

Registering Power of Attorney (POA) or Court of Protection (COP)

What is this form used for?

This form should be completed if you hold a registered Power of Attorney or Court of Protection order (registered with the Office of Public Guardian) and you'd like to register it with Mansfield Building Society.

For any support that you might need, don't forget that our specialists are on hand to help you in any way they can. They can be contacted on **01623 676 350**, or if you prefer you can visit your local branch.

What do I need to do?

- Complete this document in full and return to your local branch, or send in the post Regent House, Regent Street, Mansfield, Notts NG18 1SS
- We'll attempt to verify you electronically, if this doesn't provide us with what we need then you'll need to provide 2 forms of ID (photo ID and address ID) for each attorney you'd like to register
- Provide the original or a certified copy of the POA/COP document, or the access code if these are held electronically
- You'll need to complete a separate form for each account holder (donor) if you're registering the POA for more than one person

Section 1 – Information about the Donor

Title	
First Name, Middle Name and Surname	
Permanent Address & Postcode	
Date of Birth	

Section 2 – Account Information

Please list the accounts you are registering POA for. If you wish to register on all accounts, please tick here

Account Number	
Account Number	
Account Number	
Account Number	
Account Number	

Power of Attorney Access Code

If you've received an access code for us to view the POA online, please note it here

Access Code	
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Section 3 – Information about the Attorneys

If there's more than one attorney, please provide the details of the attorney you'd like to register with Mansfield Building Society or provide details of all attorneys so we can register all. Please note, if the POA states you must act 'jointly' then we'll need to register all attorneys.

Attorney 1

Title	
First Name, Middle Name and Surname	
Permanent Address & Postcode	
Date of Birth	
Nationality	
Telephone Number	
Email Address	
National Insurance Number	
Security Identifier <small>*Required for security purposes and must be a word that is easily remembered but not known to any other party</small>	

Attorney 2

Title	
First Name, Middle Name and Surname	
Permanent Address & Postcode	
Date of Birth	
Nationality	
Telephone Number	
Email Address	
National Insurance Number	
Security Identifier <small>*Required for security purposes and must be a word that is easily remembered but not known to any other party</small>	

Section 4 – Correspondence Address

Choose the address you'd like us to use for all future mailings regarding all accounts. Please tick your choice.

Use the account holder's address	<input checked="" type="checkbox"/>
Change to the address of Attorney 1	<input checked="" type="checkbox"/>
Change to the address of Attorney 2	<input checked="" type="checkbox"/>

Declaration

As the appointed attorney(s) for the account holder named on this document, I/we agree:

- To act on the account/s according to the terms of the Power of Attorney
- That all withdrawals are for the benefit of the donor and that the Society might request evidence or refuse transactions
- To tell the Society if I/we or the account holder changes address
- To follow the terms and conditions of the account/s
- Acknowledge and understand that in order to process the Power of Attorney, the Society may perform identity checks on me/us, with one or more Credit Reference Agencies (CRAs) and/or Fraud Prevention Agencies (FPAs) who will supply information, including information from the Electoral Register for the purpose of verifying my/our identity/identities and my/our address(es).

About the Donor

Please indicate the donor’s current ability to manage their financial affairs. This helps us understand how the Power of Attorney will be used. *Please note, whilst you can make decisions as an attorney, we may contact the account holder (the donor) to confirm the Power of Attorney is registered, to discuss their requirements or to clarify any transactions.*

The donor has mental capacity

The donor has lost mental capacity

Signed (donor) providing they have mental capacity

Date

By signing here, you agree to the Power of Attorney being registered on the above mentioned accounts.

Signed (attorneys)

Date

Data Protection – Your personal information and what we do with it

At Mansfield Building Society we take your privacy seriously. Personal information you provide to Mansfield Building Society and how we process this will depend on the products or services you apply for and (if your application is successful) obtain from us. Full details of the types of personal information we collect from you, how we use, store and share this information, together with your individual rights, can be found in our Privacy Notice. It is important that you read the Privacy Notice. The Privacy Notice can be accessed at mansfieldbs.co.uk, by picking up a copy from any of our branches or you can ask us to post you a copy.

OFFICE USE ONLY	Completed by & date	Checked by (authorised by) & date
Branch Received at		
Equifax completed/ID taken for attorneys		
Signature for the donor has been checked to existing records		
POA/COP document photocopied and certified		
All questions/areas completed on this form		
Initial & Date		