



If you have any questions, please call your Client Services Team on

01382 573737

Third Party Authority form

This form should be used if you wish to authorise a third party to:

- Have access to your Account information

AND/OR

- Have authority to give investment instructions on your behalf

1 Account holder details

If you are granting access to more than one Account you should complete a separate Third Party Authority form for each Account. Please ensure both you and the third party sign each form. If your Account is held in joint names each Account holder must sign.

Client Reference Number	<input type="text"/>	Account Number	<input type="text"/>
Title	<input type="text"/>	Address	<input type="text"/>
Surname	<input type="text"/>		<input type="text"/>
Forenames	<input type="text"/>	Postcode	<input type="text"/>

2 Third party details

Any third party you authorise will be given a Personal ID and PIN to allow them access to your Account online or by telephone.

If you give them authority to access your Account information only, they will have view only online access and telephone enquiry access to your Account. They will also be able to make written requests for information.

If you give them authority to give investment instructions for your Account, they will be able to give investment instructions online or by telephone when authenticated with their Personal ID and PIN. They will also be able to give written investment instructions. However, they will not have authority to make payments, subscriptions or contributions to your Account, give withdrawal instructions or change your personal details.

Account you are granting authority to	Account Number	I hereby authorise the undernoted person/firm to have access to my Account information	I hereby authorise the undernoted person/firm to give investment instructions on my behalf
ISA	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Select SIPP	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child SIPP	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Dealing Account	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Steps Account	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please send duplicate contract notes to the person named*
(please tick if yes)

If the third party is your adviser:

Adviser name	<input type="text"/>	Address	<input type="text"/>
Name of adviser firm	<input type="text"/>		<input type="text"/>
Position	<input type="text"/>		<input type="text"/>
Adviser firm FSA reference number	<input type="text"/>	Postcode	<input type="text"/>
Adviser reference number	<input type="text"/>	Telephone number	<input type="text"/>

Continued overleaf

If the third party is an individual:

Contact name	<input type="text"/>	Address	<input type="text"/>
Relationship to Account holder	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Postcode	<input type="text"/>
		Telephone number	<input type="text"/>

*Unless you have authorised us here to send this person duplicate contract notes, we will only respond to information requests from them when they ask for it.

3 Account holder and third party declaration and signature

Declaration by Account holder

I/we being the Account Holder agree that the person named as the authorised person overleaf is authorised by me/us to access my Account information and/or carry out investment instructions on my/our behalf as indicated overleaf, without further reference to me.

I/we agree that this authority will remain in place until Alliance Trust Savings has received a signed written instruction from me/us revoking or amending this authority.

Declaration by Third Party

I agree to my appointment.

Client signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised person signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the Account is in joint names, all joint holders must sign

Signature	Joint holder 2	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Joint holder 3	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Joint holder 4	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Joint holder 5	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note that we will be required to electronically verify the identity of any person you wish to grant Third Party Authorisation to.



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