

For amendments to token and/or correspondence address options on a current 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

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.

Note: 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 – Correspondence address - for all future mailing

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

- If the correspondence box in this Section A has been ticked for the Attorney to receive all future mailings, we will update the address for the account holder on all the account holder's accounts with a Power of Attorney arrangement unless you tell us otherwise
- If the Attorney's address, or the address of any joint account holder or other Attorney 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, associated with the accounts
- 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 statements, then, please tick the box 'Use account holder's address'. We can only send statements to account holders if this box is ticked.

Use account holder's address Change address to Attorney 1 Change address to Attorney 2

Section B - Attorney 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

Date of birth

Mobile telephone number Are you able to receive text messages? Yes No

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

Email

Section C - Requirements for Internet Bank Access

We will not be able to set up Internet Banking access unless you can answer yes to all of the following, and can provide all information requested:

	Attorney 1	Attorney 2
Do you require Internet Bank Access? (please tick the box)	<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"/>
- Please provide the account number which is eligible for Internet Bank access.	<input type="checkbox"/>	<input type="checkbox"/>
Attorney 1 <input type="text"/>	Attorney 2 <input type="text"/>	

Section C - Requirements for Internet Bank Access (Continued)

- Please confirm that you are a registered attorney for all of the donor's accounts.
- You have read the POA/COP Order and there are no restrictions on what you can do.
- You have an email address for logging in (this will need to match the records we hold for you).
- You have a mobile number for logging in (this will need to match the records we hold for you).
- Please confirm that you are not acting jointly with another attorney and can make decisions alone.
- Please read and agree to the Internet Bank terms and conditions - you can do this when you set up.

<input type="checkbox"/>	<input type="checkbox"/>

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 D – Requirements for Savings Accounts with cards

Choose who should have the card for each savings account. We can only issue ONE card for an account. If the attorney needs a card, it will replace the account holder's card.

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"/>

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 additional terms which vary the legal agreement:

- Nationwide may accept instructions from the attorney to withdraw funds from my account with the cash card issued to them;
- 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 above in this Section D. I accept the additional terms to the legal agreement, and ask and authorise Nationwide to accept and act on instructions my attorney gives on my behalf when they 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 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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Signature

Section E – Requirements for Current Accounts

Choose who should have a card for each current account. We can only issue ONE card for an account. If the attorney needs a card it will replace the account holder's card. For an attorney to have a card there must not be any restrictions on the account in the Power of Attorney document.

You can find a copy of the terms and conditions at www.nationwide.co.uk or at your local branch.

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"/>

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 account(s), as indicated in this Section E.
- 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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Signature

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"/>

Section E – Requirements for Current Accounts (Continued)

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

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

Section F – 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.

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
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Office use only

Both donor and attorney signature present and checked

Official docs seen

Employee number

Date

D	D	M	M	Y	Y	Y	Y
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Transacting branch

Portrait Record created & ID confirmed for all Attorneys

Employee number

Confirmed correspondence address

CIS Number for Attorney

CIS Number for Attorney