

# the West Brom - Power of Attorney application form

For office use only

Account no:

## Applying for a new account

I/We enclose a cheque for £  to invest in a  account.

Please refer to the account leaflet for details of minimum/maximum investments.  
Please make cheques payable to the Account Holder.

**Please note if you are applying for an ISA, the relevant ISA application form must also be signed.**

LPA access code (if known):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Updating existing account(s)** – please provide **all** account numbers where the Power of Attorney is to be registered

Account no. 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account no. 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account no. 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account no. 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Donor – Person giving authority to another to act on their behalf

### Donor's details

Please indicate which address is to be used for correspondence in the 'Correspondence' section below

Title (e.g. Mr/Mrs/Ms):

Surname:

Forename(s):

Date of birth (DD/MM/YYYY):

Nationality:

Address:

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

Postcode:

Email:

Telephone number: (Daytime)

Telephone number: (Evening)

You **must** answer these questions if applying for a new account only. If you do not answer **ALL** questions this will delay the processing of your application form.

1. Is the Donor resident for tax purposes in **only** the UK? Yes ☐ No ☐ If **NO**, please provide details of the country(ies) where the Donor is resident for tax purposes.

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
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2. Is the Donor a citizen of the United States of America (USA)? Yes ☐ No ☐ A USA citizen is deemed to be a tax resident of the USA, regardless of their country of habitation.

3. If you have answered **NO** to question 1 you must provide the Donor's tax identification number for every country that is listed for question 1 **apart** from the UK.

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
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If a tax identification number is unavailable you must provide the reason, either reason **A**, **B** or **C**, in the relevant box above. The reasons are as follows:

**Reason A** - The country where the Donor is liable to pay tax does not issue tax identification numbers to its residents

**Reason B** - The Donor is otherwise unable to obtain a tax identification number or equivalent number. (Please explain why you are unable to obtain the Donor's tax identification number in the below table if you have selected this reason)

**Reason C** - No tax identification number is required. (Please note: only select this reason if the authorities of the country of tax residence entered above do not require the tax identification number to be disclosed)

Please explain in the following boxes why you are unable to obtain a tax identification number for the Donor if you selected Reason B above.

1 <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>
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If the Donor is a tax resident of a country(ies)/jurisdiction(s) other than the UK and the UK has agreed to exchange information with that country(ies)/jurisdiction(s) then the West Brom has to forward relevant information about the Donor's account to HM Revenue and Customs (HMRC) and HMRC will pass the information to that country(ies)/jurisdiction(s). The West Brom does not give tax advice. If you have any questions about this form, these instructions, or defining the Donor's tax residency status, please speak to your tax adviser or domestic tax authority. You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, from the Organisation for Economic Co-operation and Development. Additionally, further information can be obtained from HMRC.

PLEASE COMPLETE THE REST OF THE FORM OVERLEAF

First Attorney	Second Attorney (If applicable. Please use a separate sheet if more than two)
Are you a solicitor/qualified person acting in a professional capacity?	Are you a solicitor/qualified person acting in a professional capacity?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If <b>Yes</b> , please provide full details on a separate sheet	If <b>Yes</b> , please provide full details on a separate sheet
If <b>No</b> , please specify your relationship to the Donor:	If <b>No</b> , please specify your relationship to the Donor:
<hr/>	<hr/>
<hr/>	<hr/>
Title (e.g. Mr/Mrs/Ms):	Title (e.g. Mr/Mrs/Ms):
<hr/>	<hr/>
Surname:	Surname:
<hr/>	<hr/>
Forename(s):	Forename(s):
<hr/>	<hr/>
Date of birth (DD/MM/YYYY):	Date of birth (DD/MM/YYYY):
<hr/>	<hr/>
Nationality:	Nationality:
<hr/>	<hr/>
Address:	Address:
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<hr/>	<hr/>
<hr/>	<hr/>
Postcode:	Postcode:
<hr/>	<hr/>
Email:	Email:
<hr/>	<hr/>
Telephone number: (Daytime)	Telephone number: (Daytime)
<hr/>	<hr/>
Telephone number: (Evening)	Telephone number: (Evening)
<hr/>	<hr/>
Mobile number:	Mobile number:
<hr/>	<hr/>

**Donor's capacity** – Please give the reason why an Attorney(s) is/are required to operate this account:

**Interest payment instruction** (Please tick the relevant boxes)

If **NO** box is ticked, the Society will assume that you require interest to be credited to the Donor's account annually. Please refer to the product leaflet for the date.

- ☐ Please pay interest **annually**

☐ Please pay interest **monthly** (only available where permitted for the product selected)

☐ Please credit interest to the account

☐ Please transfer interest to another West Bromwich Building Society account number in the name of the Donor:

(Transfers cannot be made directly into any WebSave account)

☐ Please transfer interest directly to the UK bank/building society account under **withdrawals** below in the name of the Donor

Please make all electronic transfers into the following UK bank/building society account:

Address

Postcode:

Sort code:    -    -

Bank account no:

Account reference no: (if appropriate)

Account holder name:

**PLEASE COMPLETE THE REST OF THE FORM OVERLEAF**

## How we use your personal information

In order to process this application and manage the account, any information provided by the Donor and the Attorneys may be held by West Bromwich Building Society (as Data Controller) in our records and may be shared within West Bromwich Building Society Group of companies, as well as with Fraud Prevention Agencies. For further information about how we will use the Donor's and the Attorneys' personal information and the rights of the Donor and the Attorneys under Data Protection legislation, please read the Privacy Notice and Third Party Privacy Notice which have been provided to you which are also available at [www.westbrom.co.uk/privacy-notice](http://www.westbrom.co.uk/privacy-notice). If you have any questions about the information provided, please write to the Data Protection Officer at West Bromwich Building Society, 2 Providence Place, West Bromwich B70 8AF.

## Marketing Consent

The Society would occasionally like to keep you and the Donor up to date with details of products and services by email, telephone or post. The Society will not sell your / the Donor's details to any company for their own use, but may pass on your / the Donor's details to i) its subsidiary companies and ii) mailing houses (who enable us to send our direct marketing communications to you).

If you **would like** to receive such direct marketing communications, please indicate by marking the box. ☐ Attorney 1 ☐ Attorney 2 ☐ Donor

You / the Donor may withdraw your consent or change your preferences at any time by writing to: Data Protection Officer, West Bromwich Building Society, 2 Providence Place, West Bromwich B70 8AF. Alternatively, you can speak to our Customer Service team on 0345 241 3784 (we are open Monday to Friday 8.30am to 6.00pm; Saturday 8.30am to 12.30pm).

**Please note that these instructions will supersede any existing consents currently held by the Society. These will also continue as the Donor's current marketing preferences unless you contact us and tell us otherwise.**

## Declaration

I/We declare that the sum shown is being invested in West Bromwich Building Society by me/us as Attorneys of the Donor (who is sole beneficial owner) and that any money invested does not belong to a company or other corporate body. I/We agree that the Donor will become a member of the Society and be bound by the rules of the Society and I confirm that I have the authority to make this declaration and that its terms shall apply equally to the Donor and (where possible and/or applicable) to me as Attorney of the Donor. (A copy of our rules is available at any of our branches and you can also find them on our website at [www.westbrom.co.uk](http://www.westbrom.co.uk)). I/We have read the terms and conditions of the account in which I/we wish to invest on the Donor's behalf which are set out in the product leaflet, General Terms and Conditions leaflet, and this application form. I/We understand that the terms and conditions relating to this account set out in the product leaflet and the General Terms and Conditions and the terms of this declaration apply to the Donor's investment and the subsequent conduct of the account. I/We agree (in the case of a joint account) to the order in which the account holder's names will appear in the Society's records. I/We understand that this is important since only the first account holder has voting and other rights as 'representative joint holder' under the Society's rules, and it may also affect who (i.e. one of us or charity) would receive any windfall benefits. I/We understand that the information supplied by me/us is covered by the full provisions of the terms and conditions governing the account holder's relationship with the West Brom setting out how the West Brom may use and share the information supplied by me. We may need to verify your identity; our ID requirements can be found in our ID leaflet. I/We acknowledge that the information contained in this form and information regarding the account holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information. I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete with respect to both the Donor and, where applicable, to myself as authorised Attorney of the Donor. I/We undertake to advise the West Brom within 14 days of any change in circumstances which affects the tax residency status of the Donor identified in this form or causes the information contained herein to become incorrect, and to provide the West Brom with a suitably updated self-certification and Declaration within up to 14 days of such change in circumstances.

I/We have read the section entitled Marketing Consent and by signing this form I/we consent to the uses and disclosures of information listed.

**Documentation** – If the LPA access code for this Power of Attorney has been provided on this form and the Donor has not specified any special conditions on the Power of Attorney document we do not require the Power of Attorney document in order to proceed. If the LPA access code has not been provided, or the Donor has specified any special conditions on the Power of Attorney document we require the Power of Attorney document in order to proceed. This must be either the original Power of Attorney document or a certified copy. Certified copies must have the solicitor's signature, name, firm and address clearly legible on every page.

### All Attorneys to sign

You **must** tick here to confirm that you have received the Customer Information Sheet on behalf of the Donor containing details of the enhanced Depositor Protection Scheme. Failure to tick this box will result in a delay in the opening of the account.

Attorney 1 ☐

Attorney 2 ☐

Attorney 1 signature: \_\_\_\_\_

Attorney 2 signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

We authorise the Society to accept only the following for all purposes connected with this account:

Any one signature ☐

All signatures ☐

**If neither box is ticked the Society will assume that ALL signatures are required.**

### For office use only

Account no: \_\_\_\_\_

Cust 1 ID1: \_\_\_\_\_  
Cust 1 ID2: \_\_\_\_\_  
Cust 2 ID1: \_\_\_\_\_  
Cust 2 ID2: \_\_\_\_\_

Opened by staff no. and signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Checked by staff no. and signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Date sent to EDM: \_\_\_\_\_  
Reason for delay sending to EDM: \_\_\_\_\_

Head Office: 2 Providence Place, West Bromwich B70 8AF. [www.westbrom.co.uk](http://www.westbrom.co.uk)

Calls and electronic communications may be monitored and/or recorded for your security and may be used for training purposes. Your confidentiality will be maintained.

The West Brom is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Register No. 104877.

'the West Brom' is a trading name of West Bromwich Building Society.

