

Third Party Authority form

We understand there may be circumstances in which you will need another person to act on your behalf within agreed limits (e.g. enabling us to request or send information on your account to someone else).

In order to provide this service to you on your account(s), we will need a specimen signature of the authorised third party ('ATP') or individual prior to taking instructions and in any event in section 2 confirming agreement to the Privacy Notice. We also refer you to our Terms and Conditions which we ask you, as our Client, to read carefully.

This Third Party Authority Form, once signed by you, will form part of the legal contract between us and you in respect of your account(s).

This authority will remain in force for the timeframe noted below and in any event up to a maximum of three years unless you notify us otherwise in writing. Until then, any instructions given to us by the ATP or individual within the scope of this delegation, will be binding on you.

Other than for requests for information only, you should also be aware that we will require those acting on your behalf to provide additional verification documents as is required by regulations in relation to Anti Money Laundering and the prevention of fraud or financial crime. The Third Party Authority Form will not come into force until the check has been completed.

Our Privacy Notice explains how we will use your personal data. A copy of the Privacy Notice can be found on our website at brownshipley.com/en-gb/privacy-and-cookie-policy. You should read and review the Privacy Notice before signing the below.

1. My details (client to complete)

Name of account holder(s) JOHN RYAN PENSION SCHEME

Account Number(s)

U 5 6 4 4 0 0 1

U 5 6 4 4 0 7 0

* Please complete all account numbers you wish this authority to apply to.

2. Authority for a third party to receive information (client & third party to complete)

I confirm that I wish the following third party to be able to receive information on the account(s) listed in section 1:

Third Party

Name

Relationship **PENSION ADMINISTRATOR**

Company (if relevant) **RETIREMENT.CAPITAL**

Address

**VENTURE WALES BUILDING
MERTHYR TYDFIL INDUSTRIAL BUSINESS PARK
MERTHYR TYDFIL, WALES**

Postcode **CF48 4DR**

Signature of third party confirming agreement to the Privacy Notice

Georgina Martin

Date **2 2 0 5 2 4**

3. Authority for an individual to provide instructions (client to complete)

If you wish the named third party to also be able to provide instruction to Brown Shipley in respect of your accounts(s), 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 Brown Shipley with instructions in relation to the accounts listed in section 1. ☐ (Please tick if applicable).

I agree that Brown Shipley may rely on such instructions as if they were from me.

In order for Brown Shipley to fulfil its Anti-money laundering responsibilities we require further information on any third party (names in section 2) who is authorised to provide instructions:

Any other name known by:

Nationality

Date of birth

Does the third party have dual Nationality?

☐ Yes ☐ No

If 'Yes' please specify

The individual to be given authority to provide instruction will need to read and sign section 5 below

I wish the third party (listed in section 2) to be given authority to provide instructions for the following on my behalf (you may select all that apply):

- ☐ To supply information and documents on my behalf (excluding requesting changes to banking or payment details or entering into agreements for new services);
- ☐ To request payments of cash from my Brown Shipley Portfolio or accounts to an external bank account of my own as previously notified by me (please note: details of this account must have been held within our records prior to your granting authority to the Third Party);
- ☐ To seek and act upon advice in relation to the mandate of my discretionary portfolio;
- ☐ To give instructions in connection with my execution only portfolio;
- ☐ To seek and act upon advice in relation to the mandate and holdings within my advisory portfolio;
- ☐ To give instructions to sell investments or transfer investments or cash away from Brown Shipley.

4. Client declaration (client to complete)

I agree to the release of information detailed in this form.

These instructions need to be reviewed as a minimum every three years. I wish for these instructions to be in place:

☒ For the next three years; or

☐ Between the following dates only: to

Where I have indicated that I authorise the named third party to be able to provide instructions in respect of my account(s), I request Brown Shipley to act on these instructions, unless otherwise instructed by me in writing.

Client's Signature

T. Ryan

Date

Client's Signature

L. Ryan

Date

5. Declaration – Please read carefully – (third party to complete)

All the information I give to you may only be shared by Brown Shipley or affiliated companies and their service providers and agents who may be located in other companies.

I accept that you will ensure that my information is only used in accordance with your instructions and your strict internal confidentiality policies. If you transfer my information to another country, you will also ensure that it is given the same levels of protection as required under the UK Data Protection Act.

I agree that my information may be used in this way for administration purposes, and to provide and run the account I have been granted authority to provide instructions on and develop and improve Brown Shipley's products and services.

I confirm that the information provided in section 3 is complete and accurate.

Before you accept I have authority to provide instructions, you may make searches at credit reference agencies who will supply you with information including information from the electoral register, for the purposes of verifying my identity. The credit reference agencies will record details of the search, I accept that this is not a credit check and will not be seen or used by lenders to assess my ability to obtain credit.

This declaration is hereby made by me.

Signature of individual named in Section 2.

Date

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Checklist

Client to allow third party to receive information only

- ☒ Client completes 1, 2 (part thereof) and 4.
- ☒ Individual to be given information only signs section 2.

Client to provide Authority for third party Individual to provide instructions

- ☐ Client completes section 1, 2 (part thereof) 3 and 4.
- ☐ Individual to be given authority to provide instructions signs sections 2 and 5.

