

Information form for Attorneys and Deputies

Please complete this form if you are notifying us that you have lawful authority to act on behalf of an AJ Bell Platinum customer. This authority can be in the form of a **Power of Attorney** granted by the customer, or a **Deputy Order** granted by the Court of Protection.

If you would like a copy of this, or any other item of our literature, in large print, Braille or in audio format, please contact us on 0345 25 05 609 or by email at platinumsipp@ajbell.co.uk or platinumssas@ajbell.co.uk

Completion notes

Before we can accept instructions from you on behalf of the customer, we need to verify your identity. To do this, we need your name, address and date of birth, from which we may run verification checks. Our standard process is to conduct these checks at the outset when we are first notified of the Power of Attorney.

If there is more than one Attorney, we require details of both. If there are more than two Attorneys, please complete a second form for the third and subsequent Attorneys.

For both a Power of Attorney and a Deputy Order, we require sight of the original document or an originally certified copy by post. Legislation requires a copy of a Power of Attorney to be certified by a solicitor, a notary public, a stockbroker or the customer themselves. A copy of a Deputy Order can be certified by a solicitor or a financial adviser. We will return any original documents by recorded post.

You must complete all of the details requested and sign the declaration. Once completed, return the form to us at the address below.

AJ Bell Platinum
4 Exchange Quay
Salford Quays
Manchester
M5 3EE

Unless we are notified otherwise, we will record the Power of Attorney or Deputy Order as applying to all products that the customer holds with us.

If you hold an Ordinary Power of Attorney, a General Power of Attorney or an Enduring Power of Attorney that has not been registered with the Office of the Public Guardian, you must notify us if the customer subsequently becomes mentally incapable. As the customer will also be a trustee, we will also require a Trustee Power of Attorney that complies with Section 25 of the Trustee Delegation Act (1925).

We are required to ascertain who the investment decision maker is. As part of this, we need to ask you for your nationality and your National Customer Identifier (NCI). This requirement comes from a 2017 EU directive introduced to improve the transparency and efficiency of investment markets. If you are a UK national, your NCI is simply your National Insurance number.

If the customer still has mental capacity, and you are just registering the Power of Attorney with us for future use, the customer can continue to be the investment decision maker. Alternatively, one of the Attorneys can be the decision maker with immediate effect. This can be updated in future if circumstances change.

Customer information

Please enter details of the customer to whom the Power of Attorney or Deputy Order applies.

Account number (if known)	<input type="text"/>		
Surname	<input type="text"/>	Date of birth	<input type="text"/>
Forename(s)	<input type="text"/>		
Account number(s) (if known)	<input type="text"/>		
Permanent residential address	<input type="text"/>		
	<input type="text"/>		
	Postcode	<input type="text"/>	

Please tick one of the boxes below to indicate the customer's level of mental or physical capacity.

Mentally incapable Physically incapable Both Neither

Note: If the customer no longer has mental capacity we may ask for further documentation to evidence this.

Information about the First Deputy or Attorney

Authority to act	<input type="text" value="Attorney/Deputy"/>	Title	<input type="text" value="Dr/Mr/Mrs/Miss/Ms/Other"/>
Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Date of birth	<input type="text"/>	National Insurance number	<input type="text"/>
Permanent residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

I confirm that I am a **UK national** and do not have dual or multiple nationalities.

Yes No

If you have selected 'No' in the box above, please provide details of all your nationalities below, including the NCI and NCI type for each country. (For details of the relevant NCI, please refer to the NCI form in the literature section of our website.)

Nationality 1	<input type="text"/>	NCI	<input type="text"/>	NCI Type	<input type="text"/>
Nationality 2	<input type="text" value="if applicable"/>	NCI	<input type="text"/>	NCI Type	<input type="text"/>
Nationality 3	<input type="text" value="if applicable"/>	NCI	<input type="text"/>	NCI Type	<input type="text"/>

Information about the Second Deputy or Attorney

Authority to act	<input type="text" value="Attorney/Deputy"/>	Title	<input type="text" value="Dr/Mr/Mrs/Miss/Ms/Other"/>
Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Date of birth	<input type="text"/>	National Insurance number	<input type="text"/>
Permanent residential address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Postcode	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

I confirm that I am a **UK national** and do not have dual or multiple nationalities.

Yes No

If you have selected 'No' in the box above, please provide details of all your nationalities below, including the NCI and NCI type for each country. (For details of the relevant NCI, please refer to the NCI form in the literature section of our website.)

Nationality 1	<input type="text"/>	NCI	<input type="text"/>	NCI Type	<input type="text"/>
Nationality 2	<input type="text" value="if applicable"/>	NCI	<input type="text"/>	NCI Type	<input type="text"/>
Nationality 3	<input type="text" value="if applicable"/>	NCI	<input type="text"/>	NCI Type	<input type="text"/>

Investment decision maker

Please tick one of the boxes below to indicate who will be the person with primary responsibility for making investment decisions on the customer's account(s). In practice, this will be the person who agrees the investment instructions with the customer's financial adviser.

The customer	<input type="checkbox"/>
The First Deputy/Attorney	<input type="checkbox"/>
The Second Deputy/Attorney	<input type="checkbox"/>

Please notify us if the investment decision maker subsequently changes at any point.

Declarations

I declare that:

- The information in this form is true and correct to the best of my knowledge.
- I am lawfully entitled to act on behalf of the customer.
- Where relevant, I will notify AJ Bell Investcentre of any material changes in the customer's physical or mental capacity, such as it affects the validity of the Power of Attorney or Deputy Order.

I understand that you will make whatever checks are necessary to verify my identity as required to comply with the money laundering regulations.

Signed - First Deputy/Attorney	<input type="text"/>	Date	<input type="text"/>
Signed - Second Deputy/Attorney	<input type="text"/>	Date	<input type="text"/>
Signed - Third Attorney	<input type="text"/>	Date	<input type="text"/>
Signed - Fourth Attorney	<input type="text"/>	Date	<input type="text"/>