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| --- | --- |
| **Employee ref:** |  |
| **Request no:** |  |



**Lasting Power of Attorney Application Form**

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| --- |
| **1. Main beneficiary details (the former employee)** |
| **Title** |  | **First Name** |  | **Surname**  |  |
| **Address** |  |
| **Postcode** |  |  |
| **Home telephone number** *(Include dial code)* |  | **Mobile Number** |  |
| **Email address** |  |
| **NI Number** |  |
| **Date of birth** |  |
| **2. Please tell us about who the request is for?** *Please tick relevant box and include all documents requested as evidence (see guidance notes).* |
| **Main Beneficiary** | **Spouse or Dependent Partner of the main beneficiary***Provide marriage certificate, and proof of co-habitation* |  |
|[ ] [ ]   |
| **2.1 About the Spouse/Dependent Partner** (if the application is for the spouse) |
| **Title** |  | **First Name** |  | **Surname**  |  |
| **Address***(If different the former employee)* |  |
| **Postcode** |  |  |
| **Home telephone number** *(Include dial code)* |  | **Mobile Number** |  |
| **Email address** |  |
| **NI Number** |  |
| **Date of birth** |  |  |
| **3. What type of LPA do you wish to apply for?** |
| Please choose from the options below and place a tick in the relevant box to indicate your choice |
| **Main Beneficiary** | Finance LPA [ ]  | Health LPA [ ]  |
| **Spouse/dependent partner** | Finance LPA [ ]  | Health LPA [ ]  |
|  |  |  |
| **4. Bank Account details***The grant is paid directly into your bank account (current accounts only) Please provide the details below.* |
| Name of bank: |  |
| Account Number |  |
| Sort Code |  |
| Name of account holder |  |
|  |  |
| **5. Communication preferences** |
| Please indicate how you would like to receive communications from Baily Thomas Provident Fund: |
|  By Email[ ]  |  By Post[ ]  |
|  |
| **6. Privacy** |
| **Baily Thomas Provident Fund is committed to protecting your privacy. We will use the information you have supplied on this form to process your application and to update the trustees’ records relating to the employee beneficiaries. Full details of how we process your personal data can be found on our Privacy Policy. To request a printed copy please contact us.** |
|  |
| **7. Declaration** |
| * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and will update the Baily Thomas Provident Fund if my information changes.
* I understand that the information I have provided will be used to process this application and to update beneficiary records.
* I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register.
* I understand that the information I have provided will be processed in accordance with the Baily Thomas Provident Fund Privacy Policy
 |
| **Your Signature** *(Applicant)* |  |
| **Date**  |  |
| **Your completed form should be returned to:****Baily Thomas Provident Fund****Mansfield Business Centre****Ashfield Avenue****Mansfield****NG18 2AE****Contact us:**Telephone: 01623 473290Email: enquiries@bailythomasprovidentfund.org.ukWeb: www.bailythomasprovidentfund.org.uk |