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

- check the terms and conditions of any account you will be managing at 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 re - Jointly (J) - all attorneys need to - Jointly and Severally (S) - attorn Note: attorneys acting Jointly: - must register at the same time cannot have a card, chequebook	o make decis neys can mak	sions toget ke decision	her s on their o	_	-	ent accou	ints. If	there's	more th	nan one	attorn	ey, pleas	e state	if yo	u are a	cting	:
If you wish to register all accounts	s, please ticl	k this box.	You	u do not	need to list	the acco	unts be	elow.									
If you do not wish to register all a	ccounts, ple	ease list the	ose account	s you wis	h to regist	er below.											
Sort code/Prefix	_	Account r	number	_	_				Join	tly	Jointl	y and Sev	erally				
1									J	4		S					
2									J			S					
3									J			S					
4									J			S					
5									J			S					
6	Ħ					Ħ						S					
					l. V ! 4l-]	د دام مداد د									
If the Power of Attorney is to be a			x accounts,	piease m	iark X in th	IS DOX	_ and	list the	m on a s	separat	e sneet	•					
Section A - Account Hol		tails															
Title (please mark X in the box that applies to you or state your title)		Mrs 🔲 I	Miss	Ms	Other												
Please enter ALL forenames			Ш							Ш							Ш_
Surname																	
Permanent residential address Property number		an	nd/or Propert	y name					Щ								
Street																	
Town											Po	stcode					
Date of birth	D D	ММ	YYY	Y													
Country of birth																	
•			МА	I N			1			T	D	UA		Τ	П	T	1
Nationality Are you a US citizen, US Green card	halder er IIC	recident?	Vac 🗍	No 🗆													_
If YES, please provide your Tax Ider						your Soci	al Secu	rity Nu	mber:								
				_		•											
Tax Identification Number (TIN)		-						_		_							
Can you confirm you are only a UK t	tax resident a	and not lega	ally required	to pay ta	x in any oth	er country	? Yes		No _								
If NO, and you have to pay tax in an	other countr	y that is no	t the UK or U	JSA, pleas	se list all the	countries	this ap	oplies to	o, along v	with the	Tax Ide	entificatio	n Num	ıber (1	(IN) for	each	one.
Country 1					Country	2			4			Count					
TIN 1					TIN 2							TIN	3				
Secure Lasting Power of Attorney access code from the Office of	V																

Section B – Attorney De	tails																											
Professional Attorney (e.g. Solicitor Attorney for contact/correspondence Please tell us the details for ONE of	ce comple	te title, fo	renames,	surna	ame, F	PERM	ANENT	resid	dentia	l add	lress,	cont	act to	elepl	hone	nur	nbei	r, ho	ow I	ong	at a	ddre	ss, DO	OB 8	₹ Na	tiona		vant to
Attorney	Sort code	e (if any)				Α	ccount	numl	oer															_				
																	L					L						
Title (please mark X in the box that applies to you or state your title)	Mr	Mrs	Miss		Ms		Othe	r															Į	ļ	Į	Į	_	ļ
Please enter ALL forenames		₩	 	÷				+						H	<u> </u>	┾	H	4				-		╞	÷	╪	+	÷
Surname															<u></u>		<u> </u>	┙				L		L	┷	┷		
Permanent/Business address Property number		<u> </u>	and/or	Prope	erty na	ame _										L								L	Ļ	ļ	4	<u> </u>
Street		₩	 	<u> </u>	⊨		+	+						<u>_</u>	<u> </u>	Ļ	÷	+					_	┢	_	#	+	+
Town		#	+	+			+	+		_				_	_	_	_		Pos	stco	de		H	_	Ļ	÷	+	+
Contact telephone number			+	+												Ex	tens	sior	ı (if	арј	olica	ble) 🖳		_	_		_
Mobile number* Are you able to receive mobile		' -																										
text messages?	Yes		No L	Т																				T	_	_	+	+
Email address	ММ	Y	YY	Y																					_	_		
When did you start living there?	D D		M Y	Υ	Υ	Υ																						
Date of birth				T	Т										Π	Ī									T	T		Т
Relationship to Account Holder Country of birth																	Ī	Ī					Ī	Ī	Ī	Ī		Ť
		П	M	Α	ī	N		T				Т	T	T	T	T	T	D	į	J	Α	L	T	ī				
Nationality Your country of birth and nationality a		-	-				leste fo				_				G. F	. 11										. 1		
*By providing your mobile number, w go to nationwide.co.uk/textalerts	e are auto	matically	enrolling y	ou in	to oui	r text a	aierts to	r arra	ngea	and t	ınarra	anged	a ove	rara	πs. F	OIIOV	ving	you	ır er	iroin	nent,	, іт ус	u wis	in to	uns	ubsci	ribe, p	lease
Section C – Corresponde	ence a	ddress	- for a	II fu	ıtur	e ma	ailing	l																				
Choose the postal address you wo If the correspondence box in th account holder's accounts with If the Attorney's address, or the	nis Sectior na Power	n C has b of Attorr	een ticke ney arran	d for geme	the A ent ur	Attorn nless y	ey to r you tel	eceiv I us o	e all f therv	futur vise														nt ho	olde	r on	all th	ne
 Please note the address details 	may app	ear on st	tatements	that	t are	availa	ble to	any j	oint a	ccou	ınt h	olde	r or o	othe	r pa	rty, s	uch	as	Att	orn	eys,	asso	ociate		ith t	the a	accou	nts
	 We may write to the account holder or any other Attorney linked to the account holder'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. 																											
If the account holder requires stat	ements, t	hen, plea	ase tick th	ne bo	x 'Us	e acc	ount h	older	's add	lress	'. W	e car	only	y se	nd s	tate	men	its 1	to a	CCO	unt l	hold	ers if	this	s box	x is t	ticked	l.
Use account holder's address		Change	address to	Atto	rney	1 _		(Chang	e ad	dress	to A	ttorn	ey 2														
Section D - Requiremen	ts for I	nterne	et Bank	Ac	cess	5																						
We will not be able to set up Inte	rnet Ban	king acc	ess unles	s you	ı can	answ	er yes	to al	l of t	he fo	ollov	ving,	and	can	pro	ovid	e all	lin			on i		este	d:		Att	orne	y 2
Do you require Internet Bank Access?	? (please t	ick the bo	ox)																									
- Please confirm that you have an	account w	ith us in	your own	name	e that	is elig	gible fo	r Inte	rnet E	Bank :	acce:	SS.																
- Please provide the account numb	er which	is eligible	for Intern	et Ba	ank ac	ccess.																						ı
Attorney 1							_	A	ttori	ney 2	2									_				_				I
-																												
- Please confirm that you are a reg	jistered at	torney fo	r all of the	dono	or's a	ccoun	ts.																					ı
You have read the POA/COP Order and there are no restrictions on what you can do.						ı																						
- You have an email address for lo	- You have an email address for logging in (this will need to match the records we hold for you).						ı																					
- You have a mobile number for lo	gging in (1	this will n	eed to ma	tch tl	he red	cords	we hold	d for y	/ou).																	[ı
- Please confirm that you are not a	cting join	tly with a	nother att	orne	y and	can n	nake de	cisior	ns alo	ne.																		
- Please read and agree to the Internet Bank terms and conditions - you can do this when you set up.																												
Please confirm the donor is resident in the UK If you already use the Internet Bank, we will use your current details to log you in and check it's you.																												

Section E – R	Requirements for Sa	ivings Accoun	ts with cards			
Choose who shoul	d have the card for each s	avings account. We	can only issue ONE	card for an accou	ınt. If the attorney needs a c	ard, 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 4	Account Holder	or	Attorney 1	or	Attorney 2	
If a card has been re	equested for Savings Accour	ts the Account Hold	er makes the following	g declaration:		
Nationwide may		the attorney to wit	hdraw funds from m		terms which vary the legal age cash card issued to them;	reement:
I request that Nation	nwide issue a cash card to n	ny attorney on my sa	vings accounts, as inc			cional terms to the legal agreement, and ask
	onwide to accept and act on gnature (If the donor is n				that cash card to access funds half)	on my savings accounts.
Signa						
	PLEASE SIGN WITHIN THI	S BOX WITH A PEN	Date (please	write INSIDE the I	ooxes)	
Signature				1 101 1		
Section F – R	equirements for Cu	ırrent Accoun	ts			
attorney to have a c	have a card for each current card, there must not be any of the terms and conditions	restrictions on the ac	count in the Power of	Attorney docume		place the account holder's card. For an
Assount 1	Account Holder	0.5	Attornov 1	0.5	Attornov 3	
Account 2		or	Attorney 1	or	Attorney 2	
Account	Account Holder	or	Attorney 1	or	Attorney 2	
Account 3	Account Holder	or	Attorney 1	or	Attorney 2	
Account 4	Account Holder	or	Attorney 1	or	Attorney 2	
	n requested for a Current Aca ationwide issue a debit ca				: urrent accounts(s), as indicat	red in this Section F.
• I request and au	uthorise Nationwide to acc	ept and act on inst	ructions my attorney	gives on my beh	alf when they use that debit	card to withdraw cash/ or instruct
I am responsible	e for charges arising from		attorney gives Natior	าwide on my beha	alf to the same extent as I w	ould be if I had given the instructions
	e terms and conditions of m gnature (If the account he		ly canable, an atter	nov must sian or	their behalf)	
	ature	nuer is not mental	ту сараше, ан ассон	iey iliust sigil oli	i tileli bellali)	
Jigin	PLEASE SIGN WITHIN THI	S RΩX WITH Δ PFN	Date (please	write INSIDE the I	boxes)	
Signature	TELASE SIGN WITHIN THE	J BOX WITH A I EN	D D N	1 M Y Y	YY	
Who needs a ch	equebook? (Please ma	rk an X in each b	ox that applies)			
Account 1	Account Holder	or/and	Attorney 1	or/and	Attorney 2	
Account 2	Account Holder	or/and	Attorney 1	or/and	Attorney 2	
Account 3	Account Holder	or/and	Attorney 1	or/and	Attorney 2	
Account 4	Account Holder	or/and	Attorney 1	or/and	Attorney 2	
	eceive statements? (Ple	ase mark an X ir	n each box that ap	plies) N.B. At I	east one Attorney must	receive statements
Account 1			Attorney 1	or/and	Attorney 2	
Account 2			Attorney 1	or/and	Attorney 2	
Account 3			Attorney 1	or/and	Attorney 2	
Account 4			Attorney 1	or/and	Attorney 2	

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 y
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 Attorney 2 signature
1 Signature of first named Attorney 2 Signature of second named Attorney
PLEASE SIGN WITHIN THIS BOX WITH A PEN PLEASE SIGN WITHIN THIS BOX WITH A PEN Date (please write INSIDE the boxes) D D M M Y Y Y Y Y
Office use only
Both donor and attorney signature present and checked Official docs seen Employee number Date Branch Portrait Record created & ID Confirmed confirmed for all Attorneys Employee number correspondence address
CIS Number for Attorney CIS Number for Attorney