

Registration of Power of Attorney / Court of Protection Deputyship Order



Important Information

- Use this form to add a Power of Attorney/ Court of Protection Deputyship to your Newcastle Building Society account(s). Attorney(s)/ Deputy(s) will not become account holder(s) and will only be able to operate account(s) in accordance with the Power of Attorney/ Court of Protection Order. A separate form must be completed for each account holder.
- For online accounts, please be aware that once added the attorney will have full and free access to make transactions, make amendments such as changing the address and close the account.
- Please enter details in the appropriate space below in BLOCK CAPITALS and return this form to us at Investment Services, Newcastle Building Society, 1 Cobalt Park Way, Wallsend, NE28 9EJ. Any Power of Attorney added who is not an existing account holder with Newcastle Building Society will need to provide two documents proving their residency and identity.
- Existing account holders do not need to send any proof of identity or residency. However, some customers who have had long standing business relationships may not have produced satisfactory documentation and if this is the case the process for new customers must be adopted. For further guidance please contact your local branch or call 0345 734 4345 (lines open 8am-6pm Monday – Friday).
- Where the Power of Attorney or Court of Protection Deputyship Order is a paper document you must supply the original document or a certified copy in its entirety. If any pages are missing the document will not be valid and the Society will be unable to accept it.

Section A - Account Holder / Donor's Details

Account Number

(please mark X in the box that applies to you or state your title)

Title

Mr ☐

Mrs ☐

Miss ☐

Other ☐

Please enter ALL forenames

Surname

Permanent Residential Address

Property Number

and/or Property name

Street

Town

Postcode

Date of Birth

Nominated bank account with other financial institution

(the Power of Attorney must also be registered against the nominated bank account)

Please confirm the type of Power that you wish to register

Enduring Power of Attorney (EPA) ☐

Ordinary/ General Power of Attorney (OPA) ☐

Court of Protection Deputyship Order (COP) ☐

Lasting Power of Attorney for Property and Financial Affairs (LPA) ☐

If you have a digital LPA please provide the secure LPA access code from the Office of the Public Guardian

V ☐

If you have an online account, or would like to convert your passbook account to online operation please confirm:

Email address

Mother's maiden name

Mental capacity

Does the Account Holder / Donor have mental capacity?

Yes ☐

No ☐

Section B - Attorney / Deputy Details

Professional Attorney (e.g. Solicitor) for contact/correspondence complete title, forenames, surname, BUSINESS address, contact telephone number, DOB & Nationality.

Attorney / Deputy for contact/correspondence complete title, forenames, surname, PERMANENT residential address, contact telephone number, DOB & Nationality. Please tell us the details for ONE of your NBS accounts, if you have one. This will help us identify you on our systems.

Attorney 1 / Deputy 1

Attorney's/ Deputy's Newcastle
Building Society Account

(please mark X in the box that
applies to you or state your title)

Title

Mr

☐

Mrs

☐

Miss

☐

Other

Please enter ALL forenames

Surname

Permanent/Business Address

Property Number

and/or Property name

Street

Town

Postcode

Contact telephone number

Email address

Date of Birth

Nationality

(required for
regulatory reasons)

If you have an online account, or would like to convert your passbook account to online operation please confirm:

Email address

Mother's maiden name

Attorney 2 / Deputy 2

Attorney's/ Deputy's Newcastle
Building Society Account

(please mark X in the box that
applies to you or state your title)

Title

Mr

☐

Mrs

☐

Miss

☐

Other

Please enter ALL forenames

Surname

Permanent/Business Address

Property Number

and/or Property name

Street

Town

Postcode

Contact telephone number

Email address

Date of Birth

Nationality

(required for
regulatory reasons)

If you have an online account, or would like to convert your passbook account to online operation please confirm:

Email address

Mother's maiden name

Please select which **one** postal address you would like us to use for all future mailings, including statements.

- If the correspondence box in this Section C has been ticked for the Attorney to receive all future mailings, we will update the address for the account holder on all the account holder's accounts with a Power of Attorney arrangement unless you tell us otherwise
- If the Attorney's address, or the address of any joint account holder or other Attorney needs to be updated a separate request needs to be made
- Please note the address details may appear on statements that are available to any joint account holder or other party, such as Attorneys, associated with the accounts
- We may write to the account holder or any other Attorney linked to the account holder's accounts to confirm that address details have been updated
- Please tell us if you're not happy about this before submitting the change of address request.

Use account holder's address ☐

Change address to Attorney 1 ☐

Change address to Attorney 2 ☐

I/We understand and agree that I/ we have a duty to act in accordance with the Power of Attorney/ Court of Protection Order and the principals of the Mental Capacity Act 2005 and Mental Capacity Code of Practice. As the appointed Attorney(s)/ Deputy(s) for the account holder named in Section A of this form, I / each of us agree:

- That I am not bankrupt.
- To tell the Society if bankruptcy proceedings are taken against me.
- To act on the accounts according to the terms of the Power of Attorney/ Court of Protection Order I am registering.
- To tell the Society if I or the account holder changes address.
- To repay the Society for any costs incurred by directly following my instructions.
- To follow the terms and conditions of the accounts.
- To notify the Society if the status of the donor's mental capacity changes.

Attorney 2 Signature

1. Signature of first named Attorney

1. Signature of second named Attorney

PLEASE SIGN WITHIN THIS BOX WITH A PEN

PLEASE SIGN WITHIN THIS BOX WITH A PEN

Date (please write INSIDE the boxes)

D	D	M	M	Y	Y	Y	Y
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Where the Account Holder / Donor has mental capacity we require their signature confirming their consent to the Power of Attorney being registered against their account(s) and the attorney(s) acting for them:

I consent to my attorney(s) being registered against my account(s) and acting for me. I understand that where my account(s) is/are online account(s) my attorney(s) will have free and full access.

1. Signature of Account Holder / Donor

Date (please write INSIDE the boxes)

D	D	M	M	Y	Y	Y	Y
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PLEASE SIGN WITHIN THIS BOX WITH A PEN

Office use only

Branch Name

ID/Res received

ID3 Score

Original Doc seen
and copied full doc

Inv app form
completed

Active or Inactive attorney

Access code if applicable

[illegible]

Continuation Sheet

Please use this sheet to record additional information regarding Attorneys or additional accounts held by the donor or any other information.

1. Additional Attorney/ Account details; please complete if there are more than two Attorney's
2. If you have more than one account with the Society please state all the account numbers that you wish to register the Power of Attorney/ Court of Protection Order against.

[illegible]