



**Shawbrook
Bank**

**Power of Attorney
Savings Account
Application Form**



Proudly different.

Help and guidance

At Shawbrook we understand that it's sometimes necessary for a customer's account to be looked after by another person, as Power of Attorney (POA). We can set up a Power of Attorney for new and existing accounts and in this guide, you will find all the information and guidance you will need. We will refer to POA within this document which will represent all types of Power of Attorney as listed below.

A Power of Attorney is a legal document where one person (Donor/ Granter) can give another person(s) the power to act on their behalf in respect to their Property, Finances and welfare. You must have mental capacity to grant POA.

Donor/ Granter - The person who sets up the power of attorney.

Attorney: Person(s) given the authority to act on behalf of the donor.

Office of the Public Guardian (OPG): The OPG helps people in England, Wales and Scotland to stay in control of decisions about their health and finance and make important decisions for others who cannot decide for themselves.

Registrations documents

There are many different types of documentation that grant support of an individual's affairs. Below you will find an outline of the types of documentation that Shawbrook accept:

Guide to different types of Power of Attorney

England, Wales & Northern Ireland	Scotland
General Power of Attorney	General Power of Attorney
Lasting Power of Attorney (LPA)	Continuing Power of Attorney (CPA)
Deputyship Order	Intervention Order
Enduring Power of Attorney (EPA)	Guardianship Order

Lasting Power of Attorney (LPA)

This document is valid both while the Donor has mental capacity and after the Donor has lost mental capacity. LPA's in English law were created under the Mental Capacity Act 2005 and came into effect on 1 October 2007. The LPA replaced the former Enduring Powers of Attorney (EPA). The LPA cannot be used until it is registered with the Office of the Public Guardian (OPG).

Continuing Power of Attorney (CPA)

This document is valid both while the Donor/Granter has mental capacity and after the Donor/Granter has lost mental capacity. Continuing Power of Attorney cannot be used until registered with Office of Public Guardian (Scotland).

Court of Protection – Deputyship Order

(created under the Mental Capacity Act 2005).

An order appointed by the Court to represent someone who has lost mental capacity, unless stated otherwise in the document.

A Power of Attorney or a Court of Protection only needs to be registered with Shawbrook once, except in the case of an Enduring Power of Attorney where the Donor loses capacity. If that happens we'll need to see the Enduring Power of Attorney again after it has been registered with the Office of the Public Guardian.

You will need to enclose the original Power of Attorney documents or a certified copy of the document. Unless we have previously seen the original or certified copy of it.

Intervention Order – Scotland

This is a limited order granted by the court where one off instruction/action is needed on behalf of someone who has lost mental capacity.

Guardianship Order - Scotland

An order granted by the Sheriff Court to represent someone who has lost mental capacity, usually lasting for 3 years, unless stated otherwise in the document.

Enduring Power of Attorney (EPA)

EPA's made before 1st October 2007, under English law is a legal authorisation to act on someone else's behalf in legal and financial matters. If the Donor has lost mental capacity the document must be registered with the Office of the Public Guardian before it can be used.

Applying for a Shawbrook Power of Attorney Savings account

All Shawbrook POA Savings applications are completed by Post. All sections on the application form must be fully completed. If we receive an incomplete form, we will not be able to proceed with the application. You can either download the application from our website <https://www.shawbrook.co.uk/direct/savings/savings-documentation/> or call us 0345 266 6611 and we will be happy to send you an application form.

Certified Copy (For all applications)

Power of Attorney have different certification rules than other documents.

Every page must be certified and dated only by a solicitor or a public notary or by the Donor if they have mental capacity. If a photocopy of the original document is provided, we would require the photocopy to be certified confirming that the original has been viewed and is a true copy.

How to certify a POA copy document

Write the following text on the bottom of every page of the copy: "I certify this is a true and complete copy of the corresponding page of the original (insert POA name), for type of POA (please enter the type of POA you have been granted - Refer to Guide table opposite)."

On the final page of the copy, you must also write: "I certify this is a true and complete copy of the (insert POA name)."

- You need to sign and date every page.

If the Donor/Granter does certify their own document, we need to carry out identity checks on the certifier. We will require photographic identification bearing their signature for the Donor/Granter.

Revoking a Power of Attorney

The Donor/Granter needs to have mental capacity to revoke the document. Please refer to the OPG for information on how to do this.

The Donor/Granter may need to provide evidence that they still have mental capacity.

Death

POA documents will become void at the date of death of the Donor/Granter.

Death of an Attorney

When we are advised, we will look to identify if other Attorneys were listed on the application form and will progress accordingly.

Contact Information

Savings Team

Shawbrook Bank
Sunderland
SR43 4AG

Tel: 0345 266 6611

Monday to Friday (excluding Bank holidays) 9am – 5.30pm
shawbrook.co.uk

All sections on this application form must be completed, failing to complete will result in us returning the application.

The way in which we will use your information is set-out in our privacy notice at <https://www.shawbrook.co.uk/privacy-notice/>. If you would like a paper copy of our privacy notice, please telephone our Data Protection Officer on 01277 751110 or write to us at the address on page 2.

Please be advised that all applications will take approximately 5 working days to process upon receipt of completed application form and relevant documentation received.

When submitting this form, please be advised we will require to see either the original or certified copy of the original Power of Attorney document, or Court Order. (Please refer to Section 6 for further details).

Section 1 – Donor/Granter please note, we will open the account in the name of the Donor

Title		Surname	
First name(s)		Nationality	
Place of Birth		Date of birth	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Are you resident for tax purposes in only the UK? (Excludes Channel Islands, Isle of Man and other crown dependencies). Please note that Shawbrook provides savings accounts for individuals who are permanent UK residents and only liable to pay tax in the UK. Should you cease to be you must notify us immediately.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you an existing Shawbrook savings customer <input type="checkbox"/> Yes <input type="checkbox"/> No Account number			
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Address		Time at home address	
		years months	
		Postcode	
If less than 3 years or if the Donor is in residential care please give previous address (You must supply 3 years address history)		National Insurance Number	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Previous address		Employment status	
		Annual salary	
Time at previous address		Employer name (if applicable)	
years months			
Postcode			

We have a commitment to provide a personal and secure service to all our customers. In order to facilitate the handling of your telephone queries securely, we request that each account holder provides us with three security answers below which will assist members of staff in verifying you or the representative's identity. **If you are an existing customer, please do not complete the security answers within the shaded area unless you wish to reset your existing answers.**

Please sign and date section 8.

Please note if the Donor does not have mental capacity, they are not required to fill in the security answers please tick here if this is the case.

Donor/Granter Surname of your favourite teacher at school? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	A memorable date (NOT your date of birth/birth date of any children) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First name of your favourite historical character? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Section 2 – Attorney/Court Appointed Application Details

If you are an existing customer and have previously provided answers to the security questions below, please proceed to section 3. If you would like to reset your security, please complete the security section below (shaded area) which will apply to all your accounts.

Do any of the signatories require any additional support to administer the account i.e. large font or braille.

Please indicate which signatory requires this: Signatory A Signatory B Signatory C Signatory D

A	Title	B	Title
Surname		Surname	
First name(s)		First name(s)	
Nationality		Nationality	
Place of Birth		Place of Birth	
Date of birth		Date of birth	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Address	
Postcode		Postcode	

Attorney/Court Appointed Application Details (continued)

Mobile telephone (required)	Mobile telephone (required)
Home telephone	Home telephone
Daytime telephone	Daytime telephone
Email	Email
Time at home address years months	Time at home address years months

If less than 3 years, please give previous address (you must supply 3 years address history. Please use separate sheet for further details).

Previous Address	Previous Address
Postcode	Postcode
Time at home address years months	Time at home address years months
Are you an existing Shawbrook savings customer <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an existing Shawbrook savings customer <input type="checkbox"/> Yes <input type="checkbox"/> No
Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname of your favourite teacher at school? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surname of your favourite teacher at school? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Memorable date (not Date Of Birth or Birth dates of children) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Memorable date (not Date Of Birth or Birth dates of children) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First name of favourite historical character <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	First name of favourite historical character <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	Signature
Date	Date

C	Title	D	Title
Surname		Surname	
First name(s)		First name(s)	
Nationality	Place of Birth	Nationality	Place of Birth
Date of birth		Date of birth	
Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a permanent UK resident and only liable to pay UK tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		Address	
Postcode		Postcode	
Mobile telephone (required)		Mobile telephone (required)	
Home telephone		Home telephone	
Daytime telephone		Daytime telephone	
Email		Email	
Time at home address years months		Time at home address years months	

If less than 3 years, please give previous address (you must supply 3 years address history. Please use separate sheet for further details).

Are you an existing Shawbrook savings customer <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an existing Shawbrook savings customer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Attorney/Court Appointed Application Details (continued)

Account number <input type="text"/>	Account number <input type="text"/>
Surname of your favourite teacher at school? <input type="text"/>	Surname of your favourite teacher at school? <input type="text"/>
Memorable date (not Date Of Birth or Birth dates of children) <input type="text"/>	Memorable date (not Date Of Birth or Birth dates of children) <input type="text"/>
First name of favourite historical character <input type="text"/>	First name of favourite historical character <input type="text"/>
Signature <input type="text"/>	Signature <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

Section 3 - Correspondence Address to be used for account

Please indicate which applicant address you would like any correspondence to be sent to: **(if not completed all correspondence will be sent to Applicant A)**

<input type="checkbox"/> Applicant A	<input type="checkbox"/> Applicant B
<input type="checkbox"/> Applicant C	<input type="checkbox"/> Applicant D

Title	Surname	First name
Address <input type="text"/>		
Postcode <input type="text"/>		

Section 4 - Court Appointed Legal Representative - Acting as Attorney

Company name <input type="text"/>
Court appointed representative <input type="text"/>
Address <input type="text"/>
Postcode <input type="text"/>
Law Society ID Number <input type="text"/>

Section 5 - Your Banking Requirements

(Please ensure you have read the key product information document before completing this section).

Which Savings Account do you wish to open? Product name (Please quote the product name as it appears on the top of the Key Product Information leaflet) <input type="text"/>	Source of Deposit/Income <input type="checkbox"/> Income from Employment <input type="checkbox"/> Sale of Property <input type="checkbox"/> Sale of Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Company Sale <input type="checkbox"/> Divorce Settlement <input type="checkbox"/> Savings/Investment Income <input type="checkbox"/> Lottery/ Gambling win <input type="checkbox"/> Gift <input type="checkbox"/> Transfer from matured Shawbrook Account <input type="checkbox"/> Other:
Amount that you wish to invest £ <input type="text"/>	
Nominated bank account. This account must be a UK bank account held in the name of the Donor/Granter. Please note that for withdrawals and account closures, funds will only be returned to the account detailed below.	
Bank name <input type="text"/>	
Account name <input type="text"/>	
Sort code <input type="text"/>	Account number <input type="text"/>
How do you want your interest paid? Please note, if none or both boxes are ticked, interest will be added to your Shawbrook account.	<input type="checkbox"/> Add to my Shawbrook Savings Account <input type="checkbox"/> Send to my nominated account (detailed as above)

Your deposit can be made via:

Electronic payments. - Can be made by BACS/CHAPS/Internet transfer directly to your account once you have received these details in your welcome letter. Please note this has to be transferred from the Donor's nominated account.

Section 6 - Identification

Before we can open an account for you, we are required by law to verify the identity of the Donor and Attorney(s)*. We are also required to maintain up to date identification for all of our customers. This means we may require additional identification from time to time, even for customers who have held accounts with the Bank for some time. This may be sent to us via email.

Certifying Power of Attorney documentation

We require either the Original or a certified copy of the original Power of Attorney document or Court Order as well as the supporting identification below.

If the Donor does certify their own document, we need to carry out identity checks on the certifier. We will require a photographic identify document bearing their signature for the Donor. Each page must be certified with name, signature and date.

We recommend that you send us a colour copies of your identity documents. As black and white copies need to be certified.

In addition to the Power Of Attorney document, we require the following for both the Donor and the Attorney(s) to provide either:

1. Two colour copies of documents from List A, where one must show current address; Or
2. One colour copy of a document from List A, and one colour copy of a document from List B.

Donor/Granter (Scotland) Identification

List A

- A valid UK Driving Licence - full or provisional (if certified only the front required. Non-certified we require front and back)
- A valid Passport - photo page and opposite page accepted in black and white or colour.
- A letter or document entitlement to tax credits or local authority benefits (dated within the last 12 months).
- A letter or document showing entitlement to a state or company pension scheme (dated within the last 12 months).
- A letter or document showing entitlement to an educational or other form of grant (dated within the last 12 months).
- A letter or document from HMRC showing notification of your tax code or UTI number (dated within the last 12 months)

List B

- A letter or statement from a Residential Care Home*
- A Council Tax Bill, demand letter or statement, showing your name and address (dated within the last 6 months).
- An electricity, gas, water or landline telephone statement or bill showing your name and address (dated within the last 3 months).
- A Bank or Building Society statement showing your name and address (dated within the last 3 months).
- Council Tenancy Agreement (dated within the last 6 months)

*** Please note, if the Donor resides in a residential care home we will be unable to open an account without a valid letter of confirmation or statement from the residential care home on headed note paper.**

Attorney(s) Identification

- Copy of Power of Attorney (please note this must be certified as a true copy of the original)

List A

- A valid UK Driving Licence - full or provisional (if certified only the front required. Non-certified we require front and back)
- A valid Passport - photo page and opposite page accepted in black and white or colour.
- A letter or document entitlement to tax credits or local authority benefits (dated within last 12 months).
- A letter or document showing entitlement to a state or company pension scheme (dated within the last 12 months).
- A letter or document showing entitlement to an educational or other form of grant (dated within the last 12 months).
- A letter or document from HMRC showing notification of your tax code or UTI number (dated within the last 12 months)

List B

- A Council Tax Bill, demand letter or statement, showing your name and address (dated within the last 6 months).
- HMRC tax notification letter Coding or Demand (dated within the last 12 months).
- An electricity, gas, water or landline telephone statement or bill showing your name and address (dated within the last 3 months).
- A Bank or Building Society statement showing your name and address (dated within the last 3 months).
- Council Tenancy Agreement (dated within the last 6 months)

If you have to submit black and white copies from 'List A and B' these will need to be certified, please see the section below for our criteria on certifying black and white copies for Identification documents.

Certifying Black and White photocopies only. Please note that retired practitioners are not permitted.

By "Authorised Certifier", we mean an Accountant, Bank or Post Office official, Barrister, Solicitor, Doctor, Dentist, Vet, Local Councillor, Government Official, Person with Honours (MBE, OBE etc), Optician, Broker/Supplier who is a FCA Registered Individual, Nurse or Chairman/Director of Limited Company, Pharmacist, Chartered Legal Executive and Head Teacher.

Section 7 - Mandate

Please ensure you have read the relevant Mandate below and the Savings Account Terms & Conditions, before signing your application.

1. I/We authorise the Bank to act on any instructions concerning the account in accordance with the authorities set out in this application.
2. I/We acknowledge that I/We must notify the Bank of any changes to the signatories or otherwise relevant to the operation of the account.
3. I/We confirm that this Mandate shall remain in force and the Bank may act upon it until I/We notify the Bank that it is to end or be changed.

Section 8 - Declaration

- I/We have read and agree to be bound by the Savings Account conditions as set out in the Key Product Information, Terms & Conditions and this application.
- I/We apply for the accounts and services as indicated on this form.
- I/We request that you open a Shawbrook Savings Account in the name of the Donor, as indicated in Section 1 of this form.
- I/We agree to notify Shawbrook Bank Limited in writing of any changes to the signatory/signatories to the account and understand that any new signatory/signatories will need to be identified before acceptance by the Bank.
- I/We authorise Shawbrook Bank Limited to conduct electronic searches in order to verify the identity of the Donor and Attorney(s) and acknowledge/ understand that a record of this search will be kept.
- I/We acknowledge that an account cannot be opened until Shawbrook Bank Limited is in receipt of all satisfactory identification.
- I/We understand that interest is paid net of tax unless the Donor is entitled to receive interest gross.
- I/We declare that the information provided in this form is true and accurate.
- I/We have received and have read the Financial Services Compensation Scheme Information Sheet and Exclusions List.
- I/We have read the Privacy Notice referred to at the beginning of this application form.

Print name	Print name
Signature (A)	Signature (B)
Date	Date
Print name	Print name
Signature (C)	Signature (D)
Date	Date
Donor	If Donor does not have mental capacity they are not required to sign this document. Please tick if this is the case <input type="checkbox"/>
Date	

Checklists

Donor/Granter	Attorney checklist
Have you completed section 1 fully? <input type="checkbox"/>	Have you completed section 2 - 4 fully? <input type="checkbox"/>
Have you completed section 3 - 5 - 8 fully? <input type="checkbox"/>	Have you enclosed ID documents from both List A and List B? <input type="checkbox"/>
Have you enclosed ID documents from both List A and List B? <input type="checkbox"/>	Have you enclosed either the original, or certified copy of the Power of Attorney document, or Court Order? <input type="checkbox"/>
Have you enclosed either the original, or certified copy of the Power of Attorney document, or Court Order? <input type="checkbox"/>	



Protected

Basic Information about the protection of your eligible deposits	
Eligible deposits in Shawbrook Bank Limited are protected by:	The Financial Services Compensation Scheme ("FSCS"). ¹
Limit of protection:	£85,000 per depositor per bank / building society / credit union
If you have more eligible deposits at the same bank / building society / credit union:	All your eligible deposits at the same bank / building society / credit union are "aggregated" and the total is subject to the limit of £85,000. ²
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately. ³
Reimbursement period in case of bank, building society or credit union's failure:	15 working days. ⁴
Currency of reimbursement:	Pound sterling (GBP, £) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact Shawbrook Bank Limited for enquiries relating to your account:	Shawbrook Bank Sunderland SR43 4AG Tel: 0345 266 6611 Email: savings@shawbrook.co.uk
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	http://www.fscs.org.uk

Additional information

1 Scheme responsible for the protection of your eligible deposit

Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme.

2 General limit of protection

If a covered deposit is unavailable because a bank, building society or credit union is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank, building society or credit union. This means that all eligible deposits at the same bank, building society or credit union are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- (a) certain transactions relating to the depositor's current or prospective only or main residence or dwelling;
- (b) a death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity;
- (c) the payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under <http://www.fscs.org.uk>

3 Limit of protection for joint accounts

In case of joint accounts, the limit of £85,000 applies to each depositor.

However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.



4 Reimbursement

The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your eligible deposits (up to £85,000) within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

Other important information

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

Financial Services Compensation Scheme Exclusions List

A deposit is excluded from protection if:

- (1) The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, building society or credit union.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) It is a deposit made by a depositor which is one of the following:

- credit institution
- financial institution
- investment firm
- insurance undertaking
- reinsurance undertaking
- collective investment undertaking
- pension or retirement fund⁵
- public authority, other than a small local authority

For further information about exclusions, refer to the FSCS website at www.fscs.org.uk.

⁵ Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium sized enterprises are not excluded.