

Trusted Contact Person Nomination Form

EBS

A Trusted Contact Person is someone you can nominate for us to contact in certain situations.

With this service we can contact a person you trust if we have concerns that you may be experiencing financial abuse, or if we need to check information like your contact details, health status or if we are having difficulty contacting you.

Please complete and sign Part A of the form. The Trusted Contact Person needs to complete and sign Part B.

To: EBS

Part A

To be completed by the Customer.

I nominate (insert the name of the Trusted Contact Person) as my Trusted Contact Person and give my consent to EBS contacting them and discussing the below matters where the Bank has a concern in relation to:

- (a) possible financial abuse of the Customer
- (b) EBS needs to confirm the specifics of
 - (i) the Customer's current contact information,
 - (ii) the Customer's health status, or
 - (iii) the identity of any appointed legal guardian, executor or trustee, or
- (c) EBS experiences difficulties in communicating with the Customer.

I understand that EBS may discuss confidential information under the above matters with my Trusted Contact Person.

The Trusted Contact Person does not have authority to transact on my account or deal with my finances.

Customer Name: (the "Customer")

Customer Address:

Eircode:

Customer Contact Numbers:

Customer Account Number:

NSC 9 3 9 0 2 1 Account Number (first five digits)

By signing below, you confirm your instruction to appoint a Trusted Contact Person.

Signed by the customer

Date

Day / Month / Year

Notes

- We may call the Customer to confirm the request and verify the details
- The Trusted Contact Person must be over eighteen to complete this form.

Part B

This section to be completed by the Trusted Contact Person

I understand the Customer has nominated me as a Trusted Contact Person and provided consent to EBS contacting me in relation to any of the following:

- (a) EBS has a concern in relation to possible financial abuse of the Customer,
- (b) EBS needs to confirm the specifics of
 - (i) the Customer's current contact information,
 - (ii) the Customer's health status, or
 - (iii) The identity of any appointed legal guardian, executor or trustee, or
- (c) EBS experiences difficulties in communicating with the Customer.

Name of Trusted Contact Person (the "Trusted Contact Person") (Block Capitals)

Contact mobile phone number of Trusted Contact Person

I (name of Trusted Contact Person)
confirm I am over 18 years of age.

I understand that I do not have authority to transact on the Customer's account or deal with their finances.

By signing below, I confirm my details are correct and consent to EBS retaining my name and contact information for the purposes of acting as a Trusted Contact Person and contacting me to discuss the matters above.

Signed by the Trusted Contact Person

Date / Month / Year

Data Protection – Use of Information

- The information provided by you and/or the Trusted Contact Person on this form will be used for the purpose of contacting you and/or the Trusted Contact Person as instructed above. The information will be held and used solely for the purpose of this instruction; to support customers in line with the reasons set out above; and to comply with laws and regulations that apply to us (such as, the Consumer Protection Code 2025); This information shall not be retained for any other purposes.
- For further detail in relation to how we collect information about you, how we use it, your rights in relation to the data held and how you can interact with us about it, see our data protection notice online Data Protection at EBS – ebs.ie/dataprotection. It may change from time to time.

Please return the form by post or email, or drop into your nearest EBS office, details can be found on our website.

Bank Use Only	Staff Number	Staff Initials	Date
Customer Signature Verified			
Verification of Instruction			