

# Registration of power of attorney (POA)



Nationwide Building Society

**Before completing this form, please:**

- see how Nationwide uses your information at [nationwide.co.uk/privacy](http://nationwide.co.uk/privacy)
- check the terms and conditions of any account you will be managing at [nationwide.co.uk/support](http://nationwide.co.uk/support)

**Note: we cannot register attorneys on Treasurers Trust, Business Investor, PortfolioInvestor and Child Trust Fund**

**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. You'll need to complete a separate form for each account holder (donor).

**To register a power of attorney, 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
- proof of ID (name and address)

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

## 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.

**Attorneys acting Jointly:**

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

To register all accounts, please tick the box.

	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"/>

If the Power of Attorney is to be applied to more than four 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

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





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

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"/>

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

**Section H – 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 on line 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

**Office use only**

Both donor and attorney signature present and checked	Official docs seen	Employee number	Date	Transacting branch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D D M M Y Y Y Y	<input type="checkbox"/>
Portrait Record created & ID confirmed for all Attorneys	Employee number	Confirmed correspondence address		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CIS Number for Attorney		CIS Number for Attorney		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>