

Application form for Authority to Appoint an Agent

(other than HSE)

Social Welfare Services

AGENT

Data Classification R



Please use a **black** ballpoint pen, **capital letters** and answer all questions that apply to you.

Part 1

Your details

1. PPS Number:

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2. Surname:

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3. First names:

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4. Date of birth:

D	D	M	M	Y	Y	Y	Y		

5. Address:

County

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Eircode

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6. Telephone number:

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7. Email address:

8. Name of social protection allowance or pension in payment:

9. If resident in a nursing home, hospital or care centre, please state:

Date of admission:

D	D	M	M	Y	Y	Y	Y		

Name of nursing home, hospital or care centre:

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Address of nursing home, hospital or care centre:

County

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Eircode

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Telephone number of nursing home, hospital or care centre:

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Part 2

Declaration

You should not feel obliged or be put under pressure to appoint an agent to collect your payment. If you feel that unnecessary pressure is being put on you to complete this form against your will, please contact the Department of Social Protection.

I declare that all the information I have given on this form is accurate.
I will tell the department when my means or circumstances change.

I wish to nominate to be appointed as my agent.

If you cannot sign your name, you should make a mark, such as an **X** and have a witness sign their name beside it.

Note: The witness cannot be the person being appointed as the agent.

Signature of customer, **not** capital letters

Date:

2

0

D

D

M

M

Y

Y

Y

Y

Signature of witness, **not** capital letters
Witness should **not** be the agent

Date:

2

0

D

D

M

M

Y

Y

Y

Y

Witness's relationship to you:

Witness's occupation:

Witness's telephone number:

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 3

Agent’s details

10. PPS Number:

11. Surname:

12. First names:

13. Address:

County

Eircode

14. Telephone number:

15. Email address:

16. Relationship to customer:

17. Please state the reason why an agent is required, in the space provided:

18. Are other family members or the next of kin of the person named in Part 1 aware that you are being appointed as an agent?

Yes

No

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Obligations and responsibilities of an Agent

The agent must pay the **full amount** of the payment without deduction of any kind to the customer.

Where a person is unable to manage their own financial affairs and has appointed a person to be their attorney under an enduring power of attorney, the attorney is the person entitled to collect the pension on behalf of the customer. A copy of the registered enduring power of attorney should be sent to the Department of Social Protection.

Where a person is unable to manage their own financial affairs, and the agent is appointed by the minister, the agent is responsible for ensuring that:

- they act in a personal capacity and do not delegate responsibility to any other person;
- the payment is used for the benefit and best interests of the customer;
- payments are not spent on items or services that the customer has an entitlement to and are available and accessible;
- the balance of the payment is lodged to an interest bearing account for the benefit of the customer;
- a record is kept of all sums received and all transactions made in relation to the payment; and
- the records are made available if requested by either the customer, his or her nominee (who may be a relative), or an officer of the department.

The department may cancel an agency arrangement at any time where it has reason to believe that the arrangement is not working satisfactorily or that the payment is not being used for the benefit of the customer. If this occurs the agent must, where appropriate, return the payments on request.

Agents are responsible for ensuring that any changes in the customer's circumstances, including a deterioration in their capacity to make informed decisions regarding their financial affairs, are reported without delay to the department.

Persons who cannot be appointed as an agent

The minister shall not appoint a person under this article to act on behalf of the claimant or beneficiary if that person has been:

- adjudicated a bankrupt unless the bankruptcy has been discharged or the adjudication annulled;
- convicted of an offence involving fraud or dishonesty; **or**
- convicted of an offence against the person or property of the claimant or beneficiary concerned.

I have read **Part 4** and I confirm that I have not been:

- adjudicated a bankrupt;
- convicted of an offence involving fraud or dishonesty; **or**
- convicted of an offence against the person or property of the claimant or beneficiary concerned.

I am not aware that any other person has been appointed under an enduring power of attorney by the Courts, to act on behalf of the customer named in **Part 1**.

I understand and accept my obligations as an agent as set out in **Part 4**. I agree to act as an agent and fulfil my obligations as an agent for the person named in **Part 1**.

I hereby declare that the information I have given in relation to my application to be appointed as an agent is true and correct. I understand that it is an offence to make a false statement or to fail to comply with the obligations of an agent.

I undertake to notify the department as soon as possible of any change in circumstances, including a deterioration in the capacity of the customer, for whom I act as agent, to make decisions regarding their financial affairs which may affect their payment.

Signature of agent, **not** capital letters

Date:

D	D

M	M

2	0		
Y	Y	Y	Y

Warning: If you make a false statement or withhold information, you may be prosecuted leading to a fine, a prison term or both.

Part 6

Payment details

Payment can be collected from a post office or made directly to a financial institution, please complete one option below.

Post Office

Post Office address:

County										Eircode									

Financial Institution

Note: The bank account must be in the sole name of the customer named in **Part 1** or be a joint account having the customer named in **Part 1** and the Agent named in **Part 2** as the account holders.

Name of financial institution:

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Address of financial institution:

County										Eircode									

Bank Identifier Code (BIC):

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International Bank Account Number (IBAN):

Name of Account Holders:

Name 1:

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Name of Customer named in Part 1

Name 2:

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Name of Agent named in Part 2

Part 7

Medical practitioner certificate

Part 7 should only be completed if a person is unable to manage their own financial affairs.

I, have within the last 30 days medically examined the person named in **Part 1** of this form and in my opinion they do not have the capacity to manage their own financial affairs due to:

Since:

D D M M Y Y Y Y

Doctor's name:

DSP panel number:IMC number:

Address:

CountyEircode

Signature of medical practitioner, **not** capital letters

Date:

2

0

D D M M Y Y Y Y

Medical practitioner's official stamp

Where you send your application depends on what social protection payment you are getting. Look in the left column below to find your social protection payment and in the right column to see where to send your application.

Payment type	Where to send your application
Blind Pension Deserted Wife's Allowance Deserted Wife's Benefit State Pension (Contributory) State Pension (Non-contributory) Widow's, Widower's or Surviving Civil Partner's (Contributory) Pension Widow's, Widower's or Surviving Civil Partner's (Non-contributory) Pension	Department of Social Protection Social Welfare Services College Road Sligo F91 T384 Telephone: +353 71 915 7100 (from Northern Ireland or overseas)
Carer's Allowance Death Benefit under the Occupational Injuries Scheme Disability Allowance Invalidity Pension	Department of Social Protection Social Welfare Services Ballinalee Road Longford N39 E4E0 Telephone: +353 43 334 0000 (from Northern Ireland or overseas)

For more information visit www.gov.ie/appointagent.

Data Protection Statement

The Department of Social Protection administers Ireland's social protection system. Customers are required to provide personal data to determine eligibility for relevant payments and benefits. Personal data may be exchanged with other government departments and agencies where provided for by law. Our data protection policy is available at www.gov.ie/dsp/privacystatement or in hard copy.

Explanations and terms used in this form are intended as a guide only and are not a legal interpretation.