

**How to register a Power of Attorney/Court of Protection document on your savings account**

The form must be fully completed and returned together with the account passbook. If the form is not completed correctly this will delay the registration on the account.

The Society will need to see sight of the original Power of Attorney document or Court of Protection Order (or a copy certified on each page by a solicitor). Alternatively, if using the Lasting Power of Attorney online service you can enter the document access code where indicated on the form below.

We will need to confirm the identity of each person acting as a Power of Attorney or Deputy and will use an electronic verification system for this. If this is successful, that's all we need to do, however, in certain cases (for example where they are not listed on the electoral register or have recently moved house) we will ask for additional proof of identity to be provided.

**Account details**

Please confirm the name and current residential address of the account holder/donor and the accounts the Power of Attorney/Court of Protection Order is to be registered on. If applicable, please also provide contact details below.

Account Holder(s)/Donor Name(s):			
Date of birth:		Nationality:	
Address:			
Home tel no.		Mobile no.:	
Email address:			
Account number(s):			

**Declaration of Capacity** Is the account holder mentally capable of managing their financial affairs so that we may allow them to transact accordingly?

The account holder is mentally capable of managing their own financial affairs.

The account holder is **not** mentally capable of managing their own financial affairs.

If the account holder has fluctuating mental capacity, please contact us to provide additional details of how the account is to be managed.

**Document to be registered** If you have a Lasting Power of Attorney (LPA) accessible online which contains no specific instructions please provide your access code here:

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For other types of Power of Attorney, Court of Protection Order or if you don't have a digital access code for your LPA or it contains specific instructions, we will need to see an original or a copy of the document, certified by a Solicitor on every page, together with this form.

### Power of Attorney/Deputy 1

Title and full name:			
Full permanent residential address:			
	Do you want correspondence relating to the account(s) to be sent to your address? Yes / No		
Date of birth:		Nationality:	
Home tel no.		Mobile no.:	
Email address:			
Relationship to account holder:			

### Power of Attorney/Deputy 2

Title and full name:			
Full permanent residential address:			
Date of birth:		Nationality:	
Home tel no.		Mobile no.:	
Email address:			
Relationship to account holder:			

### Power of Attorney/Deputy 3

Title and full name:			
Full permanent residential address:			
Date of birth:		Nationality:	
Home tel no.		Mobile no.:	
Email address:			
Relationship to account holder:			

### Marketing preferences

If you would like to receive information about other Hinckley & Rugby Building Society products and services, please tick all that apply:

#### Power of Attorney/Deputy 1

Post  Email  Telephone  Text message

#### Power of Attorney/Deputy 2

Post  Email  Telephone  Text message

#### Power of Attorney/Deputy 3

Post  Email  Telephone  Text message

The Society will only market to you in accordance with the Society's Customer Privacy Notice. You can unsubscribe from the Society marketing to you at any time by contacting us at [dataprotectionofficer@hrbs.co.uk](mailto:dataprotectionofficer@hrbs.co.uk) or by telephone on 01455 894090.

### Electronic Communications

Society communications and notices, including AGM information and voting packs may be sent to you electronically if you have provided us with your email address or mobile telephone number for SMS text messaging.

**If you wish to opt out of electronic communications**, please tick here and we will continue to send these by letter to your registered address

## Declarations and Consents

### I declare that:

- (a) I have read and understood the Savings Account Terms and Conditions. I have also received a copy of the Interest Rates for Savers leaflet which contains details of any charges payable. For your own benefit and protection you should carefully read the Savings Terms and Conditions booklet or view the Savings Terms and Conditions at hrbs.co.uk, as the Society intends to rely upon these terms and conditions. If you do not understand any point please ask for further information.
- (b) the sum invested in Hinckley & Rugby Building Society is by me as attorney, deputy or executor for a member where all withdrawals will be undertaken as agent for the member.
- (c) that the total amount invested by the beneficiary in the Society, whether individually or jointly does not exceed £300,000 and that I will not make any additional investments in the Society that would raise the total amount above £300,000.
- (d) the investment will not be held by me as a bare trustee for a body corporate or for persons who include a body corporate.
- (e) If opening or operating a Cash ISA I have read, understood and agree to the declarations on the Cash ISA application form as they apply to the donor.
- (f) we understand that the society reserves the right and may request additional information and supporting documentation which we are to provide promptly and accurately to help verify the source of funds and the underlying source of wealth, or other relevant details in relation to the account.

I acknowledge that my personal information provided in this application form will be used by the Society in accordance with the Society's Customer Privacy Notice, a summary of which I have been provided with, the full text of which is set out on the Society's website and hard copies of which can be provided upon request.

I acknowledge that this may include my personal data being used:

- to make identification checks and to request a credit reference from one or more of the credit referencing agencies including the use of information on the electoral register for the purpose of verifying my identity and the prevention of money laundering and fraud; and
- in order to share information about my account to the Financial Conduct Authority and the Society's Auditors for regulatory and audit purposes, and the payee bank on any automated electronic transactions.

I understand that if any information changes during the life of the account I should inform the Society.

### For Power of Attorney held jointly

The account will be setup so that all Power of Attorneys/Deputies will be required to sign for withdrawals, close the account or terminate this authority unless you confirm otherwise. Please confirm your preference below:

- Any one Attorney/Deputy to sign** - I agree that either or any one of us may withdraw any or all of the money from the account and give good receipt to the Society. The Society may also rely on the signature of either or any one of us for any instruction or authority connected with this account. The Society may cancel this authority if we are made aware of any dispute between the parties.
- All to sign** to withdraw any or all money from the account or any instruction or authority connected with this account.

### USUAL SIGNATURE(S):

Power of Attorney/Deputy 1:

Power of Attorney/Deputy 2:

Power of Attorney/Deputy 3:

Date:

Date:

Date:

### FOR OFFICE USE ONLY

Branch: \_\_\_\_\_ Input By: \_\_\_\_\_ Date: \_\_\_\_\_ Checked by: \_\_\_\_\_/\_\_\_\_\_

	Cust No.	Existing Cust?	Sig check?	ID&V completed & logged?	*delete below as appropriate
OB1		-	-	<i>Existing ID held on file Y/N</i>	
OB2		-	-	<i>Existing ID held on file Y/N</i>	
1		Yes/No	Yes/No	Electronic Pass	List 1 / List 2
2		Yes/No	Yes/No	Electronic Pass	List 1 / List 2
3		Yes/No	Yes/No	Electronic Pass	List 1 / List 2

Power of Attorney/Court of Protection document checked and copy/print retained - full document provided  checked online   
 KYC taken  VC form sent   
 Savings Dept notified if POA documents stipulates attorneys must act jointly   
 Copy of ISA Declarations provided if applicable  Summary privacy notice provided

### SYSTEM INPUT

- Title & Salutation updated  Hold Codes Removed \_\_\_\_\_  
 Correspondence address updated  Hold Codes Added \_\_\_\_\_  
 ID Logged OB/POA1/POA2/POA3

POA	Usage / Position
1	AT/D /
2	AT/D /
3	AT/D /