InvestAcc Platinum

Self-Invested Personal Pension

# Platinum SIPP

## Information form for Attorneys and Deputies

# 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 InvestAcc 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.

Please use **BLOCK CAPITALS** only and blue or black ink, ticking boxes where appropriate.

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

**InvestAcc Platinum, 5th Floor, 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.

### Digital or Electronic Signatures

You may be able to complete this form and sign it without the need to print it out, if you have the free Adobe Acrobat Reader with the ‘fill and sign’ option, which allows you to add a signature. Note that this must clearly be your actual signature, not a handwriting font or similar. We reserve the right to refuse applications or to ask for evidence of signature, such as that on a driving license or passport, or to obtain a traditional wet signature.

We may also accept applications signed using DocuSign or Adobe Sign, but only where an FCA regulated financial advice firm has one of these systems and provides the completed documents, accompanied by the DocuSign Certificate of Completion or Adobe Final Audit Report.

# Customer information

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

| Account number (if known) |
|---|
| |

| Title | Forename(s) |
|---|---|
| Surname | |
| Date of birth | Permanent residential address |
| | |
| | Postcode |

**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**

☐ Attorney ☐ Deputy

| Title | Forename(s) |
|---|---|
| Surname | |
| Date of birth | National Insurance number |
| Permanent residential address | |
| | Postcode |
| Country | Telephone |
| Email | |

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 | NCI | NCI type |
| Nationality 1 | NCI | NCI type |
| Nationality 1 | NCI | NCI type |

## Information about the Second Deputy or Attorney

**Authority to act**

☐ Attorney ☐ Deputy

| | |
|---|---|
| Title | Forename(s) |
| Surname | |
| Date of birth | National Insurance number |
| Permanent residential address | |
| | Postcode |
| Country | Telephone |
| Email | |

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 | NCI | NCI type |
| Nationality 1 | NCI | NCI type |
| Nationality 1 | NCI | NCI type |

## 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 InvestAcc 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.

| | |
|---|---|
| X Signed - First Deputy/Attorney | Date |
| X Signed - Second Deputy/Attorney | Date |
| X Signed - Third Deputy/Attorney | Date |
| X Signed - Fourth Deputy/Attorney | Date |

InvestAcc Platinum

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