



If you have any questions, please call our Customer Services Team on

01382 573737

Calls may be recorded for training and monitoring purposes.
Lines are open 8am – 5pm Monday to Friday.



Alliance Trust Savings

Third Party Authority Form

Please complete in block capitals and black ink and return to: Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee, DD1 9YP. 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

Please ensure you and the third party sign each form. If your Account is held in joint names each Account holder must sign.

Client Reference Number:		Account number:	
Title:	_____	Address:	_____
First name(s):	_____		_____
Surname:	_____	Postcode:	_____

2. Third party details

Any third party you authorise will be given a Personal ID and password 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 password. 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.

Please select the Account type: ISA SIPP Child SIPP Investment Dealing Account (IDA) First Steps

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

Please select the Account type: ISA SIPP Child SIPP Investment Dealing Account (IDA) First Steps

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

Please select the Account type: ISA SIPP Child SIPP Investment Dealing Account (IDA) First Steps

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

Please select the Account type: ISA SIPP Child SIPP Investment Dealing Account (IDA) First Steps

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

Please send duplicate contract notes to the named person*

* 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.

2. Third party details (continued)

If the third party is your Adviser:

Adviser name:	Address:
Name of Adviser firm:	Postcode:
Position:	Town/City:
Adviser firm FCA reference number:	Country:
Adviser reference number:	Phone number:

If the third party is an individual:

Contact name:	Address:
Relationship to Account holder:	Postcode:
Date of birth: D M Y	Town/City:
Client Reference Number (if applicable):	Country:
	Phone number:

3. Account holder and third party declaration and signature

Declaration by Account holder

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

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 checked="" type="checkbox"/>	Date: D M Y
Authorised person signature: <input checked="" type="checkbox"/>	Date: D M Y

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

Joint Account holder 2 signature: <input checked="" type="checkbox"/>	Date: D M Y
Joint Account holder 3 signature: <input checked="" type="checkbox"/>	Date: D M Y
Joint Account holder 4 signature: <input checked="" type="checkbox"/>	Date: D M Y

Please note that we will be required to electronically verify the identity of any person you wish to grant third party authorisation to.

Alliance Trust Savings

PO Box 164, 8 West Marketgait, Dundee DD1 9YP

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