

Granting Third Party Authority Form



Application guide

Please complete and sign this form if you wish to allow a third party to receive information on your SIPP, Modular ISA or Modular GIA.

Things to consider:



- 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.
- If 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 complete this form in BLOCK CAPITALS and return it to the address below, enclosing all the documents requested on page 3:



James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB.



If you need any help with completing this form, please call your Customer Support Team or our general enquiry number on 03455 212 414.

1 My details				Client to complete
Full name				
Product number(s)				
Please list all prod	uct numbers you wish this authority to app	ly to.		
2 Authority for	a third party to receive information			Client to complete
I confirm that I wis	h:			
Title		Telephone		
Full name		Email address		
Company name (if applicable)		to be able to rece Section 1 by requ	eive information on the produ est.	icts listed in
FCA number (if applicable)		This authority will in writing.	I remain in force until I notify	you otherwise
Address				
2a Lasting power	er of attorney access code (if applicable)			Client to complete

Please provide us with the lasting power of attorney access code. The access code starts with a V and is 13 characters long.

For example - V-GH23- IJ45-KL67.

Authority for an individual to provide instructions (if applicable)

Client to complete

Client to complete

If 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 named in Section 2 above to also be authorised to provide instructions to James Hay Partnership in respect of your SIPP, Modular ISA or Modular GIA, please complete this section. This means that we will accept instructions from them without checking with you that they are in accordance with your wishes.

I confirm that I wish the third party named in Section 2 above to be able to provide James Hay Partnership with instructions in relation to the products listed in Section 1 (please tick if applicable)

I confirm 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	D D M M Y Y Y Y					
Nationality						
Does the third party have dual nationality?						
Yes	No					
If Yes , please spe	cify					

4 Client declaration

I agree to the release of information to the third party named in Section 2 of 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/provider 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	sig	ınat	ure						_						
Date	D	D	М	М	Υ	Υ	Υ	Υ	1						

Third party declaration

Individual given authority

I confirm that I am the person named in Section 2 of this form and that I have been given authority to receive information (and, if applicable, to issue instructions) in respect of the Client's product(s) named in Section 1 of this form. I acknowledge that the Client has requested that the scheme administrator/provider provides information on the Client's product(s) to me on my request and, if applicable, acts on my instructions in accordance with the provisions of the product(s).

I accept that my personal data will be held by James Hay Partnership in accordance with the Data Protection Statement below.

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		М	М	Υ	Υ	Υ	Υ

Proof of identity of the individual named in Section 2 (and who is making this declaration in this Section 5) must be provided by including the documentation listed on the following page.

Checklists

Client to allow third party to receive information only	client to provide authority for a third party individual t receive information and provide instructions					
Client completes Sections 1, 2 & 4.	Client completes Sections 1, 2, 3 & 4.					
Individual to be given authority signs and dates Section 5.	Individual to be given authority signs and dates Section 5					
Individual to be given authority signs and dates Section 5.	Individual to be given authority signs and dates Sect					

Checklist of additional documentation required

If you have a financial adviser, they can verify your identity by completing a 'Confirmation of Verification of Identity' form. If you do not have a financial adviser, you will need to supply us with appropriate documentation from the list below.

Please send photocopies of the documentation to us at James Hay, Suite 202 Warner House, 123 Castle Street, Salisbury, SPI 3TB. If you require any assistance, please call your Customer Service Team or our general enquiry number 03455 212 414.

Copies of supporting literature and forms are available at www.jameshay.co.uk.

Evidence of your identity

Black and white photocopies of two documents - one from list A and one from list B. (Items from the same source cannot be used twice).

List A

- Unexpired passport
- Unexpired UK old style driving licence (not provisional)
- Unexpired UK Photocard driving licence
- Firearms certificate or shotgun licence
- EEA or Switzerland National Identity Card
- Northern Ireland voters card.

List B

- Unexpired UK old style driving licence (not provisional)
- · Unexpired UK Photocard driving licence
- Council tax bill dated within the last 12 months
- · Firearms certificate or shotgun licence
- Credit card or bank statement dated within the last three months statement (not internet printed)
- Utility bill dated within the last three months (not mobile phone, satellite/cable TV or internet printed bills)
- HM Revenue & Customs coding/assessment/statement/ tax credit
- Northern Ireland voters card.

We are able to provide literature in alternative formats. For a Braille, large print, audio or E-text version of this document call us on 03455 212 414 (or via the Typetalk service on 18001 03455 212 414).

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NGSL, IPS, JHAC, JHPT, JHWM, JHWNC, PAL, SarumTL, IPSP, UPT have their registered office at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP.

JHS has its registered office at Aztec Group House, IFC6, The Esplanade, St Helier, Jersey, JE4 0QH. JHAC, JHWM, IPS, IPSP, are authorised and regulated by the Financial Conduct Authority. NGSL, IPS, IPSP, PAL, UPT, JHWM, JHPT, JHAC, SarumTL and JHS are members of a VAT group with VAT registration number 514 0358 80. All companies are wholly owned subsidiaries of Nucleus Financial Platforms Limited (registered in England, number 06033126) whose registered office is at Suite B & C, First Floor, Milford House, 43-55 Milford Street, Salisbury, SP1 2BP, and are members of the Nucleus Group. Further details of the Nucleus Group can be found at nucleusfinancial.com (12/24)