

# Registration of Power of Attorney (POA)



Nationwide Building Society

- For all registrations of Attorneys where there are NO EXISTING Attorneys on the account
- Before you complete this form, please see how Nationwide uses your information by visiting [nationwide.co.uk/privacy](http://nationwide.co.uk/privacy)
- A separate form must be completed for each account holder
- An Attorney cannot be registered on: SmartAccount, PortfolioInvestor, Treasurers Trust, Child Trust Fund, e-Loans and Credit Card
- 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

List accounts on which the Attorney is to be registered, starting with the current accounts. Please state whether they are appointed Jointly (J) (MUST all act together) or Jointly & Severally (S) (can act separately/independently). Attorneys who must act together must be registered at the same time.

Attorneys appointed to act jointly are unable to receive cards or chequebooks

	Sort code (if any)	Account number	Jointly	Severally	Jointly/ Restrictions	Office Use Only Product Code
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

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.

### Sections to complete:

- for Savings accounts complete sections A, B, C, D\* & E (\*if required)
- for Current accounts complete sections B, C, D\*, F, & G (\*if required).

## Section A - Correspondence & Token requirements (for Savings accounts with a Card only)

We are only able to issue a card to ONE Attorney, which will replace the one(s) previously held by the account holder. Any ATM card held in the account holders name will cease to be valid after one has been requested for/by an Attorney.

Please select one recipient only for the following options:

### Correspondence Address - for all future mailings including statements

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

### 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"/>

## Section B - 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

## Section C – 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.

If the Attorney has any accounts with Nationwide please give ONE of the account numbers, including sort code. We may use this information to link to any account information we already hold about you. You don't need to give this information if you would prefer not 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 sometimes use this phone number to get in touch about the application, or tell you something important about the account.

Extension (if applicable)

When did you start living there?

Date of birth

Nationality

(required for regulatory reasons)

## Section D – Attorney 2 Details

If the Attorney has any accounts with Nationwide please give ONE of the account numbers, including sort code. We may use this information to link to any account information we already hold about you. You don't need to give this information if you would prefer not 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 sometimes use this phone number to get in touch about the application, or tell you something important about the account.

Extension (if applicable)

When did you start living there?

Date of birth

Nationality

(required for regulatory reasons)

## Section E – Declaration and Indemnity

I (each of us where more than one has been appointed) as Attorney for the account holder named on page one of this form agree:

- that I am not bankrupt and will notify the Society if bankruptcy proceedings are taken against me;
- to act in accordance with the authority granted in the Power of Attorney and the terms and conditions of the account(s) over which I have authority. Copies of the terms and conditions of these accounts are available on request from your local branch;
- to notify the Society of any change of address to either the account holder or any of the Attorneys;
- to indemnify the Society against any claims, proceedings, damages or expenses by reason of it acting in accordance with my instructions.
- if I have marked X in this box  the account holder is mentally incapable. We will use this information to ensure the member is supported appropriately.

**Attorney signature**

1 Signature of first named Attorney

PLEASE SIGN WITHIN THIS BOX

**Attorney signature**

2 Signature of second named Attorney

PLEASE SIGN WITHIN THIS BOX

## Office use only

Sig(s) checked

Official docs seen

Employee number

Date

Transacting branch

Portrait Record created & ID confirmed for all Attorneys

Employee number

Confirmed correspondence address

CIS Number for Attorney

CIS Number for Attorney

## Section F - Token requirements (for Current Accounts only)

Some of our card accounts offer additional facilities for multiple Attorneys. This is on specific current accounts only at this time. If this facility is available on any of the stated accounts, please state your preferences below.

**Cards - Please mark an X in the applicable box, only one card can be issued per an account.**

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"/>

**Chequebooks - Please mark an X in the applicable box(es)**

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

**Statements - Please mark an X in the applicable box(es)**

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

## Section G - Declaration and Indemnity

I (each of us where more than one has been appointed) as Attorney for the account holder named on page one of this form agree:

- that I am not bankrupt and will notify the Society if bankruptcy proceedings are taken against me;
- to act in accordance with the authority granted in the Power of Attorney and the terms and conditions of the account(s) over which I have authority. Copies of the terms and conditions of these accounts are available on request from your local branch;
- to notify the Society of any change of address to either the account holder or any of the Attorneys;
- to indemnify the Society against any claims, proceedings, damages or expenses by reason of it acting in accordance with my instructions;
- if I have marked X in this box [ ] the account holder is mentally incapable. We will use this information to ensure the member is supported appropriately.

**Attorney signature**

**1** Signature of first named Attorney

PLEASE SIGN WITHIN THIS BOX

**Attorney signature**

**2** Signature of second named Attorney

PLEASE SIGN WITHIN THIS BOX

## Office use only

**NB Correspondence – to advise customer**

Sole accounts – correspondence will go to Attorney 1.

Joint accounts – POA registered against 1st account holder, correspondence will go to Attorney 1.

Joint accounts – POA registered against 2nd account holder, correspondence will go to 1st account holder.

Joint accounts – POA registered against 1st & 2nd account holders, correspondence will go to the 1st account holders 1st Attorney.

Sig(s) checked	Official docs seen	Employee number	Date	Transacting branch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>

