

Add an attorney, deputy or representative

Please complete this form if you'd like to register someone else on your account(s), including under power of attorney and other powers given under a court order. Completing this form will mean the representatives can manage, close and view your account(s), as well as make payments.

We can only give representatives access to your account(s) through telephone banking, not online banking.

To open a cash ISA on behalf of someone else, please call us before filling in this form, as additional rules apply to ISAs. We can then advise you on the next steps.

Joint accounts

If you have a joint account you can use this form to name someone else to act on your behalf, provided that they have the legal right to act for you.

If you need some help

If you have a question or would like any support completing this form, please call us on 0800 085 6789. Our lines are open Monday to Friday, 8am to 8pm (excluding bank holidays).

Please send an original and completed copy of this form to:

Marcus UK
PO Box 74787
London
EC4P 4JG

Please make sure you send the correct documents with this form. There's a checklist in section 7 for reference. Please send all documents securely – such as by recorded mail – and mark any originals that you'd like to be returned.

Section 1: Type of access

Please select the option that applies to you from the boxes below. Please refer to section 7 for further information about the evidence you'll also need to provide to us.

If the document that sets out your authority to act for the customer was made under the laws of England and Wales

General Power of Attorney

Lasting Power of Attorney, property and financial affairs

Enduring Power of Attorney, unregistered

Enduring Power of Attorney, registered with the Office of the Public Guardian

Court Appointed Deputy

If the document that sets out your authority to act for the customer was made under the laws of Scotland

Continuing Power of Attorney

Intervention Order

Guardianship Order

If the document that sets out your authority to act for the customer was made under the laws of Northern Ireland

Enduring Power of Attorney, unregistered

Enduring Power of Attorney registered with the Office of Care and Protection

Controllership Order

Other

As instructed by our Customer Care Team

Section 2: Account details

Please provide details of your Marcus account(s). If you have more than one Marcus account with us, we'll allow the representative to act across all your accounts, unless there's a legal reason not to.

If you have a joint account, you can only register someone else to act on your behalf, not for both account holders. If any of your accounts are joint accounts, please also provide that person's details here.

Section 2a: Account holder(s) information

Name of account holder

Name of second account holder (if applicable)

Address

Address

Postcode

Postcode

Date of birth

Date of birth

Section 2b: Account details

Account number

Sort code

Account number

Sort code

Account number

Sort code

Account number

Sort code

Section 3: Representative details

1. How many representatives have been appointed?

1

2

3

4

2. How are the representatives appointed (if applicable)?

Sole – only one attorney appointed.

Jointly or together – two or more attorneys who must act together.

Jointly and severally or independently – two or more attorneys who can act independently of each other.

Please note that if you have been appointed to act jointly, we will not be able to authorise action on the account, such as withdrawals, unless we have instructions from all of you. For more information about acting jointly, please contact us.

3. Is the access temporary? If so, please write the expiration date.

Expiration date:

4. Do any of the named parties hold a Marcus account?

If so, please name here:

5. Please complete the details of the attorney, deputy or other representatives.

1. Contact name

Address

Postcode

Phone number

Email address

Date of birth

Alternative phone number

Country of residence

2. Contact name

Address

Postcode

Phone number

Email address

Date of birth

Alternative phone number

Country of residence

3. Contact name

Address

Postcode

Date of birth

Phone number

Alternative phone number

Email address

Country of residence

4. Contact name

Address

Postcode

Date of birth

Phone number

Alternative phone number

Email address

Country of residence

Section 4: Personal data

Customer

So that your attorney or third party can manage your account in line with your wishes, we may need to provide them with the personal information we have about you, or request information from them. This may include information about your account and any other relevant information about your circumstances.

Attorney, deputy or representative

We'll use the information provided on this form to allow you to manage the customer's account, help us comply with our legal and regulatory obligations, and for other purposes when it's within our legitimate interests to do so.

Your information will also be shared with third parties (including fraud prevention agencies and risk management companies) to verify your identity and to prevent fraud, money laundering and other financial crimes.

Further details of how your information will be used – as well as your data protection rights – can be found in the privacy policy on our website: marcus.co.uk/privacy-policy. You can also call us on 0800 085 6789 to request a copy.

Section 5: Customer declaration

Note: this section should only be completed when the customer is mentally capable of managing their own affairs.

Please read the declaration and sign below.

I confirm and agree that:

- I give authorisation for the attorney(s), deputy(s) or representative(s) named on this application to manage my Marcus account(s) on my behalf.
- I understand that the listed representatives will only have access to my account(s) using telephone banking.
- The attorney(s), deputy(s) or representative(s) may not be able to use all the features of the account(s).
- I understand that I can revoke this authorisation at any time.

Signed

Date

Name

Section 6: Representatives declaration (to be completed by the attorney, deputy or representative in all cases)

This section should be completed by the representative in all cases, regardless of the mental capacity status of the customer.

Please read the declaration and sign below to confirm that:

- I have been appointed, either solely or with others, as a third party to operate the Marcus account(s) held by the customer as proven by the documentation sent with this form.
- If there are more than one representatives with permission to manage the customer's Marcus account(s), I confirm I have their consent to instruct you.
- All personal information in sections 3 is correct. I will notify Goldman Sachs International Bank if this information needs updating.
- I agree to observe the terms and conditions of the customer's account(s), which can be found on our website at marcus.co.uk/legal-information.
- I have read the FSCS information sheet, which can be found on our website at marcus.co.uk/legal-information.

And either:

The customer is not mentally capable of managing their own financial affairs, so you are no longer accepting instructions from them.

The customer is mentally capable of managing their own financial affairs.

I agree to inform you if the customer's mental capacity changes.

All attorneys appointed to act jointly must sign this form.

Signed

Date

Name

Signed

Date

Name

Signed

Date

Name

Signed

Date

Name

Section 7: Documentation checklist

In order to prevent any delays, please remember to send us original or certified copies of the relevant documents listed below. If you have a question about anything, give us a call on 0800 085 6789. Our lines are open Monday to Friday, 8am to 8pm (excluding bank holidays).

Certified copies

A certified copy is a copy of the original document which has been checked and signed by a solicitor. Unfortunately, these documents can't usually be certified by any other professional. Please call us if you have any questions.

To certify, the solicitor must write 'I certify this is a true and complete copy of the corresponding page of the original [Power of Attorney/lasting Power of Attorney/enduring Power of Attorney]' at the bottom of every page and 'I certify this is a true and complete copy of the [Power of Attorney/lasting power of attorney/enduring Power of Attorney]' on the final page. The solicitor must also sign and date every page.

If the document that sets out your authority to act for the customer was made under the laws of England and Wales

General Power of Attorney

Please send an original or certified copy, signed by the customer and witnessed.

Lasting Power of Attorney, property and financial affairs

Please send an original or certified copy with an official Office of the Public Guardian stamp. This must be signed by the customer and all attorneys, in the presence of witnesses.

Enduring Power of Attorney (unregistered)

Please send an original or certified copy, signed by the customer and all attorneys in the presence of witnesses.

Enduring Power of Attorney registered with the Office of the Public Guardian

Please send an original or certified copy with an official Office of the Public Guardian or Court of Protection stamp. This must be signed by the customer and all attorneys, in the presence of witnesses.

Court Appointed Deputy

Please provide an original deputyship court order with an official Court of Protection stamp.

If the document that sets out your authority to act for the customer was made under the laws of Scotland

Continuing Power of Attorney

Please send an original or certified copy with an Office of the Public Guardian Scotland red seal, unless registered electronically, in which case there should be a watermark. This must be signed by the customer in the presence of a witness and a certifier.

For documents signed before 2 April 2001, and therefore not registered with the Office of the Public Guardian Scotland, please send an original or certified copy. This must be signed by the customer in the presence of a witness.

Intervention Order

Please provide the original or certified copy of the certificate of appointment with a red seal which carries the embossed mark of the Office of Public Guardian Scotland.

Guardianship Order

Please provide the original or certified copy of the certificate of appointment with a red seal which carries the embossed mark of the Office of Public Guardian Scotland.

If the document that sets out your authority to act for the customer was made under the laws of Northern Ireland

Enduring Power of Attorney (unregistered)

Please send the original or certified copy, signed by the customer and all attorneys in the presence of witnesses.

Enduring Power of Attorney registered with the Office of Care and Protection

Please send the original or certified copy bearing the registration date and stamp of the Office of Care and Protection. This must be signed by the customer and all attorneys in the presence of witnesses.

Controllership Order

Please send an original or certified copy of the controllership order bearing the embossed seal/mark of the Office of Care and Protection.

Other

As instructed by our Customer Care Team.