

Power of Attorney/Deputyship Application Form

AA Savings Accounts provided by Bank of Ireland UK

ALL SECTIONS MARKED WITH A * MUST BE COMPLETED. Please write in **BLOCK CAPITAL LETTERS** with **BLACK INK** inside the boxes

If you are applying for a new account as a Power of Attorney, please review our website which contains all of the product information that you need to know about before applying, you must read the Terms and Conditions, Deposit Information Sheet and the Summary Box. This form can also be used for the appointment of a Power of Attorney after the account is open. Please also review the back of this form, where you will find some useful guidance notes.

1. Account Details

If you are applying for a new AA Savings product on behalf of the donor please fill in **Section 1A** below, stating the account name and AA membership number (if applicable). If the donor already has an account with us and is adding you to the account to act on their behalf, please fill out **Section 1B**, stating their existing account number.

Section 1A

Name of account being applied for*

Issue No.*

Section 1B

Existing Account Number

AA membership number (if applicable)

2. Donor's Details (please complete using Donor's current residential address – all correspondence will be redirected to the Representative)

Title*

Date of birth*

Mother's maiden name*

First name(s)*

Middle

Town of birth*

Surname*

Country of birth*

Gender*

Male

Female

Country of nationality*

Flat number/House number/House name*

Are you a US citizen?*

Yes

No

Street*

Are you a resident for tax purposes in any country other than the UK?*

Yes

No

City/Town*

If you have ticked "YES" to either of the last 2 questions please provide the following - without these you will not be able to open the account.

County*

Tax residency

Tax Identification Number

(Please write N/A if you do not have one)

1

2

3

4

5

6

Postcode*

Email address (55 characters maximum)*

Mobile phone number*

Home phone number*

Occupation*

3. Representative's Details

Representative 1

Are you a solicitor/qualified person acting in a professional capacity?*

Yes No If no, please specify your relationship to the Donor*

Reason for acting on behalf of the donor, i.e: mental incapacity*

Title*

Date of birth*

First name(s)*

Middle

Surname*

Gender*

Male

Female

Flat number/House number/House name*

Street*

City/Town*

County*

Postcode*

Email address (55 characters maximum)*

Mobile phone number*

Home phone number*

Occupation*

Mother's maiden name*

Town of birth*

Country of birth*

Country of nationality*

Are you a US citizen?*

Yes No

Are you a resident for tax purposes in any country other than the UK?*

Yes No

If you have ticked "YES" to either of the last 2 questions please provide the following - without these you will not be able to open the account.

Tax residency	Tax Identification Number (Please write N/A if you do not have one)
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>

Representative 2

Are you a solicitor/qualified person acting in a professional capacity?*

Yes No If no, please specify your relationship to the Donor*

Reason for acting on behalf of the donor, i.e: mental incapacity*

Title*

Date of birth*

First name(s)*

Middle

Surname*

Gender*

Male

Female

Flat number/House number/House name*

Street*

City/Town*

County*

Postcode*

Email address (55 characters maximum)*

Mobile phone number*

Home phone number*

Occupation*

Mother's maiden name*

Town of birth*

Country of birth*

Country of nationality*

Are you a US citizen?*

Yes No

Are you a resident for tax purposes in any country other than the UK?*

Yes No

If you have ticked "YES" to either of the last 2 questions please provide the following - without these you will not be able to open the account.

Tax residency	Tax Identification Number (Please write N/A if you do not have one)
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>
5	<input type="text"/>
6	<input type="text"/>

4. Correspondence

Please advise who's contact details are to be used for correspondence (please select one):

Representative 1

Representative 2

5. Initial deposit (new accounts only)

Amount of initial deposit* (Min £100)

Method of payment*
(Please tick one box)

Transfer from an eligible
AA Savings account
(Fill in account details below)

Linked Account

Transfer from an eligible AA Savings account (excluding AA ISA)

Account Number

Account Type

Account holder's name

Please detail the source of your initial deposit, e.g. salary, existing savings, sales of property, gift, etc.*

6. Linked Account Details

To keep the donor's money safe we will link their AA savings account to a UK Bank or Building Society account in their name.

All deposits must be made from this account. We are unable to accept deposits from any other account.

All withdrawals will be sent back to this account.

Account holder's name*

Sort Code*

Bank or building society*

Account Number*

Reference

7. Declaration and Your Signature

Before signing and applying for this product, please ensure you have reviewed the website, Terms and Conditions, Summary Box and the FSCS Deposit Information Sheet.

Your data: We are required by money laundering regulations to verify your identity and address, which we will do by searching files at credit reference agencies. If false or inaccurate information is provided and fraud is detected, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We and other organisations may also access and use this information to prevent fraud and money laundering; for example, when: checking details on applications for credit and credit-related or other facilities; managing credit and credit-related accounts or facilities; recovering debt; checking details on proposals and claims for all types of insurance, and; checking details of job applicants and employees. Please contact us at Fraud Prevention Unit, Group Services, 2nd Floor, 27-33 Baggot Plaza, Dublin 4 if you want to receive details of the relevant fraud prevention agencies. We and other organisations may access and use from other countries the information recorded by fraud prevention agencies. If you supply false or inaccurate information or if fraud is suspected this will be recorded by the credit referencing agency and shared with other similar organisations. When credit referencing agencies receive a search from us they will place a search 'footprint' whether or not this application proceeds. We will give credit reference agencies other information about the day-to-day running of your account. We may use the information held by credit reference agencies to check identity for anti-money laundering and fraud purposes – this does not affect your credit history. We can provide, on request, a copy of the information that credit references have about you, or copies of their leaflets that explains how credit referencing works.

Please read all the information you have been given and the Terms and Conditions carefully as it is important that you understand them. If you have any questions about the Terms and Conditions or need more information you must ask us before signing this agreement. Bank of Ireland UK will undertake electronic checks to provide suitable identification and address verification. If these checks are not successful, we will need to contact you to confirm your identity and address.

I/We have read and understood the information under Data Protection in the Terms and Conditions.

Representative 1

Representative 2

(where more than one representative wishes to have the ability to act and the appointment is on a joint and several basis)

Date / /

Date / /

What to do next

Return the completed application form to Freepost AA SAVINGS, with the legal document appointing you as a Representative. This should be the original copy or a certified original copy.

Useful guidance notes

We want to make the process of acting on behalf of someone else as simple as possible. These guidance notes are designed to help you, but please contact us if you need further help. As you'd expect we can only give information on our processes and cannot provide advice.

What is needed to Open / Operate an Account as a Power of Attorney:

- This registration form
- Identification for all parties (Donor and Attorneys) – please note we'll always try and electronically identify people using Credit Reference Agencies. If we are unable to do this we'll write to you asking for suitable ID&V
- An original or certified copy of the relevant Power of Attorney/authority document

Before the Account can be opened / operated we'll need to have received acceptable documents and identification.

ENGLAND & WALES

Lasting Power of Attorney – This document will need to be registered with the Office of Public Guardian before it can be used. Once registered please send to: Freepost AA SAVINGS along with this registration form.

Enduring Power of Attorney - Please send to: Freepost AA SAVINGS along with this registration form.

If the Donor no longer has mental capacity to manage their own affairs we would remind you that it is the responsibility of the Attorneys to register the Power of Attorney with the Office of Public Guardian before attempting to act on behalf of the Donor. If there is any doubt about whether the Donor has sufficient mental capacity you should seek the advice of a medical professional.

SCOTLAND

Continuing Power of Attorney - This document will need to be registered with the Office of Public Guardian before it can be used. Once registered please send to: Freepost AA SAVINGS along with this registration form.

Combined Power of Attorney – this document combines Continuing Power of Attorney with the authority for the Attorney to make decisions about the Donor's welfare. This document will need to be registered with the Office of Public Guardian before it can be used. Once registered please send to: Freepost AA SAVINGS along with this registration form.

NORTHERN IRELAND

Enduring Power of Attorney – Please send to: Freepost AA SAVINGS along with this registration form.

If the Donor no longer has mental capacity to manage their own affairs we would remind you that it is responsibility of the Attorneys to register the Enduring Power of Attorney with the Office of Care and Protection before attempting to act on behalf of the Donor. If there is any doubt about whether the Donor has sufficient mental capacity you should seek the advice of a medical professional.

Further information

Please note – other forms of authority are available. If you are intending to act under authority of a document that is not referred to above, please complete this form, provide identification and a certified copy of the relevant document and we'll contact you if we need any further information.

Further information about Power of Attorney and your responsibilities can be found at:

England & Wales – <https://www.gov.uk/power-of-attorney/overview>

<https://www.gov.uk/government/organisations/office-of-the-public-guardian>

Scotland – <http://www.publicguardian-scotland.gov.uk/power-of-attorney>

Northern Ireland – <http://www.courtsni.gov.uk/en-GB/Services/OCP/Pages/default.aspx>

<https://www.nidirect.gov.uk/articles/managing-your-affairs-and-enduring-power-attorney>