

Application form to open a savings account under a Power of Attorney

Account type, investment and interest details			
I/We wish to invest the sum of £		in the following account:	
Interest is to be paid: <input type="checkbox"/> To the capital balance annually <input type="checkbox"/> To the bank account below annually <input type="checkbox"/> To the bank account below monthly*		Approximate amount to be saved annually: <input type="checkbox"/> Up to £5,000 <input type="checkbox"/> £5,000 to £85,000 <input type="checkbox"/> More than £85,000	
Where has the money originated from? <input type="checkbox"/> Inheritance Sale of property <input type="checkbox"/> Savings Other			
*See account leaflet - monthly interest is not always available.		Does the donor have any existing BBS accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the purpose of this savings account? e.g. Care costs / future living expenses			

The Society may require you to supply evidence to support the information you have provided.

Politically Exposed Persons (PEPs)	
Is the donor or any of the attorneys related to or have a close association with someone who is in a prominent position in public life?	
If yes, please provide details _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	
Positions include Heads of Government, members of the judiciary, high ranking members of the services or senior figures in state owned enterprises.	

General Data Protection Regulation	
Personal Information: We are committed to protecting your privacy and keeping your personal information secure. When you register an enquiry, or complete an application form you are authorising the Society to collect your personal information to process and operate your account(s). The Society does not share your data with any other organisation for marketing or promotional purposes. Our Privacy Notice is available on our website or you can ask us to send you a copy.	
Keeping you informed: In order to provide you with the service you require Buckinghamshire Building Society will use your contact details to provide you information about your account and the Society. We will not share this information with any third parties. Please tick one preferred contact method:-	
Attorney 1 Email <input type="checkbox"/> Telephone/SMS <input type="checkbox"/> Post <input type="checkbox"/>	Attorney 2 Email <input type="checkbox"/> Telephone/SMS <input type="checkbox"/> Post <input type="checkbox"/>
Marketing Preferences: We would like to provide you with information on our products and services relating to savings and mortgages that may be of interest to you. Please tick at least one box below (you can tick all three). I would like to receive marketing communications by:-	
Attorney 1 Email <input type="checkbox"/> Telephone/SMS <input type="checkbox"/> Post <input type="checkbox"/>	Attorney 2 Email <input type="checkbox"/> Telephone/SMS <input type="checkbox"/> Post <input type="checkbox"/>

Donor's Bank Details payments can only be made to an account in the donor's name or a care home re: donor	
Name and address of bank:	Account number:
	Sort code:

Donor's Details please complete with the Donor's residential address - we will not send correspondence here			
Title	Date of Birth:	Country of Birth:	
Forename(s):		Nationality:	
Surname:		Tel (day):	
Home address:		Mobile:	
	Postcode:	E-mail:	
Does the donor have mental capacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Residency:	Are you a citizen and tax resident of the UK only? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the Power of Attorney	Joint <input type="checkbox"/> Joint and Several <input type="checkbox"/>		Are you a citizen of the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>
List of the countries other than the UK of which you are a tax resident together with the tax reference number (TIN)	Country	TIN	
	_____	_____	
	_____	_____	
	_____	_____	

Attorney Details - we will send all correspondence to Attorney 1 unless informed otherwise

Attorney 1	Title:		Date of Birth:		Attorney 2	Title:		Date of Birth:	
Forename(s):					Forename(s):				
Surname:					Surname:				
Home address:					Home address:				
Postcode:					Postcode:				
Nationality:					Nationality:				
Country of Birth:					Country of Birth:				
Tel (day):					Tel (day):				
Mobile:					Mobile:				
E-mail:					E-mail:				
Tax Residency		Are you a citizen and tax resident of the UK only? Yes <input type="checkbox"/> No <input type="checkbox"/>			Tax Residency		Are you a citizen and tax resident of the UK only? Yes <input type="checkbox"/> No <input type="checkbox"/>		
		Are you a citizen of the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>					Are you a citizen of the USA? Yes <input type="checkbox"/> No <input type="checkbox"/>		
List of the countries other than the UK of which you are a tax resident together with the tax reference number (TIN)		Country	TIN		List of the countries other than the UK of which you are a tax resident together with the tax reference number (TIN)		Country	TIN	
		_____	_____				_____	_____	
		_____	_____				_____	_____	
		_____	_____				_____	_____	
State your National Insurance Number:					State your National Insurance Number:				
Relationship to Donor:					Relationship to Donor:				

Please ask us for a continuation sheet if there are to be more than 2 attorneys on the account.

Customer declaration

I/We agree to be bound by the Terms and Conditions of this account and the Rules of the Society.
 I/We authorise that the account we are opening and the money we are investing is on behalf of the named donor.
 I/We understand that you are required by law to check the identity and address details of the donor and all the attorneys.
 I/We declare that I am/we are not a body corporate or an unincorporated body and the account will not be held by me/us as a Trustee for a body corporate or an unincorporated body.
 I/We undertake to advise Buckinghamshire Building Society of any changes in circumstances which affect my/our tax residency status.
 I/We declare that none of the attorneys are bankrupt and I/we will inform the Society if bankruptcy proceedings are taken against any attorney.

We acknowledge that we have received and read the FSCS information sheet and exclusion list.

Please tick box to confirm

Withdrawals and other instructions to be permitted with:

- Signature of donor until Society advised of loss of donor's mental capacity
- Signature of all Attorneys
- Signature of any one Attorney

Donor signature:	Date:
Attorney 1 signature:	Date:
Attorney 2 signature:	Date:

For office use only

Customer number:

Book number:

Account number:

Please send your completed form, certified copy of Lasting Power of Attorney (LPA), identification and investment to Buckinghamshire Building Society, High Street, Chalfont St Giles, Bucks HP8 4QB