

| OFFICE USE ONLY | |
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| Customer Number for the Original Customer: <input style="width: 100%;" type="text"/> | Branch Code: <input style="width: 100%;" type="text"/> |

Please complete this form in **BLACK INK and using BLOCK CAPITALS**. For further details on how to register an Attorney / Receiver / Deputy please call 0113 225 7777 or contact your local branch.

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| <input type="checkbox"/> Applying at local branch | <input type="checkbox"/> Sending form and accompanying documentation to Customer Services, 105 Albion Street, Leeds, LS1 5AS via the post |
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Please note that an electronic identification search in respect of the Attorney / Receiver / Deputy will be undertaken. In respect of branch applications the Society will require proof of identity for each Attorney / Receiver / Deputy, preferably in the form of a full UK or EU photo driving licence or a valid UK or EU passport. In respect of postal applications the Society will require proof of identity for each Attorney / Receiver / Deputy, in the form of a certified copy of one of the above documents or an original utility bill which is less than 3 months old (not a mobile phone bill). For details of other forms of acceptable identification, please contact your local branch (for branch applications) or call our Customer Helpline on 0113 225 7777 (for branch or postal applications).

If you already have an open account with us, you do not ordinarily need to provide proof of your name and address. Please ensure you write your existing account number in section 5 below.

1. CUSTOMER NAME [only one application form is required for the customer to register an Attorney / Receiver / Deputy on their account(s)]

Title: Surname: First Name(s):

Leeds Building Society Account (only one required for reference):

Address: Postcode:

Please note that if the customer's main address has changed to a care home, we require a letter from the care home confirming residency.

2. TYPE OF DOCUMENTATION PRODUCED (please note that an original or certified copy is required)

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| <input type="checkbox"/> Court Of Protection Order | <input type="checkbox"/> Enduring PoA registered and stamped by the Court of Protection at the Office of the Public Guardian |
| <input type="checkbox"/> Unregistered Enduring PoA | <input type="checkbox"/> Lasting PoA (Property and Affairs) registered with the Office of the Public Guardian |
| <input type="checkbox"/> General Power of Attorney | <input type="checkbox"/> Other (provide details) <input style="width: 400px;" type="text"/> |

(each document and all the documents indicated above are referred to as the "Document(s)" in this form)

Please note that the Society shall assume that the attorney / receiver / deputy is entitled to be registered on all of the customer's accounts with the society ("account" or "account(s)") unless we are informed otherwise or the document(s) provide to the contrary.

The Society shall continue to administer the account(s) under the terms of the relevant document(s) indicated above.

Only instructions authorised under the relevant document(s) will be permitted.

3. APPOINTMENT OF ATTORNEY / RECEIVER / DEPUTY CONFIRMATION

Where there is more than one Attorney / Receiver / Deputy, please indicate whether you are appointed to act jointly, severally or jointly and severally on all or any particular matters:

Jointly
 Severally
 Jointly and Severally
 Please include further details and/or any other restrictions:

If the donor has appointed an Attorney / Receiver / Deputy to act in the event of the Customer's loss of mental capacity, the Society requires evidence from a medical practitioner, or suitably qualified professional, in accordance with the Document(s) regarding the loss of capacity.

Documentation supplied to confirm loss of mental capacity:

4. POWER OF ATTORNEY / RECEIVER / DEPUTY DETAILS (if more than two, please use the continuation sheet)

Attorney / Receiver / Deputy 1

| | |
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| Title: <input style="width: 100%;" type="text"/> (please circle) | Date of Birth: <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> |
| First Name: <input style="width: 100%;" type="text"/> | Middle Name(s): <input style="width: 100%;" type="text"/> |
| Surname: <input style="width: 100%;" type="text"/> | Email: <input style="width: 100%;" type="text"/> |
| Telephone (home): <input style="width: 100%;" type="text"/> | Telephone (mobile): <input style="width: 100%;" type="text"/> |

Address:

 Postcode:

Existing LBS Customer? YES NO

LBS Account Number:

Time at Current Address: years months

What is your residential status?: Owner Occupied Tenant Living with friends
 Living with Family Other (please provide details)

Previous Address: (if living at current address for less than 3 years):

Attorney / Receiver / Deputy 2

Title: (please circle)
 First Name:
 Surname:
 Telephone (home):
 Address:

 Postcode:

Date of Birth: / /

Middle Name(s):

Email:

Telephone (mobile):

Existing LBS Customer? YES NO

LBS Account Number:

Time at Current Address: years months

What is your residential status?: Owner Occupied Tenant Living with friends
 Living with Family Other (please provide details)

Previous Address: (if living at current address for less than 3 years):

5. ATTORNEY / RECEIVER / DEPUTY DECLARATION

Declarations

- I / We agree to comply with the Terms and Conditions of the Account(s) in order to operate the Account(s) on behalf of the account holder acting as Attorney / Receiver / Deputy.
- I / We can confirm that I / we have received a copy of the Account(s) Terms & Conditions and Society's General Investment Conditions and the latest Summary Financial Statement.
- I / We declare that this application form has been completed to the best of my / our knowledge and belief.

Use of Personal Information

If false or inaccurate information is provided and fraud is identified, 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 crime, fraud and money laundering, for example when:

- Checking details provided on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.
- Cross checking details provided on proposals and claims for all types of insurance.
- Checking details on applications for jobs or when checked as part of employment.

With the information we obtain, we will:

- Assess this application;
- Verify your identity and the identity of your spouse or partner;
- Trace your whereabouts and recover debts that you owe;
- Conduct other checks to prevent or detect fraud;
- Use automated scoring methods to assess this application and verify your identity;
- Manage your account with us;
- Undertake periodic statistical analysis and system testing.

We and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

Please contact us on Freephone 08085 225777 if you want to receive details of the relevant fraud prevention agencies.

This is a condensed guide to the use of your personal information by us and credit reference and fraud prevention agencies. If you would like further information, please read our "Guide to the use of your personal data by Leeds Building Society, credit reference agencies and fraud prevention agencies" which is available on our website at leedsbuildingsociety.co.uk. Alternatively, you can request a copy by telephoning us on 0113 216 7353. By proceeding with this application you are agreeing to your personal information being used in this way.

Information which you provide or which we obtain through your dealings with us will be held on the Society's computers and in other records. We may use and pass on such information as follows:

- To subsidiary and associated companies of the Society who may use it for marketing purposes as mentioned below but only where you have given us your permission to do so.
- To anyone whom we transfer our rights and duties under our agreement with you.
- When required or permitted to do so by law.

Leeds Building Society Group Marketing Programme

We may use and share your customer records, including your contact details, details about this application and any of the services we provide to you, with:

- companies within Leeds Building Society Group; and
- companies which form part of its strategic partnerships.

You can ask us for a list of such companies.

This is so that we or they may contact you by mail, telephone, fax or email with Society news, and to inform you about our or their financial services including mortgages, savings and investments, life products, loans and credit cards, general insurance and financial planning services and of competitions and offers which may be of interest to you. By submitting your application you agree to being contacted as described unless you have ticked the box in the consent section.

- When you have given your specific permission for your data to be used for other purposes.

You have the right on payment of a fee to receive a copy of the information we hold about you if you apply in writing to the Customer Services Department, Leeds Building Society, 105 Albion Street, Leeds, LS1 5AS.

We may monitor and/or record your telephone conversations with the Society to ensure consistent service levels (including staff training).


6. AUTHORISED SIGNATORIES AND DECLARATION

Anyone who wishes to transact on the Account(s) needs to be identified as an Authorised Signatory and can only transact in accordance with the terms of the Document(s). If you are not identified as an Authorised Signatory then we will not accept your signature as authorisation to carry out a transaction, e.g. letter, on a cheque or on a faxed request, etc. We will only accept transactions that are in accordance with your ability to act as Attorney / Receiver / Deputy under the terms of the Document(s).

The following Authorised Signatories wish to operate the Account(s) with Leeds Building Society acting as an Attorney / Receiver / Deputy for the account holder.


By signing the application form I / We confirm that:


- My / Our statements and personal information contained in the Type of Document and Attorney / Receiver / Deputy details sections of this application are true and correct.
- I / We, the person(s) whose signature(s) appears on this form, declare that I / We have been appointed to act as Attorney / Receiver / Deputy, as evidenced by the Document(s) provided pursuant to section 3 above, for the above named account holder and that we shall only act in accordance with such Document(s).
- I / We have read and agree to be bound by the sections "Declaration" and if it applies "Assignment of Conversion Benefits", also I/we have read the section entitled "Use of Personal Information". By signing this form I/we consent to the uses and disclosures listed.

 It is important that you read the section entitled "Use of Personal Information" (including the information regarding credit reference and fraud prevention agencies) set out above in this application form and by signing this application, you agree that we can use your personal information in this way.

| |
|--|
| Full Name (Attorney / Receiver / Deputy 1): |
| |
| Signature: |
| |
| Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

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|--|
| Full Name (Attorney / Receiver / Deputy 2): |
| |
| Signature: |
| |
| Date: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |

 I consent to receive marketing information as detailed in this "Use of Personal Information" section unless I tick this box:

 I consent to receive marketing information as detailed in this "Use of Personal Information" section unless I tick this box:

7. OFFICE USE ONLY

Document(s) checked by: Staff No. Date: / /

Comments: _____

Any other restrictions detailed in the Document(s) not included in Section 4?: Yes No

If yes, detail the restriction(s): _____

Identification Check:

Proof of Identification: _____

ID checked by: Staff No. Date: / /

Guidance Notes for Completion

Please ensure you fully complete the Addition Of A Power Of Attorney / Receiver / Deputy form. In addition to the form please send in, either an original or certified copy of, the POA document.

It is important that the form is completed in full. If any of the sections are incomplete or incorrectly completed, we may have to return the form to you, which will delay the processing of the account.

The following information, which refers to the collection of identification, may assist you further:-

VERIFYING YOUR IDENTITY

Under the Money Laundering Regulations and Financial Services Authority rules, we are required to verify the name, address and date of birth of the Power of Attorneys. To do this, we will ordinarily use an electronic verification system.

For postal applications, all Power of Attorney's (as a minimum) will need to supply proof of address (see list below). For Solicitors acting as Power of Attorney's, in addition to primary identification, we would need the practising certificate, but do not require address verification.

However, if we are unable to verify your identity using electronic means, you will need to supply **additional** documents to verify your identity. Therefore, in order to avoid any delays in opening your account, you may wish to supply these additional documents with your completed application.

Address Identification - These must show the full residential address of the Power of Attorney:

- Current UK or EU driving licence with photo or non-photo version showing current address (full or provisional)
- DWP notification confirming rights to benefits/state pension dated within the last year
HMRC tax notification dated within the last year (tax assessment, statement of account or notice of coding **NOT** P45 or P60)
- Local Council rent card or tenancy agreement (documentation from a private landlord is not acceptable)
- Bank or building society statement issued within the last 3 months (credit cards and internet print outs are not acceptable)
- A grant letter or student loan agreement from a Local Education Authority
- A utility bill or prepayment certificate issued within the last 3 months (not acceptable if printed from the Internet and not a mobile telephone bill)
- A mortgage statement from a recognised lender (issued within the last 12 months)
- Council tax bill (valid for current year)
- Solicitor's letter confirming house move within the last 3 months

Primary Identification – certified copies rather than the original documents:

- Current UK or EU passport
- Current UK or EU driving licence with photo (full or provisional)
- EEA member state identity card (Swiss cards also acceptable)
- Northern Ireland Voter's Card
- Blue Disabled Driver's Pass
- Shotgun licence or Firearms certificate
- DWP notification confirming rights to benefits/state pension dated within the last year
- HMRC tax notification dated within the last year (tax assessment, statement of account or notice of coding **NOT** P45 or P60)
- Practising certificate – for a solicitor acting as Power of Attorney only

Documents which require certification can be certified by a solicitor, an accountant, a teacher/lecturer or a bank cashier/manager.

FURTHER ASSISTANCE

If you require any further assistance regarding completion of the relevant form or need any further information please contact your local branch in the first instance (where applicable), or call our **Customer Contact Centre on (0113) 225 7777**.