



Addition of a Power of Attorney/Deputy Application Form

OFFICE USE ONLY	Customer Number for the Original Customer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Branch Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please complete this form in **BLACK INK** and using **BLOCK CAPITALS**. For further details on how to register an Attorney/Deputy please call 03450 50 50 75 or contact your local branch.

Please note that an electronic identification search in respect of the Attorney/Deputy will be undertaken. In respect of branch applications the Society will require proof of identity for each Attorney/Deputy, preferably in the form of a full UK photo driving licence or a valid UK or EU passport. In respect of postal applications the Society will require proof of identity for each Attorney/Deputy, in the form of a certified copy of one of the above documents and an original or certified copy of a utility bill or bank statement which is less than 3 months old (not a mobile phone bill). For details of other forms of acceptable identification, please contact your local branch (for branch applications) or call our Customer Helpline on 03450 50 50 75 (for branch or postal applications).

If you already have an open account with us, you do not ordinarily need to provide proof of your name and address. Please ensure you write your existing account number in section 4 below.

Please note, once an Attorney/Deputy is added to an account, all future correspondence is sent to their address.

1. Customer name (only one application form is required for the customer to register an Attorney/Deputy on their account(s))

Title	<input type="text"/>	Address	<input type="text"/>
First Name(s)	<input type="text"/>		<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Leeds Building Society Account Number (only one required)	<input type="text"/>	Postcode	<input type="text"/>
	<input type="text"/>		<input type="text"/>

2. Type of document produced (please note that an original or certified copy is required)

Court of Protection Order
 Scottish Power of Attorney
 Enduring Power of Attorney
 Lasting Power of Attorney
 General Power of Attorney
 Other (provide details)

(each document and all the documents indicated above are referred to as the "Document(s)" in this form)

Please note that the Society shall assume that the Attorney/Deputy is entitled to be registered on all of the customer's accounts with the Society ("account" or "account(s)") unless we are informed otherwise or the document(s) provide to the contrary. The Society shall continue to administer the account(s) under the terms of the relevant Document(s) indicated above. Only instructions authorised under the relevant Document(s) will be permitted.

3. Appointment of Attorney/Deputy Confirmation

Please indicate how you as the Attorney(s)/Deputy(s) are appointed to act

Jointly
 Jointly and Severally
 N/A only one Attorney/Deputy
 Jointly for some decisions only

Please include further details

Can the Donor act?

No, Attorney only
 Yes, but only with the Attorney
 Yes, independently
 Joint account - both main holder and other holder to sign



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4. Power of Attorney/Deputy Confirmation (if more than two, please use the continuation sheet)

Attorney/Deputy 1

Title

First Name(s)

Surname

Telephone (home)

Telephone (mob)

Address

Postcode

Email

Date of Birth

Existing LBS Customer? **Yes** **No**

LBS Account Number

Attorney/Deputy 2

Title

First Names(s)

Surname

Telephone (home)

Telephone (mob)

Address

Postcode

Email

Date of Birth

Existing LBS Customer? **Yes** **No**

LBS Account Number

5. Attorney/Deputy Declaration

Declarations

- I / We agree to comply with the Terms and Conditions and the General Conditions of the Account(s) in order to operate the Account(s) on behalf of the account holder acting as Attorney/Deputy.
- I / We can confirm that I / we have received a copy of the Account(s) Terms & Conditions and Society's General Conditions, the latest Summary Financial Statement and the Guide to Personal Data.
- I / We declare that this application form has been completed to the best of my / our knowledge and belief.

Use of Personal Information

Your personal information is held by Leeds Building Society and may be used in a number of ways, for example:

- to verify your identity
- for fraud protection
- to manage the individuals account
- for audit and debt collection purposes
- for statistical analysis

We may also share your information with, and obtain information about you from Credit Reference Agencies, Fraud Prevention Agencies and other third parties. For information regarding how Credit Reference Agencies and Fraud Prevention Agencies will use your personal information, please visit our website, contact your local branch or call us on 03450 50 50 75 to obtain the relevant leaflets.

You have a number of rights on how your information is used, how we maintain the security of your information and your rights to access information we hold about you. Please read our Guide to the use of your personal data for full details of how we will obtain, use and store your information.



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6. Authorised Signatories and Declaration

Anyone who wishes to transact on the Account(s) needs to be identified as an Authorised Signatory and can only transact in accordance with the terms of the Document(s). If you are not identified as an Authorised Signatory then we will not accept your signature as authorisation to carry out a transaction, e.g. letter, on a cheque or on a faxed request, etc. We will only accept transactions that are in accordance with your ability to act as Attorney/Deputy under the terms of the Document(s).

The following Authorised Signatories wish to operate the Account(s) with Leeds Building Society acting as an Attorney/Deputy for the account holder.

By signing the application form I/We confirm that:

My / Our statements and personal information contained in the document and Attorney/Deputy details sections of this application are true and correct.

I / We, the person(s) whose signature(s) appears on this form, declare that I/We have been appointed to act as Attorney/Deputy, as evidenced by the

Document(s) provided pursuant to section 2 above, for the above named account holder and that we shall only act in accordance with such Document(s).

I/ We have read and agree to be bound by the sections "Declaration" and also I/we have read the section entitled "Use of Personal Information". By signing this form I/we consent to the uses and disclosures listed.

It is important that you read the section entitled "Use of Personal Information" (including the information regarding Credit Reference and Fraud Prevention Agencies) set out above in this application form and by signing this application, you agree that we can use your personal information in this way.

Attorney/Deputy 1

Full name

Signature

Date

Attorney/Deputy 2

Full name

Signature

Date

7. Donor Confirmation

Please sign to validate the information on this form

Signature

Date

If the donor is unable to sign, please confirm here

8. OFFICE USE ONLY

Document(s) checked by **Staff No.**

Date

Comments

Are there any restrictions on the documents? Yes No

If **yes**, are the restrictions detailed in the POA/COP application? Yes No

Has all other information been logged onto the POA/COP application? Yes No

Identification Check

Proof of ID **Date**

ID checked by **Staff No.**



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Guidance Notes for Completion

Please ensure you fully complete the Addition Of A Power Of Attorney/Deputy form. In addition to the form please send in either an original or certified copy of the Document.

It is important that the form is completed in full. If any of the sections are incomplete or incorrectly completed, we may have to return the form to you, which will delay the processing of the account.

The following information, which refers to the collection of identification, may assist you further:-

Verifying Your Identity

Under the Money Laundering Regulations and Financial Conduct Authority rules, we are required to verify the name, address and date of birth of the Power of Attorney Deputy. To do this, we will ordinarily use an electronic verification system.

For postal applications, any Attorney's Deputy (as a minimum) will need to supply proof of address (see list below). For Solicitors acting as Attorneys Deputy, in addition to primary identification, we would need the practising certificate, but do not require address verification.

If we aren't able to identify you electronically we'll ask for the following documentation:

Group A - send a certified copy of one of the following:

- UK, EU, EEA or Swiss Passport
- UK Photo Driving Licence (full or provisional)
- Shotgun Licence
- Firearms Certificate
- EU, EEA or Swiss Member State Identity Card
- Northern Ireland Voter's Card
- Blue Disabled Driver's Pass

Group B - Send original or certified copies of one of the following which shows your full name and current home address.

- UK Driving Licence (including paper)
- Benefits Agency letter confirming rights to state benefits
- Solicitor written confirmation of house move

We also accept these, up to 3 months old (but not printed from the internet):

- Bank or building society statement (include a sort code)
- Credit card statement
- Utility bill or prepayment certificate
- A letter from the care home confirming residency

We also accept these, up to 12 months old:

- HMRC tax notification (not a P45 or P60)
- Mortgage statement
- UK Council Tax bill (valid for this year)

If you need to send a document from Group A and Group B please send us two different documents. Please do not send original documents from Group A, only send certified copies

A 'certified copy' is a copy of a document which has been confirmed as the same as the original by a recognised professional and they may make a small charge for this service. We will certify any documents we need for your application free of charge at any of our branches.

Who can certify a document?

- Chartered & Certified Accountant
- Bank/Building Society Managers
- Post Office staff (certification service only)
- Commissioners for Oaths
- General Practitioner or Doctor
- Independent Financial Advisers
- Justice of the Peace
- Practising Solicitor
- A member of Leeds Building Society Staff

The certified copy document must include:

- Full name and occupation
- Company address and phone number
- Signature and the date
- Official stamp (if applicable)
- Statement below

Statement: 'I confirm I have seen the original document and this copy is an accurate, unaltered and unedited replica of the original.'

Further Assistance

If you require any further assistance regarding completion of the relevant form or need any further information please contact your local branch in the first instance (where applicable), or call our Customer Contact Centre on 03450 50 50 75.