Triodos Bank. Application for a Triodos Ethical Savings Bond with a Power of Attorney.

This form is for an application for a Triodos One Year Ethical Savings Bond with a Power of Attorney.

Once we receive the fully completed form and supporting documents, we will begin to open the account and set up the Power of Attorney on it. Please note we cannot open the account or register an attorney on the account until we have received the required documents completed in full.

How to complete this form

The form can be completed either by printing a blank copy and filling in the required sections, or by filling in the sections online and then printing the form. The declaration at the end of the form **must be signed with an original "wet ink" signature and dated by the attorney.**

Supporting documents

To register a Power of Attorney with us, we also must receive:

- The original or a certified copy of the Power of Attorney document **or** Lasting Power of Attorney access code.

How to send us the required documents

You may prefer to send original or certified documents by recorded or tracked delivery to ensure they don't get lost in the post. But be aware, most delivery companies will charge for this service.

Write our full address exactly as shown below on your envelope (appropriate stamp required):

Triodos Bank
Deanery Road
Bristol
BS1 5AS

Alternatively, you can send the required documents by using our freepost address – write it exactly as shown below on your envelope (no stamp required):

Freepost TRIODOS BANK

Important information

Please download and read this important information before proceeding further.

Click **here** to read our Terms and Conditions for our personal savings accounts

Click **here** to read our Interest rates for personal accounts

Click **here** to read our Personal banking tariff for current and savings accounts

Click **here** to read our Financial Services Compensation Scheme (FSCS) information sheet

Click **here** to read our Privacy Statement

Click **here** to read our Triodos Ethical Savings Bond Summary Box

Fields marked with an asterisk (*) are required

Section 1
Account details

Which account are you applying for*

☐ Triodos One Year Ethical Savings Bond

Section 2
Power of Attorney document

Along with this form we require you to send us the original or a certified copy of the Power of Attorney document **or** Lasting Power of Attorney access code from the Office of the Public Guardian's "Use a Lasting Power of Attorney service".

To read our requirements for a certified copy of a Power of Attorney document, click **here**.

If you have a Lasting Power of Attorney access code, please provide it below.

V– ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Access codes are 13 characters long and starts with a V. For example: V-AB12-CD34-EF56

Section 3
Account Holder (Donor) details

Full Name (including title)*

Gender*

☐ Male ☐ Female ☐ Other / Prefer not to say

Date of birth*

☐☐ / ☐☐ / ☐☐☐☐

Nationality*

Place of birth (town/city)*

Country of birth*

National Insurance number*

☐☐ - ☐☐ - ☐☐ - ☐☐ - ☐

Current residential address*

Postcode

Date moved into this address

☐☐ / ☐☐ / ☐☐☐☐

Telephone number (home)

Telephone number (mobile)*

Email address*

If the donor has lived at their current address for less than three years, please provide their previous address(es).

Previous address

Postcode

Date moved into this address

/ /

Previous address

Postcode

Date moved into this address

/ /

Previous address

Postcode

Date moved into this address

/ /

Tax residency

Is the donor a tax resident in the UK?*

Yes No

Is the donor a tax resident in any other country other than the UK?*

Yes No

Please see **www.gov.uk/tax-foreign-income/residence** if you are unsure whether you are a tax resident.

If yes, where else is the donor a resident for tax purposes?
Please provide the Tax Identification Number (TIN) or equivalent for each country where the donor is a tax resident.

Country

TIN

Country

TIN

Country

TIN

If the donor holds more than three tax residencies, please tick here and provide details on a blank sheet.

United States tax liability

Is the dono a United States person?*

Yes No

A 'United States person' includes citizens and residents of the United States. Please see **www.irs.gov** for more details.

If yes, please provide your United States Tax Identification Number

TIN

Section 4
Attorney details

Full Name (including title)*

Are you an existing Triodos Bank customer?* Yes

Please provide your account number below, then proceed to section 5.

Account number

No Please complete the rest of this section

Gender*

Male Female Other / Prefer not to say

Date of birth*

/ /

Nationality*

Place of birth (town/city)*

Country of birth*

National Insurance number*

- - - -

Current residential address*

Postcode

Date moved into this address

/ /

Telephone number (home)

Telephone number (mobile)*

Email address*

If you have lived at your current address for less than three years, please provide your previous address(es).

Previous address

Postcode

Date moved into this address

/ /

Previous address

Postcode

Date moved into this address

/ /

Previous address

Postcode

Date moved into this address

/ /

Tax residency

Is the attorney a tax resident in the UK?*

Yes No

Is the attorney a tax resident in any other country other than the UK?*

Yes No

Please see **www.gov.uk/tax-foreign-income/residence** if you are unsure whether you are a tax resident.

If yes, where else is the attorney a resident for tax purposes?
Please provide your Tax Identification Number (TIN) or equivalent for each country where you are tax resident.

Country

TIN

Country

TIN

Country

TIN

If the donor holds more than three tax residencies, please tick here and provide details on a blank sheet.

United States tax liability

Is the attorney a United States person?*

Yes No

A 'United States person' includes citizens and residents of the United States. Please see **www.irs.gov** for more details.

If yes, please provide your United States Tax Identification Number

TIN

Section 5
Security details

Security word*

This must be between 8 and 20 characters. Please use something that will not be easy for others to guess or find out about you. You will be asked this when you call us. If you are an existing customer this will replace your existing security word. The whole of your security word will be asked for if we need to discuss your details over the phone.

Section 6
Deposit amount and nominated account details

To open a Triodos Ethical Savings bond, the minimum opening deposit is £500 and must be made by electronic transfer from a nominated account or from an existing Triodos account.

How much would you like deposit in your bond?

The fixed term will start on the date that your full opening deposit is received, and no further deposits are allowed after this date.

Please note that the interest rate you receive will be fixed on the date that your full opening deposit is received, so may be different to the rate shown when you applied for the account. The nominated account must be in the account holder's (donor's) name and must be a personal account with another UK bank or building society with a full and valid sort code and account number, or an existing Triodos UK (non bond) account.

Bank's name*

Bank's address*

Account holder's name*

Sort code*

-

Account number*

Section 7
Interest payment preference

Interest must be paid into an account in the account holder's (donor's) name.

I want any interest to be...*

Accumulated in this account and be paid on maturity annually **or**

Paid monthly and transferred each month to the following account:

Account holder's name*

Sort code*

-

Account number*

Section 8
Mailing preferences

At Triodos Bank, we believe dialogue is crucially important and we value the opportunity to share our mission and impact. At the same time, transparency has always been a core value of the bank, and this extends to how we use your data. We believe it is important to deal with your money consciously, and we do the same with your data.

We won't share your information with anyone else without informing you and will only share your data with other organisations required to complete processing necessary to provide our products and services. For information about how Triodos Bank use and share your personal information please see our Privacy Statement at **www.triodos.co.uk/privacy-statement**. By applying for Power of Attorney, you acknowledge and understand that your personal data will be processed and stored for future reference in accordance with this Privacy Statement.

Instructions for correspondence *

☐ Please send all future correspondence to the Account Holder (Donor)

☐ Please send all future correspondence to the Attorney.

We only allow one attorney to receive future correspondence.
Please provide the full name of the attorney we should send future correspondence to.

The impact of our customers' money

We take a responsible and considered approach to how we communicate by email, telephone and post. We won't share information with anyone else. Let us know your preferences below. You can change your preferences at any time.

Triodos Bank customers care about what their money does. Email newsletter and other inspirational pieces are a great way to stay connected with the projects and organisations that our customers help to finance.

☐ By mail ☐ By Post

☐ No, I don't want to receive news about positive impact

Accounts and services

We would like to keep you up to date with our accounts and services and will only send you information that we believe may be of interest to you.

☐ By mail ☐ By Post

☐ No, I don't want to receive news about accounts and services

If you are an existing customer this will replace your current selections.

Section 9
Declaration

To be completed by the attorney

I/We consent that I/we have read and accepted the Triodos Personal Savings Account Terms and Conditions, Triodos Bank's General Terms and Conditions in force from time to time, and any specific Terms and Conditions applying to the account. I/We acknowledge receipt of the FSCS Information Sheet.

I/We have read the items listed in Important documents section.

I/We acknowledge your right to suspend operations, and delay opening, on this account until satisfactory details about my/our identification have been supplied. I/We confirm that the information given is true and complete and I/we agree to be bound by the Terms and Conditions in force.

I/We authorise you to make any enquiries that you may deem necessary to confirm the details on this form. I/We confirm that if false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering. (Further details explaining how the information held by fraud prevention agencies may be used can be found in the account Terms and Conditions).

Signature*

Date*

☐☐/☐☐/☐☐☐☐

If there are multiple attorneys who must act jointly or severally, please complete a separate form for each attorney.

Along with this form, **please ensure you send us the original or a certified copy of the Power of Attorney document if you have not provided us with a Lasting Power of Attorney access code**.

What we will do next

- We will verify the Power of Attorney document, use this form as a mandate, and carry out checks to confirm your identity and address
- If we need any further documentation or information, we will contact you
- We will confirm in writing once the account has been opened and the Power of Attorney has been registered.

Please note we will not grant the donor access to Internet Banking. If you are a sole attorney or an attorney appointed "jointly and severally", we will grant you access to Internet Banking.

Large print, braille and audio versions available on request.

Telephone: 0330 355 0355
www.triodos.co.uk

Calls to and from Triodos Bank may be recorded for training and monitoring purposes.

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