# Online Cash ISA Power of Attorney Application Form



Please complete all missing information using **BLACK INK** and **BLOCK CAPITALS**.

Please read these notes before you fill in this form:

- · The account will be operated strictly in accordance with the instructions confirmed within the Power of Attorney document.
- · The Power of Attorney document must accompany the application. This must be the original copy or original solicitor certified copy.
- · The account must be for the donor's personal use not for or on behalf of a business, charity, club or association.
- The funds must belong to the donor.
- The donor must be 18 or over. All attorneys must be 18 years or over.
- For legal reasons we must check the identity of all attorneys if they do not have an account with Virgin Money already (see below). Please note, we will also need to check the identity of the donor.
- · The account can only be operated by post via Jubilee House, Gosforth, Newcastle upon Tyne, NE3 4PL.

Virgin Money is obliged to confirm the identity of all investors. Please refer to the 'Confirmation of identity' form within the Helpful information section of the Savings homepage at virginmoney.com or contact us for further information.

I wish to open a Cash ISA for the tax year 6 April 2024 to 5 April 2025 and to contribute to it for any subsequent year until further notice (subject to the terms and conditions of the account). Note: this is an option and not an obligation.

| which account at e you applying for s  |   |  |
|--|---|--|
| Please write the name of the account you wish                                    | to apply for:   |  |
|  |   |  |
|  |   |  |
| Please write the issue number of the account y                                   | ou wish to apply for:                                   |  |
|  |   |  |
|  |   |  |
| Our Fixed Rate Cash E-ISAs only allow depo every tax year they are not suitable. | sits up to 30 days after the account is opened, the     | refore if you wish to add to your Cash ISA |
| ever y tax year triey are metaoritable.  |   |  |
|  |   |  |
| Personal details   |   |  |
| Donor  |   |  |
| In line with HM Revenue & Customs regulations                                    | any changes to this application form must be initialled |  |
| Title  | Surname   |  |
|  |   |  |
|  |   |  |
| Forename(s)  |   | Date of birth                              |
|  |   | D D M M Y Y Y                              |
|  |   |  |
| Donor residential address  |   |  |
|  |   |  |
|  |   |  |
|  | Posto   | ode  |
| Date moved to current address  |   |  |
|  |   |  |
| M M Y Y Y Y  |   |  |

| Email   |        |                       |          |                        |         |                   |            |  |
|---|--------|-----------------------|----------|------------------------|---------|-------------------|------------|--|
|   |        |                       |          |                        |         |                   |            |  |
| Home phone number (in                             | c area | code)                 |          | Ot                     | herp    | hone number       |            |  |
|   |        |                       |          |                        |         |                   |            |  |
| Nietie welite :                                   |        |                       | Disala   | ati a salit 4          |         |                   | Dualas     | tion of the O                          |
| Nationality                                       |        |                       | Duain    | nationality1           |         |                   | Duaina     | itionality 2                           |
|   |        |                       |          |                        |         |                   |            |  |
| Country of birth                                  |        |                       |          |                        |         |                   |            |  |
|   |        |                       |          |                        |         |                   |            |  |
| Country of citizenship 1                          |        | (                     | Count    | try of citizenship 2   |         |                   | Countr     | ry of citizenship 3                    |
|   |        |                       |          |                        |         |                   |            |  |
| Gender  |        |                       |          |                        |         |                   |            |  |
| M F   |        |                       |          |                        |         |                   |            |  |
| Employment status                                 |        |                       |          |                        |         |                   |            |  |
| Full-time   |        | Part-time             |          | Self Employed          |         | Contractor        |            | Homemaker                              |
| On benefits                                       |        | Unemployed            |          | Student                |         | Retired           |            |  |
|   |        |                       |          |                        |         |                   |            | 1                                      |
|   |        |                       |          |                        |         |                   |            | Other                                  |
| Occupation  |        |                       |          |                        |         |                   |            |  |
|   |        |                       |          |                        |         |                   |            |  |
| Do you have a National In                         | suranc | ce number? (Please    | e plac   | e a 🗸 in the box.)     |         |                   |            |  |
| Yes No  |        |                       |          |                        |         |                   |            |  |
| If you have a National Insu                       | ırance | number it must be     | enter    | red to comply with F   | HM Re   | evenue & Custo    | ms require | ements. You must provide your National |
| Insurance Number to pro                           | oceed  | with this application | n.       |                        |         |                   |            |  |
|   |        |                       |          |                        |         |                   |            |  |
| You should be able to find DWP or pension order b |        | National Insurance    | numb     | oer on a payslip, forr | ns P4   | 5 or P60, a lette | er from HM | Revenue & Customs, a letter from the   |
| If you already have a Virg                        | in Mon | ey Savings Accour     | nt, plea | ase provide the acc    | ount r  | number in this b  | OOX        |  |
|   |        |                       |          |                        |         |                   |            |  |
| How will the account be f                         | unded  | l?                    |          |                        |         |                   |            |  |
| Salary/Pension                                    |        | Transfers fro         | om oth   | ner accounts in your   | name    | е                 | Family/    | Gift                                   |
| Inheritance                                       |        | Current savi          | ngs      | Sale of                | prop    | erty              | Investn    | nent income                            |
| Gambling/Lottery                                  | win    | Benefits              |          | Studer                 | ıt Loaı | n/Grant           | Rentali    | ncome                                  |
|   |        |                       |          |                        |         |                   |            | Other                                  |
| t-  |        |                       |          |                        |         |                   |            | •                                      |

# 1st Attorney In line with HM Revenue & Customs regulations any changes to this application form must be initialled. Surname Forename(s) Date of birth Address Postcode Home phone number (inc area code) Other phone number If you already have a Virgin Money Savings Account, please provide the account number in this box 2nd Attorney In line with HM Revenue & Customs regulations any changes to this application form must be initialled. Title Surname Forename(s) Date of birth Address Postcode Home phone number (inc area code) Other phone number If you already have a Virgin Money Savings Account, please provide the account number in this box **3rd Attorney** In line with HM Revenue & Customs regulations any changes to this application form must be initialled. Title Surname Forename(s) Date of birth Address Postcode Home phone number (inc area code) Other phone number

If you already have a Virgin Money Savings Account, please provide the account number in this box

# Nominated bank account

All withdrawals from the E-ISA must be sent to a nominated bank account. This account must be suitable for receipt of electronic payments (i.e. a Current Account). Bank or building society deposit type accounts cannot be used as the nominated account. Please check with the bank or building society that they are able to accept electronic payments.

Please advise us of the details of the account you wish to use.

This must be an account in the name of the donor.

| Payee's name  |                          | Payee's reference (it                               | fapplicable)     |          |   |
|---|--------------------------|---|------------------|----------|---|
|   |                          |   |                  |          |   |
| Bank's name   |                          | Bank's branch                                       |                  |          |   |
|   |                          |   |                  |          |   |
| Sort code   |                          | Account number                                      |                  |          |   |
| I wish to apply for a Cash ISA Please indicate below how you wish to open yo          | ur Cash ISA by placing a | n 'X' in the relevant box                           | (es).            |          |   |
| By cash (Store only)  | £                        |   |                  |          | Please confirm the amount   |
| By cheque   | £                        |   |                  |          | Please confirm the amount   |
|   |                          | s payable to "Virgin Mor<br>er name(s))" and crosse |                  |          |   |
| By transfer from an existing Virgin Money account in the donor's name                 |                          |   |                  |          | Account number  |
| — Money account in the donor shame  |                          | e Power of Attorney do                              |                  |          |   |
|   | £                        |   |                  |          | Please confirm the transfer amount (to transfer the balance in full write "TO |
| Any closing interest will normally be added to the                                    | ne transfer amount.      |   |                  |          | CLOSE")   |
| Alternatively, place a ✔ inside this box to withdrawal restrictions applicable to you | ,                        | , ,   | erms and condit  | tions, a | ny notice period, and other   |
| By transfer from an existing ISA with ano each ISA you wish to transfer.              | ther provider. Please en | sure you complete and                               | d return a separ | rate IS/ | A Transfer Authority Form for   |

# How do you want your interest to be paid? Please complete one option only by placing a ✔ inside the box. If you make a mistake, fill the entire box, and mark the correct box. Added to this account Annually Monthly To another Annually Account number Virgin Money account in the name Monthly of the donor To the donor's Annually bank/building Monthly society account Payee's name Payee's reference (if applicable) Bank's name Bank's branch Sort code Account number

# How we use your personal information

Here's a summary of how your information may be used and shared by Clydesdale Bank PLC (trading as Virgin Money).

For further details, including how your information may also be used by fraud prevention agencies and credit reference agencies together with your data protection rights, please see our website at virginmoney.com/privacy or visit any of our Stores.

# Using your information

The personal information you give us, or that we collect or create, will be used in a number of ways throughout the time you're a Virgin Money customer. We'll use it to:

- · Check your identity and eligibility for this account.
- Manage your account and your relationship with us.
- · Prevent financial crime and the funding of terrorism.
- · Improve our services and computer systems.
- · Identify other products and services that you may find useful. (But we'll only contact you if you're happy to hear from us.)
- Manage and organise our business.

The information we ask for when you apply for this account is used to:

- · Check your identity and eligibility for this account.
- · Manage your account and relationship with us.
- Prevent financial crime and the funding of terrorism.

You don't have to give us any of this information but if you don't provide all of it, we won't be able to deal with your application.

# Sharing your information

We'll regularly share your information with credit reference agencies. We do this to check your identity and eligibility for this account.

We'll also share your information with fraud prevention agencies who will use it to prevent and detect fraud and money laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment.

We and fraud prevention agencies may also allow law enforcement agencies to access and use your information to detect, investigate and prevent crime.

Both credit reference and fraud prevention agencies may link your information to the information of a joint applicant, spouse or other financial associates

Where we need to, we'll share information with UK or overseas tax authorities. We may also share information within our group of companies or with our commercial partners. Some information will be held and used outside the European Economic Area (EEA).

For details of the credit reference and fraud prevention agencies we use and the companies within our group, please see our website at virginmoney.com/privacy or visit any of our Stores.

# Holding your information and your rights

We'll hold your information for as long as necessary to manage your relationship with us and to meet our legal and regulatory obligations.

You can always ask for a copy of any information we hold about you. And if you spot any errors, we'll correct them. You may also be able to ask us for some or all of your information to be deleted, or to limit the way we use it. Full details of all of your rights can be found on our website at virginmoney.com/privacy or by visiting any of our Stores.

If you're unhappy with the way we're using your information, please talk to us so we can try to sort it out. If this doesn't fix it, you can write to our Data Protection Officer at Virgin Money, Jubilee House, Gosforth, Newcastle upon Tyne, NE3 4PL or contact the Information Commissioners Office (ICO). The ICO is the UK's independent body set up to make sure organisations handle your information correctly. You'll find further details, including how to contact the ICO at ico.org.uk.

You declare that you are entitled to disclose information about all joint applicants and/or anyone else referred to by you.

If false or inaccurate information is provided and fraud is identified, details will be shared with fraud prevention agencies and this information may be accessed and used by law enforcement to prevent fraud and money laundering.

#### **Declaration**

If there is more than one attorney all must read and sign this declaration, if the donor is able to sign he/she should also read and sign this declaration. The attorney(s) are signing on behalf of the donor.

#### I declare that:

- all subscriptions made, and to be made, belong to me.
- I am 18 years of age or over.
- I have not subscribed, and will not subscribe, to more than the overall ISA subscription limit total in the same tax year.
- · I am resident in the United Kingdom (UK) for tax purposes:
  - or if not resident, either perform duties which, by virtue of section 28 of Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the UK.
  - or I am married to, or in a civil partnership with, a person who performs such duties.

I will inform the ISA account manager if I cease to be resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

• I agree to the ISA terms and conditions.

## **I authorise Virgin Money:**

- To hold my cash subscriptions and any interest earned on those subscriptions.
- To make on my behalf any claims to relief from tax in respect of ISA investments.

## **Statements**

- I/We understand that funds withdrawn will be used for the purpose for which the Power of Attorney is granted.
- I/We request that Virgin Money open an account in the name detailed above in accordance with the terms and conditions and that the account
  is administered according to the details given above. I hereby declare that this investment is made in accordance with the appropriate
  declaration above.

# Financial Services Compensation Scheme (FSCS) declaration

I have received and read the Financial Services Compensation Scheme booklet which contains an Information sheet and Exclusions list and provides details of the protection provided by the FSCS.

I declare that this form has been completed to the best of my knowledge and belief. Warning – false statement information may result in penalties or prosecution.

# Confirmation

Please sign to confirm you have read and agree to the 'Using your personal information' and 'Declaration' sections above.

| Donor signature (if able to sign) | 1st Attorney signature |
|-----------------------------------|------------------------|
|                                   |                        |
|                                   |                        |
| Date signed                       | Date signed            |
| D D M M Y Y Y                     | D D M M Y Y Y          |
| 2nd Attorney signature            | 3rd Attorney signature |
|                                   |                        |
|                                   |                        |
|                                   |                        |
| Date signed                       | Date signed            |
| D D M M Y Y Y Y                   |                        |

# Confirmation of identity

Virgin Money takes suitable steps to check the identity of its investors and may telephone to confirm application details.

We regret that it will not be possible to open an account unless suitable proof of identity is provided – funds will be returned if suitable proof of identity is not provided.

# Can I get this in a different format?

Of course. If you need this in another format (e.g. Braille, large print or audio) please just let us know:

- By email: disability.awareness@virginmoney.com
- By phone: 0191 279 5300\*

# Finding things tough to get your head around?

Don't worry, we know it isn't easy. We're happy to take a bit more time to explain things if that would help. Just contact us on 0345 600 7301\* and chat to one of our team.

Please return this form to Operations, Virgin Money, Jubilee House, Gosforth, Newcastle upon Tyne NE3 4PL.

# For office and store use only

|              | Date rec & reg | Input checked  |
|--------------|----------------|----------------|
| Cashier Code |                |                |
| Date         |                |                |
|              |                |                |
| Cheque       | Sort code      | Account number |
| Cheque 1     | Sort code      | Account number |

| Fo  | or office use only |
|-----|--------------------|
| Cus | stomer number      |
| Acc | count number       |

| NA4 | NA45<br>(Ex) | NA46 | NA46<br>(Ex) | NA47 | NA47<br>(Ex) | NA59 | NA59<br>(Ex) | NA03<br>(Ex) | OP03 |
|-----|--------------|------|--------------|------|--------------|------|--------------|--------------|------|
|     |              |      |              |      |              |      |              |              |      |

