

AUTHORISED POWER OF ATTORNEY / ACCOUNT MANDATE FORM

Please return to:

Customer Services, Scottish Widows Bank plc, PO Box 12757, 67 Morrison Street, Edinburgh EH3 8YJ Telephone: 0345 845 0829

Please note that a separate form is required for each account held with us. Additional forms are available on our website, www.scottishwidowsbank.co.uk, or on request from our customer service team either by telephone or by post.

If you require any assistance please call our customer service team on the number above.
Lines are open 8am to 6pm Monday to Friday (Wednesday from 10am).

Date (DD MM YYYY)

Name of Account Holder(s)

Account Number

Type of Account

A. DETAILS OF AUTHORISED PERSON

Title

Mr Mrs Miss Ms Other (please specify)

First Name(s)

Surname

Address

Postcode

For Authorised Powers of Attorney only:

Please tell us where you'd like future correspondence to be sent:

To the account holder only

To the Power(s) of Attorney only

To both the account holder and Power(s) of Attorney

Date of birth (DD MM YYYY)

Sex

Male Female

Occupation

Country of Nationality

Daytime Telephone Number

Evening Telephone Number

To grant authority to a Power of Attorney we require either the original or a certified copy of the Power of Attorney form. Any original documents will be sent back once necessary checks are complete. Copied documents can be certified by an FCA regulated financial adviser or broker, a representative of a UK bank or other financial institution regulated by the FCA and PRA, certified or chartered accountant, a solicitor or lawyer or an embassy, consulate or high commission of the country of issue. The copied document must be signed, dated and bear the company/official stamp on each page.

B. PRIVACY STATEMENT

Note: Throughout this section the words 'we', 'our' and 'us' refer to Scottish Widows Bank plc. The words 'you' and 'your' refer to the applicants.

WHO WE ARE

Your information will be held by Scottish Widows Bank which is part of the Lloyds Banking Group. More information on the Group can be found at www.lloydsbankinggroup.com

HOW WE SHARE YOUR INFORMATION WITH GROUP COMPANIES

Your personal information will be shared within the Lloyds Banking Group to enable us to better understand your needs, run your accounts, and provide products in the efficient way that you expect.

USING YOUR INFORMATION FOR FRAUD PREVENTION

We will share your personal information from your application with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified, details of this fraud will be passed to these agencies to prevent fraud and money laundering. Further details explaining how information held by the fraud prevention agencies may be used can be obtained by reading the privacy notice at www.scottishwidowsbank.co.uk, or you can request a copy by calling us on 0345 845 0829.

CHECKING YOUR IDENTITY

We may ask you to provide physical forms of identity verification or search the files of credit reference agencies which will keep a record of our search, whether or not your application proceeds. This is not seen or used by lenders to assess your ability to obtain credit.

HOW WE USE YOUR INFORMATION TO CONTACT YOU ABOUT PRODUCTS AND SERVICES

Lloyds Banking Group companies may use your information to contact you by mail, telephone, email or text message about products and services that may be of interest to you. If you do not wish to receive this information please tick the box

FURTHER INFORMATION

For further information please contact us on 0345 845 0829.

YOUR CONSENT TO PROCESS YOUR INFORMATION

To understand how the personal information you give us will be used. We strongly advise that you read our full Privacy Notice, which you can find at www.scottishwidowsbank.co.uk, or you can ask us for a copy. By signing this application, you agree to your personal information being used in the ways we describe. Please contact us if you have any questions.

Warning: Messages sent by email may not be secure and may be intercepted by third parties. For these reasons, please do not use email to send us communications which contain confidential information. If you disregard this warning and choose to send us confidential information, you agree that you do so at your own risk and that you will not hold Scottish Widows Bank responsible for any loss you suffer as a result.

C. SECURITY PASSWORDS FOR AUTHORISED PERSON

In order to provide telephone access we require details to be included for numbers 1 and 2. Please note that number 3 (Customer Code Word) is optional.

1. First primary school
2. Mother's maiden name
3. Customer code word (optional)

When receiving telephone instructions we will ask for the above passwords. Always take responsible steps to keep the passwords and other security information secret at all times. This is essential to help prevent fraud and protect the accounts. Take care when storing or disposing of information about your accounts. You should take simple steps such as shredding printed material.

It is essential that you tell us as soon as possible if you suspect or discover someone else knows your security information. Call our customer service team Monday to Friday, 8am – 6pm (10am Wednesdays) on **0345 845 0829**.

Signature of Authorised Person

Please complete this section if you do not have a Power of Attorney

D. CONFIRMATION

Authority without a Power of Attorney is restricted to account enquiries and information only.

Account mandate holders without Power of Attorney can not close the account or amend account details.

I/We request you to accept all telephone, written instructions and enquiries received from the person authorised (named in Section A).

This authority is to subsist until recalled by me/us in writing.

First customer signature

Second customer signature