

Granting Third Party Authority Form



Application guide

This form should be completed if you wish to allow a third party to receive information on your SIPP, Modular ISA or Modular GIA. Where you are appointing a Financial Conduct Authority (FCA) regulated financial adviser who will have authority to provide us with instructions, please complete the Appointment of Financial Adviser Form instead.

Please note: If you disclose personal information about a third party in this form, please ensure you have their permission and have informed them of the purposes for which their information will be processed, before doing so.

Please complete this form in BLOCK CAPITALS and black ink and return it to James Hay Partnership, Dunn's House, St Paul's Road, Salisbury SP2 7BF. If you need any help to complete this form please call your Service Executive Team or our general enquiry number 03455 212 414.

1 My details Client to complete

Client's full name

Product number(s)

Please list all product numbers you wish this authority to apply to.

2 Authority for a third party to receive information Client to complete

I confirm that I wish

Mr / Mrs / Ms / Miss (delete as appropriate)

Full name

Company name (if applicable)

Address

to be able to receive information on the products listed in Section 1 by request.

This authority will remain in force until I notify you otherwise in writing.

The third party being given authority will need to read and sign Section 5.

3 Authority for an individual to provide instructions Client to complete

Where you are appointing an FCA regulated financial adviser who will have authority to provide us with instructions, please complete the Appointment of Financial Adviser Form instead.

If you wish the named third party to also be able to provide instructions to James Hay Partnership in respect of your SIPP, Modular ISA or Modular GIA, please complete this section. This will mean that we will accept instructions from them without checking with you that they are in accordance with your wishes.

I confirm that I also wish the named third party to be able to provide James Hay Partnership with instructions in relation to the products listed in Section 1. (please tick if applicable)

I agree that James Hay Partnership may rely on such instructions as if they were from me.

In order for James Hay Partnership to fulfil its anti-money laundering responsibilities we require further information on any third party (named in Section 2) who is authorised to provide instructions:

Any other name known by

Date of birth

Nationality

Does the third party have dual nationality?

Yes No

If Yes, please specify

4 Client declaration

Client to complete

I agree to the release of information as detailed in this form. Where I have indicated that I authorise the named third party to be able to provide instructions in respect of my SIPP, Modular ISA or Modular GIA, I request the scheme administrator to act on these instructions in accordance with the provisions of my SIPP, Modular ISA or Modular GIA, until otherwise instructed by me in writing.

Client's signature

Date

5 Third party declaration - Please read carefully

Individual given authority

DATA PROTECTION STATEMENT

You can access full details on what to expect when we process your personal data in respect of your authority to receive information and/or provide instructions under the client's product(s) in the Data Protection Statement - James Hay Products document, which is available on our website at www.jameshay.co.uk or by calling us on 03455 212 414. If you have any questions about data protection, please contact us using the contact details in the Data Protection Statement.

This declaration is hereby made by me.

Signature of individual named in Section 2

Date

