

# Power of Attorney Application to Appoint an Attorney to Operate a Postal Account(s)



Please complete this form using black ink and BLOCK CAPITALS and return it together with and any proofs of identity/residency, to us at Charter Savings Bank, PO Box 855, Wallsend, NE28 5BL.

If you have any important or original documents to send to us, we recommend using a Special Delivery option for your own peace of mind.

## Important Information

Acceptance of an application to appoint a Power of Attorney to operate an account is subject to confirmation of their name and address, valid identification, UK residents only, and minimum age of 18 years. Please read the Key Features & Summary Box document and General Savings Conditions for full details of the Account.

We will only accept an attorney appointed under an Enduring or Lasting Power of Attorney to operate the Account.

## If the attorney(s) are already Charter Savings Bank customer(s) please provide the name(s) and account number(s):

Name: ..... Account Number: .....

Name: ..... Account Number: .....

## Account holder details

Title: ..... Forename(s): ..... Surname: .....

Account Number(s): .....

## Operating the Account by an attorney

Please provide details of the person(s) who will operate the account on behalf of the Account holder:

### First attorney details

Title: ..... Forename(s): ..... Surname: .....

Date of Birth: ..... Nationality: ..... Mother's Maiden Name: .....

Permanent residential address: .....

..... Postcode: .....

Home telephone: ..... Other telephone: .....

Mobile telephone: .....

### Second attorney details

Title: ..... Forename(s): ..... Surname: .....

Date of Birth: ..... Nationality: ..... Mother's Maiden Name: .....

Address: .....

..... Postcode: .....

Home telephone: ..... Other telephone: .....

Mobile telephone: .....

**Please note:**

- The Account holder will be responsible for the attorney(s) actions or omissions as if they were their own.
- We will only accept attorneys appointed to act on a single signature basis.
- By appointing the attorney(s) to operate the Account, the Account holder will be unable to do so.
- We will assume that it is intended to appoint the attorney to operate all of the Account holder's Accounts with us. If this is not the case and you wish to limit the appointment to only some of the Account holder's Accounts, then you must tell us that when submitting your application.
- This appointment will revoke the appointment of any attorney(s) currently appointed to operate the Account(s), unless they have been appointed under the same Power of Attorney.
- The Nominated Account which must be used to transfer funds (including interest) into and out of the Account(s) held with us will not change as a result of appointing an attorney to operate the account. If you wish to change the Nominated Account, please call us on 0800 032 9999 to request a 'Change of Nominated Bank Account' form and we'll post one to you.
- Any notices or correspondence sent by post will be sent to the mailing address for the first attorney.
- To end an attorney's authority to operate the Account at any time please call us on 0800 032 9999.

**Further support with managing your account**

**1.** Do you require literature or information about your account in one of these alternative formats?

**1st Account holder** Large Font  Braille  Audio  N/A  **Attorney** Large Font  Braille  Audio  N/A

Do you require any additional support with managing your account or have your circumstances or needs changed? If you've already made us aware, there is no need to tell us again.

Please describe how we can help you and which account holder this relates to .....

.....

.....

.....

.....

**2.** Would you like us to contact you to see what further support we can offer you?

**1st Account holder** Yes  No  **Attorney** Yes  No

Please be aware, it may be necessary for us to contact you to clarify the support you've told us you need.

**3.** How would you like us to contact you?

**1st Account holder** Post  Phone  **Attorney** Post  Phone

Alternatively, if you'd like to contact us please call us on **0800 032 9999**.

Please note, by providing the above information and ticking this box, you consent to us using this information to assist you with the operation of your account. You can withdraw this consent at any time.

**Privacy Notice, Declaration & Consent of Account holder**

**Privacy Notice**

The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected you could be refused certain services, finance or employment.

Details of how we and fraud prevention agencies use your information and on your data protection rights, can be found in our Privacy Notice at the end of this form. You can also find it at **[www.chartersavingsbank.co.uk/Legal/PrivacyNotice](http://www.chartersavingsbank.co.uk/Legal/PrivacyNotice)**.

If you have any queries relating to the use and storage of your information please contact us at: **[Charter Savings Bank, PO Box 855, Wallsend, NE28 5BL](mailto:Charter Savings Bank, PO Box 855, Wallsend, NE28 5BL)**.

I confirm I have read the enclosed Privacy Notice Summary and have had the opportunity to read the full Privacy Notice and retain for future reference.

**1st attorney**  Yes  No **2nd attorney**  Yes  No

**Verifying your identity**

We will seek to verify your identity and address electronically using third party data authentication systems as part of the Account opening process. If we are unable to verify your identity and/or address electronically we will ask you for documents to confirm your identity and address. Please see the Identity Requirements leaflet in the Useful Documents section of our website for details of the documents we will accept.

**Telephone recordings**

We may record and/or monitor telephone calls for the following purposes:

- for security, quality and/or training purposes
- to confirm that we have complied with your instructions
- to resolve or investigate any queries
- to comply with our legal obligations
- to prevent fraud or other criminal activities

**Marketing**

Please tick one or more of the boxes below if you are happy for us to contact you by any of the methods shown about products and services offered by us and those of third parties which we think may be of interest to you:

By telephone     By post     By SMS     About products and services offered by third parties

**Attorney Declaration**

You confirm that:

- you have been appointed by the Account holder(s) to act on their behalf as their attorney(s)
- the terms of your appointment enable you to open and operate the Account and where the Account holder has appointed two or more attorneys to act you have been appointed on the basis that you can do this on an individual basis
- you will let us know and not operate the Account if the Power of Attorney under which you have been appointed has been revoked or if you are appointed under an unregistered enduring Power of Attorney and the Account holder ceases to have mental capacity to operate the Account
- the Account holder is aware that you are registering the Power of Attorney and in doing so they will not be able to operate the Account or receive correspondence about it
- the information you give in this application is true and accurate and you will notify us promptly of any changes

**Signature(s) of attorney:**

Signed: .....Date: .....

Signed: .....Date: .....

**If you require any additional support with managing your account, you can contact us either by phone, in writing or by visiting [chartersavingsbank.co.uk/help/additional\\_support](http://chartersavingsbank.co.uk/help/additional_support) for more information.**