

# Application form for Authority to Appoint an Agent

(other than HSE)



- Please use **BLACK** ball point pen.
- Please use **BLOCK LETTERS**.
- Please answer **all questions** that apply to you.

## Part 1

## Customer details

1. PPS No.:	<input type="text"/>																			
2. Surname:	<input type="text"/>																			
3. First name(s):	<input type="text"/>																			
4. 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y												
5. Address:	<input type="text"/>																			
	<input type="text"/>																			
	<input type="text"/>																			
	County										Post Code					<input type="text"/>				
6. Telephone number:	<input type="text"/>															MOBILE				
	<input type="text"/>															LANDLINE				
7. Email address:	<input type="text"/>																			
	<input type="text"/>																			
8. Name of Social Welfare allowance or pension in payment:	<input type="text"/>																			
	<input type="text"/>																			
9. If resident in a nursing home, hospital or care centre, please state:																				
Date of admission:	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y												
Name of nursing home, hospital or care centre:	<input type="text"/>																			
Address of nursing home, hospital or care centre:	<input type="text"/>																			
	<input type="text"/>																			
	<input type="text"/>																			
	County										Post Code					<input type="text"/>				
Telephone number of nursing home, hospital or care centre:	<input type="text"/>															LANDLINE				





## 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:

- he or she acts in a personal capacity and does not delegate responsibility to any other person,
- the payment is used for the benefit and best interests of the customer,
- monies 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,
- 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.

**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.**

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.

## Persons who cannot be appointed

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 3** 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 3**. 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.

Date:     
D D M M Y Y Y Y

Signature of agent (not block letters)

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

## Part 5

## Payment details

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

### 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:

Address of financial institution:

County

Post Code

Bank Identifier Code (BIC):

International Bank Account Number (IBAN):

Name of Account Holders:

Name 1:

Name of Customer named in Part 1

Name 2:

Name of Agent named in Part 2

### Post Office

Post Office address:

County

Post Code



## Part 7

Send this completed application form to the relevant Social Welfare Office at the address below:

- 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

LoCall: 1890 500 000  
(from the Republic of Ireland only)

Telephone: +353 71 915 7100  
(from Northern Ireland or overseas)

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- Carer's Allowance
  - Death Benefit under the Occupational Injuries Scheme
  - Disability Allowance
  - Invalidity Pension

Department of Social Protection  
Social Welfare Services  
Ballinalee Road  
Longford

LoCall: 1890 927 770  
(from the Republic of Ireland only)

Telephone: +353 43 334 0000  
(from Northern Ireland or overseas)

### Notes

- The rates charged for the use of 1890 (LoCall) numbers may vary among different service providers.
- For more information, log on to [www.welfare.ie](http://www.welfare.ie).

### Data Protection Statement

The Department of Social Protection will treat all information and personal data you give us as confidential. However, it should be noted that information may be exchanged with other Government Departments / Agencies in accordance with the law.

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