

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
- check the terms and conditions of any account you will be managing at 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/identification

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.

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"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 B – Attorney 1 Details

Professional Attorney (e.g. Solicitor) for contact/correspondence complete title, forenames, surname, **BUSINESS** address, contact telephone number, DOB & Nationality.

Attorney 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. You don't have to give this information if you don't want to.

Attorney 1

Sort code (if any)

Account number

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

Contact telephone number

We'll use the phone number and email address to:

- Contact you about the application or account.
- Help you access the Internet Bank

Extension (if applicable)

Mobile number*

Are you able to receive mobile text messages?

Yes No

Email address

When did you start living there?

Date of birth

Relationship to Account Holder

Country of birth

Nationality

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

*By providing your mobile number, we are automatically enrolling you into our text alerts for arranged and unarranged overdrafts. Following your enrolment, if you wish to unsubscribe, please go to nationwide.co.uk/textalerts

Section C – Attorney 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 2

Sort code (if any)

Account number

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

Contact telephone number

We'll use the phone number and email address to:

- Contact you about the application or account.
- Help you access the Internet Bank

Extension (if applicable)

Mobile number*

Are you able to receive mobile text messages?

Yes No

Email address

When did you start living there?

Date of birth

Relationship to Account Holder

Country of birth

Nationality

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

*By providing your mobile number, we are automatically enrolling you into our text alerts for arranged and unarranged overdrafts. Following your enrolment, if you wish to unsubscribe, please go to nationwide.co.uk/textalerts

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 accounts(s), as indicated in this Section G.
- 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)

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

Account 1	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account 2	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account 3	Account Holder <input type="checkbox"/>	or	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account 4	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 1	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account 2	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account 3	Attorney 1 <input type="checkbox"/>	or	Attorney 2 <input type="checkbox"/>
Account 4	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 online and printed, please ensure that all signature boxes are signed using a pen.
We are unable to accept digital signatures on this form.

1 Signature of first named Attorney PLEASE SIGN WITHIN THIS BOX WITH A PEN	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 <input type="checkbox"/>	Official docs seen <input type="checkbox"/>	Employee number <input type="checkbox"/>	Date <input type="checkbox"/>	Transacting branch <input type="checkbox"/>
Portrait Record created & ID confirmed for all Attorneys <input type="checkbox"/>	Employee number <input type="checkbox"/>	Confirmed correspondence address <input type="checkbox"/>		
CIS Number for Attorney <input type="checkbox"/>	CIS Number for Attorney <input type="checkbox"/>			