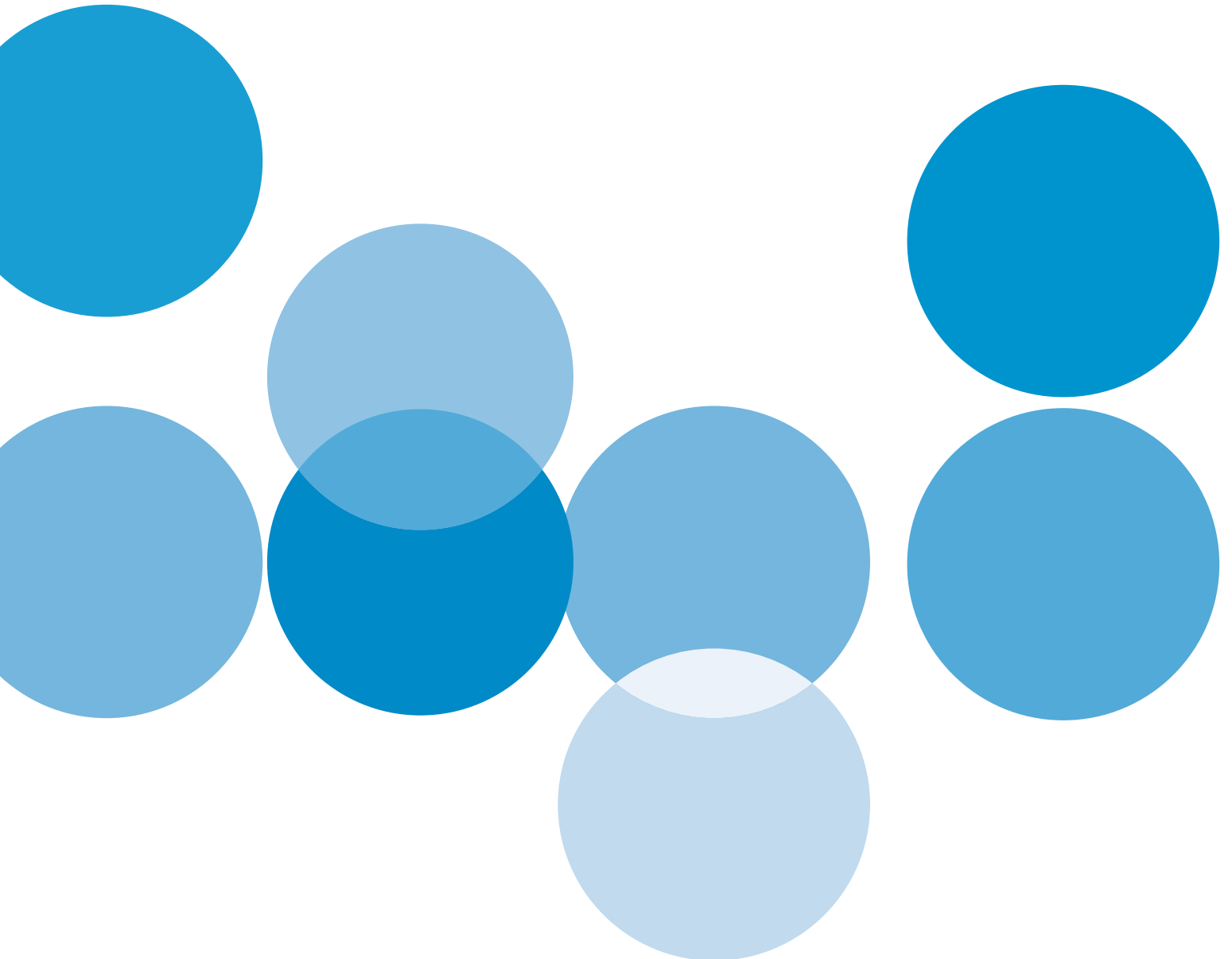


# Reserve Withdrawer ATF(4)

Notes to complete  
Application Form



# Notes to complete this Form



Only one reserve withdrawer may be identified and appointed at a time. A reserve withdrawer cannot be appointed where joint withdrawers exist.

This form should only be used where an access to funds is already in place and a reserve withdrawer requires to be appointed. Only one reserve may be appointed. A reserve withdrawer cannot be appointed where joint withdrawers exist. However, where joint withdrawers exist, should circumstances change resulting in only one having authority to act, that withdrawer may apply to appoint a reserve.

If you require assistance to complete this form please contact the Office of the Public Guardian (OPG) where staff will be happy to help. Applicants should refer to the code of practice for access to funds when considering making use of this scheme.

**Section 1** requests details of the existing authority, personal details of the proposed reserve withdrawer, reason for appointment and period of appointment where appropriate. Since an application relating to the same adult has previously been authorised there is no requirement to duplicate details of the other interested parties, for example, nearest relative, primary carer etc. However, where personal details of such interested parties have changed this should be shown in section 1.5.

**Section 2** contains an undertaking and declaration which must be read carefully by the applicant and the proposed reserve withdrawer, who should both sign and date the application form.

**Section 3** requires to be completed by a countersignatory who must meet the criteria as set out in the application form. This section does not apply where the application is made by an organisation.

Remember the time restriction for lodging your application. It is shown opposite.

The application form must be lodged with the Public Guardian within 14 days of the date of the countersignatory signing the application form where required, or within 14 days of the applicant signing the form.

**Use the checklist located at the end of the application form to ensure you have completed all the information requested and then send your application to the Public Guardian.**

**A fee is payable for this application and cheques should be made payable to the “Scottish Court Service”. Details of current fees can be obtained from the OPG or from our website.**

Office of the Public Guardian (Scotland)  
Hadrian House  
Callendar Business Park  
Callendar Road  
FALKIRK, FK1 1XR

DX: 550360 Falkirk 3  
LP: LP-17 Falkirk

- Telephone: 01324 678300
- Fax: 01324 678301
- Email: [opg@scotcourts.gov.uk](mailto:opg@scotcourts.gov.uk)
- Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

The office of the Public Guardian (OPG) is open to the public from 9am to 5pm, Monday to Friday.

This leaflet is available free of charge in Braille, audiotape large print format, and various non-English languages by phoning the above telephone number. The OPG subscribes to Language Line and the RNID Typetalk service.



# Reserve Withdrawer ATF(4) Application Form

## Section 1 – Personal Information

### Section 1.1 – Details of Existing Authority

The information required below can be obtained from your certificate of authority.

PUBLIC GUARDIAN'S REF:	<input type="text" value="PG/"/>
NAME OF ADULT:	<input type="text"/>
NAME OF EXISTING WITHDRAWER:	<input type="text"/>

### Section 1.2 - Details of the Proposed Reserve Withdrawer

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

Please identify relationship to the adult: (If family member please state exact relationship)

### Section 1.3 – Reason for Appointment

Please provide the reason for appointing a reserve withdrawer.

--

## Section 1.4 – Period of Appointment

A reserve withdrawer may only operate within the period of time specified by the main withdrawer or for such period as approved by the Public Guardian. You may specify a period now by completing details below, otherwise advise this office in writing when appropriate.

Date appointment to commence	Date appointment to cease

## Section 1.5 – Other Interested Parties

In the original application the identity of the adult's:

- Nearest relative;
- Primary carer;
- Named person;
- Attorney/guardian; and
- Any other interested party

were provided.

There is no requirement to provide this information again, however, if for any reason their details have changed and you have not already notified the Public Guardian, you should do so below:

**You should note that a copy of this application form will be sent to the individuals you identified in your original application, unless notified otherwise. This is to allow them the opportunity to make comment, or indeed object, if they wish, to your proposals. This is a requirement of the legislation.**

# Section 2 – Undertaking and Declaration

## Section 2.1 - Undertaking

I understand that it is my responsibility to keep records of the exercise of my powers as withdrawer and notify the Office of the Public Guardian directly and immediately of any change of circumstances involving any party identified in this application for example, change of address or death of the adult etc.

I undertake to:

- a) operate the designated account solely for the purpose of receiving funds transferred under the authority of any certificate granted to me and intromitting with those funds; and
- b) operate any accounts in the sole name of the adult as directed by my certificate of authority.

## Section 2.2 – Declaration

I declare that all information contained in this application is true and correct to the best of my knowledge and I understand that false or misleading information may lead to the rejection of this application or the termination of any authority already granted.

I confirm that the Office of the Public Guardian is authorised to contact appropriate bodies as it sees fit in order to seek such information as they consider reasonable in pursuance of this application.

## Section 2.3 – Data Protection/Use of Information

The Office of the Public Guardian will retain and process the information provided herein on computer. This processing is necessary for the exercise of the statutory functions conferred on the Public Guardian by the Adults with Incapacity (Scotland) Act 2000. By signing below I understand that I consent to this information being processed, stored and used by the Office of the Public Guardian in the discharge of its function.

SIGNATURE OF EXISTING  
WITHDRAWER:

PRINT NAME:

DATE:

SIGNATURE OF PROPOSED  
RESERVE WITHDRAWER:

PRINT NAME:

DATE:

**Once completed you should arrange for the countersigning officer to read the document and complete section 3.**

## Section 3 – Countersignatory Information

The countersignatory must read this application form and agree to its content and be satisfied that it is necessary before completing and signing the declaration.

The countersignatory must read the declaration thoroughly and ensure that he/she meets the criteria as set. If not, that person cannot act as countersignatory in this application.

The countersignatory must declare if he or she is liable to gain financially from involvement in this application and if so the countersignatory must identify the nature and extent in the box provided. A monetary or financial interest is known as “pecuniary interest”.

### Section 3.1 - Details of Countersignatory

Title:	
Surname:	
Forename:	
Middle Name:	
House Name:	
House Number:	
Street:	
Locality:	
City:	
County:	
Country:	
Post Code:	
Tel No:	
E-Mail Address:	

**Please note that the Public Guardian may at some time during this process contact the countersignatory in relation to the application.**



## Section 3.2 - Declaration of Countersignatory

I declare that:

- I have known the proposed reserve withdrawer for at least one year prior to the signing of the foregoing application and I believe the proposed reserve withdrawer to be a fit and proper person to intromit with the adult's funds. I believe that the information contained in this application to be true.
- I am not:
  - (a) a relative or person residing with the proposed reserve withdrawer or the adult; or
  - (b) a director or employee of the fundholder; or
  - (c) a solicitor acting on behalf of the adult or any other person mentioned in this paragraph in relation to any matter under this Act; or
  - (d) the medical practitioner who has issued the medical certificate in connection with the original application; or
  - (e) a guardian of the adult or a welfare or continuing attorney of the adult; or
  - (f) a person who is authorised under an intervention order in relation to the adult.

Select (a) or (b) below

- (a) I have no pecuniary interest in this application.
- (b) I have a pecuniary interest in this application.

The nature and extent of that interest is:

--

The countersignatory must now complete this question providing as much relevant information as possible.

Please comment below on how you feel that the proposed reserve withdrawer is a fit and proper person and has the ability to carry out the functions of withdrawer:

SIGNATURE OF COUNTERSIGNATORY:

PRINT NAME:

DATE:

**This application form must be lodged with the Office of the Public Guardian no later than 14 days after the date the form is countersigned.**

# Checklist For Applicant

Have you completed all the relevant sections.

Have all parties, including the proposed reserve withdrawer signed and dated the form.

Has the form been countersigned and dated.

Have you enclosed the relevant fee. Your cheque should be made payable to the "Scottish Court Service".

Is the application form being submitted to the Public Guardian within 14 days of the date it is signed by the countersignatory.