Bath Building Society
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Power of Attorney

You should read our Power of Attorney and Deputies leaflet before you complete this form. You can find this on our website or in Branch. Additionally, you should have been provided with a copy of the GDPR Executor.

Account Details for the Donor

Account holder name:	
Account number(s):	
Digital Lasting Power of Attorney (LPA) access code:	

Appointment of Attorneys

Please tick the options as appropriate.

Appointment of Attorneys:		Sole	If there is one Attorney, the appointment is **Sole**. If there are two or more Attorneys and they must act together, they have been appointed **Jointly**. If there are two or more Attorneys and they can act independently, the appointment is **Jointly/Severally**.
		Jointly	
		Jointly/Severally	

You need to give us a certified copy of the documents relating to the Power of Attorney that you are registering with us. You can give these to us to copy in our Branch, or you can post them to us at our Head Office address. You can also email us at savings@bibs.co.uk

We may send your details to credit reference agencies and/or fraud prevention agencies who will supply us with information for the purpose of verifying your identity, including information from the Electoral Register. We reserve the right to carry out further checks of your identity and address should we need to in order to comply with our legal and regulatory obligations. The credit reference agencies will record details of the search whether or not the application proceeds. The searches will not be seen or used by lenders to assess your ability to obtain credit. Credit searches and other information which is provided to us and/or the credit reference agencies or fraud prevention agencies about you and those with whom you are linked financially may be used by Bath Building Society and other companies if you, or other members of your household, apply for other facilities, including insurance applications and claims. This information may also be used for debt tracing and the prevention and detection of fraud or money laundering as well as the management of your account. Alternatively, we may ask you to provide physical forms of identification.

Bath Investment & Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority, Registration No. 206026.

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Attorneys being added to the account

Attorney #1

Title:		Forename(s):	
Surname:		Date of birth:	
Nationality:		Email address:	
National Insurance number:		Telephone number:	
Mobile number:			
Existing account numbers:			
Current address:			
If you have lived at your address for less than 2 years, please give your previous address:			

Marketing instructions:		Email	We may contact you for marketing purposes. Please tick the boxes for your preferred method of contact, or leave blank if you do not wish to be contacted.
		Post	
		Telephone	

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Attorneys being added to the account

Attorney #2

Title:		Forename(s):	
Surname:		Date of birth:	
Nationality:		Email address:	
National Insurance number:		Telephone number:	
Mobile number:			
Existing account numbers:			
Current address:			
If you have lived at your address for less than 2 years, please give your previous address:			

Marketing instructions:		Email	We may contact you for marketing purposes. Please tick the boxes for your preferred method of contact, or leave blank if you do not wish to be contacted.
		Post	
		Telephone	

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Attorneys being added to the account

Attorney #3

Title:		Forename(s):	
Surname:		Date of birth:	
Nationality:		Email address:	
National Insurance number:		Telephone number:	
Mobile number:			
Existing account numbers:			
Current address:			
If you have lived at your address for less than 2 years, please give your previous address:			

Email instructions:		Email	We may contact you for marketing purposes. Please tick the boxes for your preferred method of contact, or leave blank if you do not wish to be contacted.
		Post	
		Telephone	

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Declaration of Capacity Status

You need to tell us if the Donor is mentally capable of managing their own financial affairs. Attorneys should seek independent legal advice or contact the Office of the Public Guardian before signing this declaration.

LPA/PoA/EPA made by:		
Donor's name:		
Donor's address:		
Date LPA/PoA/EPA set up:		
Date LPA/PoA/EPA registered with Office of the Public Guardian:		
Donor capacity:		The Donor is not mentally capable of managing their own affairs.
		The Donor is mentally capable of managing their own affairs.

If you ticked to say that the Donor is not mentally capable of managing their financial affairs, please go to Declaration A.

If you ticked to say that the Donor is mentally capable of managing their financial affairs, please go to Declaration B.

Please note that all LPAs will need to have been registered with the Office of the Public Guardian, prior to registering with the society.

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Declaration A

This declaration applies to each individual that signs this document.

I confirm that the Donor is not able to manage their affairs and operate their account. This is in agreement with the Power of Attorney provided to Bath Building Society.

I agree to tell Bath Building Society if the Donor becomes able to manage their financial affairs and operate their accounts at any time in the future.

I understand that Bath Building Society will no longer accept instructions from the Donor.

I understand that if the Donor disputes this declaration, Bath Building Society will not allow payments from the Donor's account, and that any such dispute will need to be referred to the Office of the Public Guardian.

I confirm that I have complied with my duties as Attorney under the Power of Attorney to the best of my knowledge.

Signatory name:		Signatory name:	
Signature:		Signature:	
Date:		Date:	

Declaration B

This declaration applies to each individual that signs this document.

I confirm that the Donor is able to manage their affairs and operate their account. This is in agreement with the Power of Attorney provided to Bath Building Society.

I understand that Bath Building Society will write to the Donor to advise that I have signed this declaration.

I agree to tell Bath Building Society if the Donor becomes unable to manage their financial affairs and operate their accounts at any time in the future.

I agree that the Power of Attorney has been registered with the Office of Public Guardian.

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Signatory name:		Signatory name:	
Signature:		Signature:	
Date:		Date:	

Change of Withdrawal Options

Please tick the options as appropriate.

Previous withdrawal instructions:		Any one signatory	New withdrawal instructions:		Any one signatory
		All signatories jointly			All signatories jointly
		Any ___ signatories			Any ___ signatories

Declaration

This declaration applies to each individual that signs this document.

I agree to be bound by the rules of the Society and the terms of the account including the Terms and Conditions and the Agreement to Assign Windfalls to Charity. A copy of the Rules is available from Head Office and our Branches. The Society's Terms and Conditions and the Agreement to Assign Windfalls to Charity are outlined in the Welcome to Your Bath Building Society Account brochure, which is available on our website and in our Branches.

I confirm that I have read the Key Product Information for the account.

I agree that the information given on this form is correct and has all the information I can provide. If I remember any information that has not been given on the form or if any information changes, I will let Bath Building Society know within 30 days.

I have read a copy of the Bath Building Society Privacy Notice. I am aware that a copy of the Privacy Notice is available on request or by visiting our website.

I understand that Bath Building Society does not share my information with other entities for marketing purposes.

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I confirm that I am not resident or tax resident in any other country other than the UK and that I have received and read the Financial Services Compensation Scheme Information & Exclusions List.

I confirm that I have provided a copy of the Lasting Power of Attorney/General Power of Attorney/Enduring Power of Attorney document to Bath Building Society.

Signatory name:		Signatory name:	
Signature:		Signature:	
Date:		Date:	
Signatory name:		Signatory name:	
Signature:		Signature:	
Date:		Date:	

Please return the form to our Head Office address at Head Office, 15 Queen Square, Bath BA1 2HN. You can also return it to one of our Branches, or to savings@bibs.co.uk

For Office use:

Actioned by:		Checked by:	
Date received:		Received at:	

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