## Registration of power of attorney (POA)

## nationwide

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

You do not need to list the accounts below.

- 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.

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			J	S
2			J	S
3			J	S
4			J	S
5			J	S
6			J	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	
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access code from the Office of

**Public Guardian** 

V

Title (please mark <b>X</b> in the box that applies to you or state your title)	
Please enter ALL forenames	
Surname	
Permanent residential address Property number	and/or Property name
Street	
Town	Postcode
Date of birth	D D M M Y Y Y
Country of birth	
Nationality	
Are you a US citizen, US Green card	holder or US resident? Yes No
If YES, please provide your Tax Ider	ntification 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 t	ax resident and not legally required to pay tax in any other country? Yes 🗌 No 🗌
If NO, and you have to pay tax in an	other 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	

## 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.

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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

DUA

Section D – Correspondence address - for all future mailing	
<ul> <li>Choose the postal address you would like us to use for all future mailings, including statement</li> <li>If the correspondence box in this Section D has been ticked for the Attorney to receive all fu account holder's accounts with a Power of Attorney arrangement unless you tell us otherwi</li> <li>If the Attorney's address, or the address of any joint account holder or other Attorney needs</li> <li>Please note the address details may appear on statements that are available to any joint account holder's account holder or any other Attorney linked to the account holder's account holder's account holder's account holder or any other Attorney linked to the account holder's account holder's account holder's account holder or any other submitting the change of address request.</li> </ul>	ture mailings, we will update the address for the account holder on all the se to be updated a separate request needs to be made count holder or other party, such as Attorneys, associated with the accounts
If the account holder requires statements, then, please tick the box 'Use account holder's addr	ess'. We can only send statements to account holders if this box is ticked.
	address to Attorney 2
Section E - Requirements for Internet Bank Access	
<ul> <li>We will not be able to set up Internet Banking access unless you can answer yes to all of th</li> <li>Do you require Internet Bank Access? (please tick the box)</li> <li>Please confirm that you have an account with us in your own name that is eligible for Internet Bank</li> <li>Please provide the account number which is eligible for Internet Bank access.</li> <li>Attorney 1</li> </ul>	Attorney 1 Attorney 2
<ul> <li>Please confirm that you are a registered attorney for all of the donor's accounts.</li> <li>You have read the POA/COP Order and there are no restrictions on what you can do.</li> <li>You have an email address for logging in (this will need to match the records we hold for you).</li> <li>You have a mobile number for logging in (this will need to match the records we hold for you).</li> <li>Please confirm that you are not acting jointly with another attorney and can make decisions alone.</li> </ul>	
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<ul> <li>Please read and agree to the Internet Bank terms and conditions - you can do this when you set u</li> <li>Please confirm the donor is resident in the UK</li> </ul>	р.
If you already use the Internet Bank, we will use your current details to log you in and check it's you.	
Section F – Requirements for Savings Accounts with cards	
Choose who should have the card for each savings account. We can only issue ONE card for a	account. If the attorney needs a card, it will replace the account holder's card.
Account 1 Account Holder or Attorney 1 or	Attorney 2
Account 2 Account Holder or Attorney 1 or	Attorney 2
Account 3 Account Holder or Attorney 1 or	Attorney 2
Account Holder or Attorney 1 or	Attorney 2
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 add • Nationwide may accept instructions from the attorney to withdraw funds from my account • 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 abo	litional terms which vary the legal agreement: with the cash card issued to them;
and authorise Nationwide to accept and act on instructions my attorney gives on my behalf when th	ey use that cash card to access funds on my savings accounts.
Account Holder signature (If the account holder is not mentally capable, an attorney must : Signature	
Signature     Date (please write INSII       PLEASE SIGN WITHIN THIS BOX WITH A PEN     D D M M Y	E the boxes)
Section G – Requirements for Current Accounts	
Choose who should have a card for each current account. We can only issue ONE card for an account attorney to have a card, there must not be any restrictions on the account in the Power of Attorney of You can find a copy of the terms and conditions at <b>www.nationwide.co.uk</b> or at your local branch.	
Account I Account Holder or Attorney 1 or	Attorney 2
Account 2 Account Holder or Attorney 1 or	Attorney 2
Account 3 Account Holder or Attorney 1 or	Attorney 2
Account Account Holder or Attorney 1 or	Attorney 2

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		Date (pleas	se write INSIDE the	boxes)						
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Account	3 Account Holder	or	Attorney 1	or	Attorney 2						
Account	<b>4</b> Account Holder	or	Attorney 1	or	Attorney 2						
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Account	2		Attorney 1	or	Attorney 2						
Account	3		Attorney 1	or	Attorney 2	-					
Account	4		Attorney 1	or	Attorney 2						
Section	H – Declaration an	d Indemnity									
<ul> <li>To act on the accounts according to the terms of power of attorney agreement I am registering.</li> <li>To never apply for credit, increase credit card borrowing or extend an existing overdraft for any account I am managing.</li> <li>To tell the Society if I or the account holder changes address.</li> <li>To repay the Society for any costs caused by directly following my instructions.</li> <li>To follow the terms and conditions of the accounts.</li> <li>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; <ul> <li>always take reasonable steps to keep the card and cheque book safe.</li> <li>keep the PIN, password, security codes and other security information secret at all times.</li> </ul> </li> <li>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 secret at all times.</li> <li>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 pass code or fingerprint other biometric identification can be used to authorise a payment or access my card details.</li> <li>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 money in the account.</li> </ul> Mental and Physical capacity Is the account holder mentally incapable? Yes No Is the account holder physically incapable? Yes No Is the account holder physically incapable? Yes <											
	nable to accept digital signatur 1 signature		Attorney 2 signati	ure							
	ture of first named Attorney		2 Signature of se		ney						
PLE/	ASE SIGN WITHIN THIS BOX	WITH A PEN	PLEASE SIGN	WITHIN THIS BOX	WITH A PEN	Date (please writed by D D D M	ite INSIDE the boxes)       M     Y     Y     Y				
Office	use only										
confirmed f	Inature I checked Official docs s ord created & ID or all Attorneys Em	seen Em		dence address		Y Y Y	Transacting branch				
CIS Numbe	r for Attorney		CIS Number f	or Attorney							