

## THIRD PARTY AUTHORITY FORM

<b>Name:</b>	
<b>Account Number:</b>	

Please accept this form as my authorisation for: -

Name:

Address:

Daytime Telephone:

Relationship to the Above:

To accept instructions from and have access to information about your investments either verbally or via client web access, as well as request the movement of your investments and the payment of your money to an account in your name ***until cancelled by you in writing.***

<b>Signature:</b>	
<b>Date:</b>	