

Consent may be given by the attorney/deputy.

If you've asked for a card(s) on the current account(s), you confirm:

- You've asked Nationwide to issue a debit card with contactless functionality to your attorney/deputy on your current account(s).
- You're asking and authorising Nationwide to accept and act on instructions given on your behalf by your attorney/deputy when they use that debit card to withdraw cash and/or ask us to make payments on your current account(s).
- You are responsible for charges under the terms and conditions of your current account(s) arising from those instructions, just as you would be if you'd given us the instructions yourself.

Tick the box to accept the card consent statements above

## Section F – Requirements for Savings Accounts with Cards

Choose who should have the card. **We can only issue one card for an account.** If the attorney/deputy needs a card, it will replace the donor's card.

An attorney or deputy can only be issued with a card if the Power of Attorney or Court of Protection document places no restrictions on the account.

Donor

Attorney/deputy 1

Attorney/deputy 2

Consent may be given by the attorney/deputy.

For the purpose of the legal agreement for these savings accounts, this application form contains additional terms which vary the legal agreement, and if you've asked for card(s) on the savings account(s), you confirm:

- You've asked Nationwide to issue a cash card to your attorney/deputy on your savings accounts.
- Nationwide may accept instructions from your attorney/deputy to withdraw funds from your account with the cash card issued to them.
- Your attorney/deputy can use the cash card to withdraw funds in branch or at an ATM.
- You accept the additional terms to the legal agreement, and you're asking and authorising Nationwide to accept and act on instructions given on your behalf by your attorney/deputy, to access funds on your savings accounts using a cash card.

Tick the box to accept the card consent statements above

## Section G - Requirements for Internet Bank Access

	Attorney/deputy 1	Attorney/deputy 2
Do you need internet bank access to manage donor's accounts online?	<input type="checkbox"/>	<input type="checkbox"/>
Please confirm that you have an account with us in your own name that is eligible for internet bank access	<input type="checkbox"/>	<input type="checkbox"/>
<b>We will not be able to set up internet banking access unless you put an X in each box to confirm your agreement and can provide all information requested.</b>		
• You have read the POA/COP and there are no restrictions on how you can manage the donor's money.	<input type="checkbox"/>	<input type="checkbox"/>
• You have an email address for logging in (this will need to match the records we hold for you).	<input type="checkbox"/>	<input type="checkbox"/>
• You have a mobile number for logging in (this will need to match the records we hold for you).	<input type="checkbox"/>	<input type="checkbox"/>
• Please confirm that you are not acting jointly with another attorney/deputy and can make decisions alone.	<input type="checkbox"/>	<input type="checkbox"/>

Please read and agree to the internet bank terms and conditions - you can do this when you set up internet banking.

If you already use the internet bank, we will use your current details to log you in and check it's you.

Please provide the account number which is eligible for internet bank access. This can be any type of account that is eligible and your account number may not fill every box.

<b>Attorney/deputy 1</b>	Sort code (if any)	Account number
	<input type="text"/>	<input type="text"/>
<b>Attorney/deputy 2</b>	<input type="text"/>	<input type="text"/>

## Section H - Declaration and Indemnity

As the appointed attorney(s)/deputy(s) for the donor named in donor details of this form, I (each of us) agree:

- That I am not bankrupt nor subject to a debt relief order.
- To tell the society if bankruptcy proceedings are taken against me.
- To manage the accounts according to the provisions set out in the Power of Attorney/Court of Protection document being registered.
- 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 donor 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 donor(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 chequebook 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.
- To let you know as soon as 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.
- To follow any other reasonable instructions you give to help me take care of the money in the account.

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.

<b>Attorney/deputy 1 signature</b>	<b>Attorney/deputy 2 signature</b>	Date (please write INSIDE the boxes)
1 Signature of first named attorney/deputy PLEASE SIGN WITHIN THIS BOX WITH A PEN	2 Signature of second named attorney/deputy PLEASE SIGN WITHIN THIS BOX WITH A PEN	<input type="text"/>

## Office use only

Both donor and attorney/deputy signature present and checked	Official docs seen	Employee number	Date	Transacting branch
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Portrait Record created & ID confirmed for all attorneys/deputies	Employee number	Confirmed correspondence address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
CIS Number for attorney/deputy	CIS Number for attorney/deputy			
<input type="text"/>	<input type="text"/>			