

Power of Attorney Application/Registration



Protected



Account Number:
(For new accounts only)

Applying for a new account - Boxes marked with an asterisk (*) must be completed.

Account Type: Initial Deposit: £

Updating existing Account(s) - Boxes marked with an asterisk (*) must be completed

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Owner and Beneficiary (Donor)

Attorney 1

*Title (Mr/Mrs/Miss/Ms/other)

*First Name(s):

*Surname:

*Address:

*Postal Town:

*County:

*Postcode:

*Date of Birth:

NI Number:

*Tel Home:

Mobile:

Email:

*Nationality:

*Country of Residence:

*Title (Mr/Mrs/Miss/Ms/other)

*First Name(s):

*Surname:

*Address:

*Postal Town:

*County:

*Postcode:

*Date of Birth:

NI Number:

*Tel Home:

Mobile:

Email:

Contact preference: **Post** **Email** **Telephone** **Mobile**

Attorney 2

*Title (Mr/Mrs/Miss/Ms/other)

*First Name(s):

*Surname:

*Address:

*Postal Town:

*County:

*Postcode:

*Date of Birth:

NI Number:

*Tel Home:

Mobile:

Email:

Type of Power of Attorney: (LPA/EPA/Ordinary)

Number of Nominated Attorneys to operate the account:

If the Jointly & Severally option has been selected on the Power of Attorney document a single attorney may be nominated to manage the account(s) and not necessarily all those listed on the Power of Attorney document. It is important to note that if this is the case, then the remaining Attorneys would have to be registered with us prior to managing the account(s) in the future.

IDENTIFICATION REQUIREMENTS

Proof of identity is required for all applicants before we can open an account or register a Power of Attorney. Please see our 'Proving Your Identity' leaflet for full details.

*Is the donor resident anywhere other than the UK
No: Yes: If "YES" you will need to complete a separate tax residency self certification form.

Contact preference: **Post** **Email** **Telephone** **Mobile**

Confirm correspondence address to be used Donor Attorney 1 Attorney 2

For accounts with a choice of monthly or annual interest please tick your preferred option:

Monthly: Or Annual:

Method of Interest Payment

Add Interest to Account:

Transfer to Other Leek United Account:

Please Give Account Number:

Transfer to Bank Account:

Name of Bank:

Bank Sort Code:

Bank Account Number:

Reference No.:

Do you wish to receive a Statement of Interest?

Yes:

No:

Please tick to confirm that you have received the Financial Services Compensation Scheme Information and Exclusions sheet.

Donor

Attorney 1

Attorney 2

Declaration of Capacity Status

This part is used to establish the mental capacity of the Owner & Beneficiary (Donor) and is to be completed by the Attorney(s). Please select one of the two options below, ensuring the relevant declaration has been read before signing.

Option A

Owner & Beneficiary (donor) **IS** mentally capable of managing their own financial affairs:

1. I/We confirm that the Donor is able to manage their financial affairs and operate their Account(s).
2. I/We as Attorney(s) agree to inform the Society if the Donor becomes, in accordance with the provisions of the Lasting/Enduring Power of Attorney, unable to manage their financial affairs and operate their Account(s).
3. Nominated Attorney(s) and Donor must sign the declaration.

Option B

Owner & Beneficiary (donor) **IS NOT** mentally capable of managing their own financial affairs:

1. I/We confirm that the Donor is (in accordance with the provisions of the Lasting/Enduring Power of Attorney) currently unable to manage their financial affairs and operate their account(s).
2. I/We understand that the Society will no longer accept instructions from the Donor.
3. I/We certify that to the best of my/our knowledge I/we have complied with my/our duties imposed on me/us under the Lasting/Enduring Power of Attorney.
4. Nominated Attorneys(s) must sign the declaration form.

AGREEMENT TO ASSIGN

IF YOU HAD A SHARE ACCOUNT WITH THE SOCIETY ON 23 JANUARY 2000 AND HAVE KEPT A SHARE ACCOUNT EVER SINCE THAT DATE, THE WORDING IN PARAGRAPHS 1 TO 3 BELOW DOES NOT APPLY TO YOU.

1. By applying to open a share account on or after 24 January 2000, I agree with the Society and the Charities Aid Foundation ("the CAF") that I will assign to the CAF (or to any charities nominated by it or by the Society under the provisions of a deed dated 21 January 2000 between the Society and the CAF, in which case references to the CAF shall include references to any other charities, but to no other person) the rights to any relevant conversion benefits (defined below). This obligation will not apply to me if I fall within any class of persons which, as at today's date, the Society wishes to be excluded from such obligation. This agreement is irrevocable and authorises the Society to transfer to the CAF any such benefits without further notice to me.

I understand that neither the Society nor the CAF will release me from this agreement or vary its terms and (except as set out in paragraph 2 below) I will continue to be bound by the above condition even if the Society decides at some time in the future (and announces any such decision by press release) that it is no longer in the best interests of the Society to continue with the above assignment condition generally in respect of new members.

- 2 (a) "Relevant conversion benefits" means any benefits to which I might become entitled as a shareholding member of the Society under the terms of any further transfer of the Society's business to a company (i.e. on a conversion or takeover) which is completed at any time within the five years immediately following the date on which my share account is opened. "Relevant conversion benefits" does not include the statutory right to have shares in the Society (including any balances on share accounts) converted into deposits with the company on a conversion or takeover.
- 2 (b) If the Society merges with any other society after the date of such merger, the "Society" includes such other society.

3. I authorise the Society to pass to the CAF such information relating to me and my accounts with the Society as the CAF may reasonably require in order to administer this agreement to assign and the relevant conversion benefits and for no other purpose. I consent to both the Society and the CAF holding and processing such information for such purposes.

A list of the classes of persons which the Society currently wishes to be excluded from the obligation to assign (which list may change from time to time but not with retrospective effect) is available on request from the Society at its principal office.

DATA PROTECTION LEGISLATION

The Data Controller is Leek United Building Society, whose principal office is 50 St Edward Street, Leek, Staffordshire, ST13 5DL.

The information you are supplying will be held by the Society and used for market research purposes, developing goods and services, statistical and business analysis, customer servicing, and administration. Your information may be passed to other companies within the Leek United group for the purposes stated above.

This information may be held during the life of the account and for administration reasons after the account has closed.

Under data protection legislation you are entitled to receive a copy of personal information held about you, have inaccurate data corrected, restrict the purposes for which your personal data is used and in certain circumstances the right to your data being erased. Further information regarding how we manage your data can be found within our Privacy Notice which can be found at leekunited.co.uk/privacy, or alternatively can be requested from any of our branches or by writing to the address above.

If you would like to obtain information held about you, please write to the address above.

Declaration

- (a) I confirm that I have read the product literature relating to the account, and that I have received and read the Statement of Practice investors document and agree to be bound by the terms and conditions contained therein as well as the Rules of the Society (copies of which are available on request) and any subsequent Terms and Conditions specific to the product I have chosen and Rules applicable at that time.
- (b) I confirm that I am aware that the type of account is a share account and I understand that only the first named account holder will initially be recorded in the Society's Records as the Representative Joint Shareholder for the account. Subject to the Rules of the Society, only the Representative Joint Shareholder will have voting rights.
- (c) I declare that any share(s) acquired by me under this account will not be held by me as a bare trustee for a body corporate, or for persons who include a body corporate.
- (d) I agree to be bound by the conditions relating to the Agreement to Assign as described above.
- (e) I confirm this information is correct and I understand that I may request in writing, a copy personal information held about me by the Society.

We agree to the terms and conditions of the account, the Agreement to Assign as described above and the Rules of the Society, a copy of which is available on request.

Attorney 1

Attorney 2

Date

Date

Donor (Only applicable if option A is selected)

Date

AML Checks (Office Use Only)

Branch / Department:

Confirmation of Identity (for acceptable forms of ID see the "Proving Your Identity" leaflet.)

Please ensure copies are obtained and attached to the application form.

Donor

CALL ML Electronic ID Search Verified (Please attach CALL ML Sheet)

Refer (See confirmation of ID)

CALL ML Reference

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>

Attorney 1

CALL ML Electronic ID Search Verified (Please attach CALL ML Sheet)

Refer (See confirmation of ID)

CALL ML Reference

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>

Attorney 2

CALL ML Electronic ID Search Verified (Please attach CALL ML Sheet)

Refer (See confirmation of ID)

CALL ML Reference

	ID Type	Reference Number
ID1	<input type="text"/>	<input type="text"/>
ID2	<input type="text"/>	<input type="text"/>

Are there any mortgage accounts to be changed? If so, send a copy of this form to Mortgage Administration for them to make the changes.

Have telephone numbers been added to the customer record?

Searches performed by
(Assistant's signature and date
of completion)

Application Form Verification (checks to be performed in Branch for Application and Registration)

Assistant's Signature

Date of Completion

A/C Type	Statement of Interest	Hold Codes		NINO/DOB	Signature	ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	Attorney 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Attorney 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Donor	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration of Capacity Status

Savings Department

Input by:

Date Amended: System (Initials): Passbook (Initials): Amendments 2nd Checked by: