



## Apply for Power of Attorney – 95 Day Notice Account

Use this form to apply for a new account on behalf of your donor, or to apply for Power of Attorney for an existing account.

Complete the form using BLOCK CAPITALS and return it to us at 'Freepost: RCI BANK' (that's all – no stamp or address details needed), along with proofs of identity and address where needed.

### Important information

If you want to open a new account for the donor, we have to verify you and the donor's identity and address. If you are applying for Power of Attorney on an existing account, we'll only need to verify the attorney's details. The same conditions apply as for any other RCI Bank accounts, which means you have to be 18 years or over, a resident of the UK and you'll need to link a UK current account to make and receive payments to and from the account.

Our agreement with you is made up of the following documents: Terms and conditions of our relationship, managing your account, the account information summary and the Privacy Policy. You can find all of these documents enclosed. By completing and submitting this application, you are confirming that you have read and understood these documents. The documents can also be viewed at [rcibank.co.uk/agreement](http://rcibank.co.uk/agreement)

Your deposits are protected by the Financial Services Compensation Scheme (FSCS) up to £85,000. An information sheet can be found enclosed with this document. For more information on the FSCS compensation scheme you can visit [www.fscs.org.uk](http://www.fscs.org.uk) or at [rcibank.co.uk/security/guarantee-scheme](http://rcibank.co.uk/security/guarantee-scheme).

Please include the Power of Attorney document (or certified copy) with this application form. Once log in details have been issued to the attorney(s), the attorney(s) will have full access to operate the account(s).

**If you already have a RCI Bank savings account, provide the name(s) and account number(s) of you and your donor.**

Name	<input type="text"/>	Account Number	<input type="text"/>
Name	<input type="text"/>	Account Number	<input type="text"/>
Name	<input type="text"/>	Account Number	<input type="text"/>

### Details of the donor

Title	<input type="text"/>
Forename	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of birth	<input type="text"/>
Nationality	<input type="text"/>
Sex (male/female)	<input type="text"/>
Permanent residential address	<input type="text"/>
Postcode	<input type="text"/>

**If the donor has lived at this address less than six months please provide us with his/her previous address**

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

Can you confirm that you are a resident for tax purposes in only the UK? Yes  No

Are you a US citizen? Yes  No

If you're a citizen of a country other than the UK and/or have a liability to pay tax in a country other the UK please also complete the 'Foreign Account Tax Compliance Act (FATCA) Form' – we will need this information to be able to open the account.

### Your Investment

Once we've confirmed your address and identity, we'll ask you to make your initial investment. We'll let you know when your account is open - until then, please don't send any money.

### Your interest instructions

When would you like the interest paid?  
Annually  Monthly

### Where would you like the interest paid?

Pay into this RCI Bank savings account   
Pay into my linked account

### Your linked account

Account holder's name	<input type="text"/>
(The account must be in the donors name or held jointly with you)	
Name of your bank /building society	<input type="text"/>
Account number	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/>



**Type of power**

Enduring Power of Attorney

Lasting Power of Attorney for Propert and Financial Affairs (LPA)

Court of Protection Deputyship Order (COP)

**Mental Capacity**

Does the Account Holder/Donor have mental capacity?\*

Yes  No

\*If yes - Email Address

\*If yes - Home Telephone

\*If yes - Mobile Telephone

\*If yes - Mothers Maiden Name

**Details of first attorney**

Title

Forename

Surname

Date of birth

Place of birth

Nationality

Sex (male/female)

Mothers maiden name

Email address

Contact Telephone number

Permanent residential address

Postcode

**If you have lived at this address less than six months please provide us with your previous address**

Address

Postcode

Can you confirm that you are a resident for tax purposes in only the UK? Yes  No

Are you a US citizen? Yes  No

**Details of second attorney**

Title

Forename

Surname

Date of birth

Place of birth

Nationality

Sex (male/female)

Mothers maiden name

Email address

Contact Telephone number

Permanent residential address

Postcode

**If you have lived at this address less than six months please provide us with your previous address**

Address

Postcode

Can you confirm that you are a resident for tax purposes in only the UK? Yes  No

Are you a US citizen? Yes  No



### Proof of your identity and address

If you are opening a new account, we need to see one document for proof of name and address of the attorney and the donor. If you are changing an existing account, we will only need to do the checks on the attorney/ attorneys. Please always use the same document only for proof of name or address, not both.

#### Proof of name

- Current valid passport
- Current valid full UK or Northern Ireland photocard driving license
- Original Full valid Northern Ireland driving licence
- Original National Identity Card for EU Nationals
- Original Court Documentation (Enduring Power of Attorney / Lasting Power of Attorney / Court Order)

#### Proof of address

- Original Confirmation of entitlement to state or local authority benefits (including tax credit, child benefit, housing benefit, educational grants, winter fuel bill etc. dated within 12 months)
- Original pension statement / correspondence (dated within 6 months)
- Original HMRC tax notifications valid for the current tax year eg. tax assessment, notice of coding
- Original UK bank or building society statement / correspondence (dated within 6 months)
- Original mortgage statement from a recognised lender (dated within 12 months)
- Original Local Authority council tax demand valid for the current year
- Original gas / electric / landline telephone bill (dated within 3 months)
- Original letter from Matron / Manager of a nursing home, long term care unit or residential for the elderly (dated within 3 months)

To avoid the risk of loss of any original documents in the postal system, we would recommend that (unless where indicated you should send an original) you send us photocopies of documents as opposed to originals. We may accept other documents if you are unable to supply a document from the list above. Please call our customer services team on 0345 6056 050 for further details.

#### If we ask you to send more information

If we don't receive satisfactory evidence of your address and / or identity within 14 days of receiving this application, we'll send back any money you've sent us as part of it. Your money will be returned without interest and paid into the account from which it was deposited from.

## Your Personal Information

### Credit reference agency and fraud checks

In order to enter into an agreement with you, and for us to discharge our legal responsibilities, we need to verify your application and undertake credit reference agency, fraud prevention and anti-money laundering checks by evaluating your application for an account using credit reference and fraud prevention agencies. Please refer to our enclosed Privacy Policy for further information about how we use your personal data when you apply for an account with us.

We're here to help, 7 days – if you have any questions, please e-mail [hello@rcibank.co.uk](mailto:hello@rcibank.co.uk) or call us on **0345 6056 050**. Braille, large print and audio versions available on request.

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### Your declaration

The information given in this application is correct and I understand that the application is subject to the agreement (including the Terms and conditions, Account information summary and Managing your accounts), which I have read and accept / we understand and agree that I / we have a duty to act in accordance with the Power of Attorney/ Court of Protection Order and the principals of the Mental Capacity Act 2005 and Mental Capacity Code of Practice.

As the appointed Attorney(s)/ Deputy(s) for the account holder named in Section A of this form, I / each of us agree:

- That I am not bankrupt.
- To tell the Society if bankruptcy proceedings are taken against me.
- To act on the accounts according to the terms of the Power of Attorney/ Court of Protection Order I am registering.
- To tell the Society if I or the account holder changes address.
- To repay the Society for any costs incurred by directly following my instructions.
- To follow the terms and conditions of the accounts.
- To notify the Society if the status of the donor's mental capacity changes.

By signing below I confirm that I have read, understood and agree to be bound by the above statements.

Signature of first attorney	<input type="text"/>
Date	<input type="text"/>
Signature of second attorney	<input type="text"/>
Date	<input type="text"/>

\*Where the Account Holder / Donor has mental capacity we require their signature confirming their consent to the Power of Attorney being registered against their account(s) and the attorney(s) acting for them online.

I consent to my attorney(s) being registered against my account(s) and acting for me and where my account(s) is/are online account(s) I understand and agree that my attorney(s) will have full and free access to my account(s)

Account Holder / Donor Signature	<input type="text"/>
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Now that you have completed this form in full, please take a few moments to check carefully that you have correctly filled in this application and are sending us the documents we need to open this RCI Bank account. We will need the documents to check you and the donor's identity and address to be able to open the account for you.

Please note: failure to complete the form in full and / or provide the requested documents may lead to your application being declined.

### Right to cancel

You can cancel your agreement with us within 14 calendar days from receipt of your welcome letter. If you want to cancel your account, you can do this by writing to [hello@rcibank.co.uk](mailto:hello@rcibank.co.uk), or by post to 'FREEPOST: RCI Bank' (that's all, no stamp or address details needed), the Freedom Savings account can also be cancelled online.