

Third Party Authorisation



We recommend you read the guidance notes before completing this form. Please complete all fields on this form (where applicable) and return to: forms@eqi.co.uk, this and all related documents must be received from the registered email on your EQi account. Forms received from an unregistered email account will not be actioned, to assist with this please login to your account and ensure all contact details are correct.

Alternatively you can post the form to: **EQi, PO Box 4923, Worthing, BN99 6SF**

If you have any questions about this form please call the Customer Experience Centre on **0345 0700 720**.

Guidance Notes

This form should be completed if:

- An account holder/SIPP Member wishes to appoint a third party as their Agent, or to amend an existing authorised user/s authority.
- From time to time, an account holder/SIPP Member is requested by us to complete, sign and return this form to confirm the appointment of an authorised user/s as part of a periodic review of the third party information held by EQi in order to comply with our legal and regulatory obligations.

If you are a SIPP Member who has a SIPP Dealing Account with EQi:

This form applies to all accounts held with us by you as SIPP Member/account holder with the account number stated in **Section A**. The Agent will be the SIPP Manager for the purposes of our Terms and Conditions. We do not regard the SIPP Trustee or any SIPP Administrator as your Agent for the purposes of this form.

Please follow the following steps (even if you hold other types of account with us):

1. Complete **Section A** of this form.
2. Forward this form to the third party you wish to appoint as your Agent.
3. Instruct them to complete and sign **Section B** or **Section C** or **Section D** (as applicable) and return this form to you.
4. Forward this form to your SIPP Trustee and/or SIPP Administrator for them to complete and sign **Section E** and return this form to you.
5. Read, complete and sign **Section E** of this form as - a SIPP Member for your SIPP dealing account and - an account holder for all other types of account you hold with EQi.
6. If there are joint account holder(s) on any other EQi account you hold, pass this form to the joint account holder(s) for them to complete and sign **Section E** and return this form to you.
7. Return this form to:
forms@eqi.co.uk or
EQi, PO Box 4923, Worthing, BN99 6SF.

If you are completing this form as a SIPP Trustee and/or SIPP Administrator please follow the instructions below:

1. Read **Section A** of this form.
2. Read the section completed by the Agent (which will be **Section B** or **Section C** or **Section D**).
3. Read, complete and sign **Section E** of this form as SIPP Trustee and/or SIPP Administrator (as appropriate).
4. Return the completed and signed form to the SIPP Member.

If you are an account holder who does NOT have a SIPP Dealing Account with EQi please follow the instructions below:

1. Complete **Section A** of this form.
2. Forward this form to the third party you wish to appoint as your Agent.
3. Instruct them to complete and sign **Section B** or **Section C** or **Section D** (as applicable) and return this form to you.
4. Read, complete and sign **Section E** of this form as account holder.
5. If there are joint account holder(s) on any EQi account you hold, pass this form to the joint account holder(s) for them to complete and sign **Section E** as account holder and return this form to you.
6. Return this form to EQi

If you are a joint account holder, please follow the instructions below:

1. Read **Section A** of this form.
2. Read the section completed by the Agent (which will be **Section B** or **Section C** or **Section D**).
3. Read, complete and sign **Section E** of this form as joint account holder.
4. Return the completed and signed form to the account holder/SIPP member.

If you are completing this form as an Agent, please follow the instructions below:

1. Read complete and sign ONE of the following sections (as applicable):
 - **Section B** if you are an individual acting in a personal capacity,

OR

- **Section C** if you are a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority but not operating under a Discretionary Portfolio Management arrangement as described in **Section C**,

OR

- **Section D** if you are a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority under a Discretionary Portfolio Management arrangement as described in **Section D**.

2. Return the completed and signed form to the account holder/SIPP Member.

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Section A: For completion by the principal account holder/SIPP Member

Please note: the Agent will be authorised in relation to all of your EQi accounts with the following account number.

Account number
(if applicable)

Title Mr Mrs Miss Ms Other

Full name

Section B: For completion by an agent acting in a personal capacity

Account number
(if applicable)

Title Mr Mrs Miss Ms Other

First name(s)

Last name

Date of birth

Day Month Year

Country and town of birth

Postal address

Telephone number

Email address

Tax Residence details:

Country of tax residence

National Insurance number

I have no National Insurance number/Tax Identification number

If you do not have a National Insurance number/
Tax Identification number, please indicate why

Additional country of tax residence (1)

Taxpayer Identification number (1)

Additional country of tax residence (2)

Taxpayer Identification number (2)

Are you a United States Green Card holder? Yes No

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Section B: For completion by an agent acting in personal capacity (continued)

Nationality details:

Please disclose your nationality details, by completing the country of each (up to three) in the boxes below.

Primary nationality details:

If you have sole UK nationality, you do not need to complete this part. For all other customers, you will need to establish your primary nationality and complete the relevant National Identifier & National ID Code for this in the box below, according to the instructions in the Appendix (at the end of the form) or using www.nationalitycalculator.co.uk

	National Identifier	National ID	Tick if unable to provide
First priority			
Second priority			

Agreement of the Agent

You, the Agent:

- confirm that you are over 18 years of age and are a UK resident;
- confirm that you are an individual acting in a personal capacity as an authorised third party on behalf of the account holder;
- confirm that you are not managing the account of the account holder in any capacity for a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority;
- agree to EQi treating the account holder as its client;
- confirm that all orders that you send to EQi will be treated and transaction reported as having been made in the name of the account holder, but with you as the decision maker;

- agree that EQi may use third party sources to verify your identity, including home address details;
- agree to indemnify us and our agents and associated companies against any losses, costs, liabilities or expenses incurred by us or them arising directly or indirectly from any breach by you of this third party authorisation;
- agree to comply with our Terms and Conditions, all applicable laws, rules and regulations in exercising your authority hereunder including, without limitation, the Financial Services and Markets Act 2000 (as amended), and
- agree that this third party authorisation constitutes the entire agreement between you and EQi in relation to your appointment as Agent on behalf of the account holder for their EQi account with the account number stated in Section A and that it replaces any previous third party authorisation form that has been submitted to EQi in respect of those accounts.

I confirm that the information above is correct and agree to the above terms.

Sign the form

To sign this form you may provide an electronic signature. You can do this via your Adobe Acrobat Reader DC, or Docusign which is a free of charge service.

Instructions to create an electronic signature are as follows:

1. On Adobe open the file, or on Docusign upload the file
2. In the editor, select sign and draw your signature. Then place your signature in the signed box below
3. Save the document and follow the return instruction on page 1.

Please note, we cannot accept a typed or written name in the boxes below. Alternatively, you may print and sign the document.

Signed

Date

Day

Month

Year

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Section C: For completion by an Agent for firms under a non-Discretionary Portfolio Management arrangement

Please complete this section if you, the 'Agent', are a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority acting in any capacity other than under a Discretionary Portfolio Management arrangement as described in the following paragraph.

Although EQi cannot advise on customer's individual circumstances, generally speaking a customer may have entered into Discretionary Portfolio Management arrangements if he/she has agreed with a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority that the firm will manage his/her investments in his/her accounts or portfolio on a discretionary basis (i.e. the firm managing the investments can, subject to some parameters, use their discretion to decide which transactions to enter into on behalf of the customer).

Firm name

Firm reference number (FRN)

Postal address

Contact name

Contact telephone number

Legal entity identifier (LEI)

Contact email address

If you require any information regarding LEIs please visit www.lseg.com/LEI

Agreement of the Agent

You, the Agent:

- confirm that you are a firm established in the UK and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority;
- confirm that you are acting as an authorised third party on behalf of the account holder;
- confirm that you are not managing the account of the account holder under a Discretionary Portfolio Management arrangement as described above;
- agree to EQi treating the account holder as its client;
- confirm that all orders and instructions that are sent to EQi relating to the accounts of the account holder will be treated and transaction reported as having been made in the name of the account holder, but with you as the decision maker;

- agree that EQi may use third party sources to verify your identity, including address details;
- agree to notify us immediately of any change to your contact details or FRN;
- agree to indemnify us and our agents and associated companies against any losses, costs, liabilities or expenses incurred by us or them arising directly or indirectly from any breach by you of this third party authorisation;
- agree to comply with our Terms and Conditions, all applicable laws, rules and regulations in exercising your authority hereunder including, without limitation, the Financial Services and Markets Act 2000 (as amended), and
- agree that this third party authorisation constitutes the entire agreement between you and EQi in relation to your appointment as Agent on behalf of the account holder for their EQi accounts with the account number stated in Section A and that it replaces any previous third party authorisation form that has been submitted to EQi in respect of those accounts.

I confirm that the information above is correct and agree to the above terms. Please refer to the 'Sign the form' instructions on page 3.

Signature of Agent

Name of signatory

Date

Signed on behalf of (firm name)

Day Month Year

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Section D: For completion by an Agent for firms under a Discretionary Portfolio Management arrangement

Please complete this section if you, the 'Agent', are a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority and are managing the accounts of the account holder under a Discretionary Portfolio Management arrangement as described in the following paragraph.

Although EQi cannot advise on customers' individual circumstances, generally speaking a customer may have entered into Discretionary Portfolio Management arrangements if he/she has agreed with a firm authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority that the firm will manage his/her investments in his/her accounts or portfolio on a discretionary basis (i.e. the firm managing the investments can, subject to some parameters, use their discretion to decide which transactions to enter into on behalf of the customer).

Firm name

Firm reference number (FRN)

Postal address

Contact name

Contact telephone number

Legal entity identifier (LEI)

Contact email address

If you require any information regarding LEIs please visit www.lseg.com/LEI

Agreement of the Agent

You, the Agent:

- confirm that you are a firm established in the UK and authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, or authorised and regulated by the Financial Conduct Authority and are managing the accounts of the account holder under a Discretionary Portfolio Management arrangement and agree:
- to notify us immediately upon cancellation or termination of that arrangement;
- to advise us immediately on any change to your contact details or FRN;
- to EQi treating the account holder, and not you, as its client;
- confirm that all orders and instructions that are sent to EQi relating to the accounts of the account holder will be treated and transaction reported as having been made in the name of the account holder, but with you as the decision maker.

- to indemnify us and our agents and associated companies against any losses, costs, liabilities or expenses incurred by us or them arising directly or indirectly from any breach by you of this third party authorisation;
- to comply with our Terms and Conditions, all applicable laws, rules and regulations in exercising your authority hereunder including, without limitation, the Financial Services and Markets Act 2000 (as amended), and
- agree that this third party authorisation constitutes the entire agreement between you and EQi in relation to your appointment as Agent on behalf of the account holder for their EQi accounts with the account number stated in Section A and that it replaces any previous third party authorisation form that has been submitted to EQi in respect of those accounts.

I confirm that the information above is correct and agree to the above terms. Please refer to the 'Sign the form' instructions on page 3.

Signature of Agent

Name of signatory

Date

Signed on behalf of (firm name)

Day

Month

Year

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Section E: Authorisation of the Agent by the account holder/SIPP Member

You, the account holder whose details appear in Section A, hereby authorise the Agent, whose details appear in Section B, Section C or Section D to carry out, online, those actions in respect of all of your accounts with EQi with the number stated in Section A ("your accounts") that you can carry out online using your PIN (as our systems allow from time to time) including, but not limited to, giving instructions to buy, sell, or otherwise deal in Investments, to exercise rights over, to convert, arrange, enter into and perform transactions using your accounts, including sending and receiving communications to and from us by secure electronic message.

You also authorise the Agent to give Investment dealing instructions to EQi offline. The Agent may not (and has no authority to) give other types of offline instructions to EQi on your behalf.

Where you have appointed the Agent as your attorney under a separate power of attorney:

- the authority under this third party authorisation form supplements and is additional to that power of attorney;
- nothing in this form amends, modifies or replaces the terms of that power of attorney; and
- the Agent shall have authority under this third party authorisation form only where he/she does not have authority under that power of attorney.

You authorise EQi to accept and act on all such orders and instructions received from the Agent relating to your accounts.

You hereby confirm that you agree:

- to EQi treating you, and not the Agent, as its client;
- that this third party authorisation form replaces any previous third party authorisation form that has been submitted to EQi in respect of your accounts; and
- that all orders and instructions received from the Agent relating to you accounts will be treated in accordance with the relevant declaration in Section B, C or D.

Notwithstanding the above authorisation of the Agent, you will continue to be able to give instructions and orders to EQi in accordance with our Terms and Conditions. In the event of any contradictory instructions or orders being received, EQi will be entitled to act on the instruction or order first received by EQi.

You agree that EQi will not be responsible for any losses, costs, liabilities or expenses incurred by you as a result of any dispute between you and the Agent in respect of any matter connected to your accounts or any contradictory instructions or orders received from you and the Agent.

Please note:

- The Agent will be authorised in relation to all EQi accounts of the account holder with the number stated in Section A.
- The authorities given by this third party authorisation form are supplementary to and form part of our Terms and Conditions.
- On submission of a completed and signed form, the account holder, and where the context requires, the third party appointed as Agent will be subject to our Terms and Conditions.

I confirm my agreement to the terms of this form.

Please refer to the 'Sign the form' instructions on page 3.

SIPP Trustee

SIPP Administrator

SIPP Member

Name of Signatory

Name of Firm

Signature(s)

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Section E: Authorisation of the Agent by the account holder/SIPP Member (continued)

For signature as account holder for all other types of account with us. Please refer to the 'Sign the form' instructions on page 3.

I confirm my agreement to the terms in this form.

Account holder

Name of account holder

Account holder signature

Date

Day Month Year

Joint account holder(s)

Name of joint account holder

Joint account signature (if applicable)

Date

Day Month Year

Name of joint account holder

Joint account signature (if applicable)

Date

Day Month Year

Name of joint account holder

Joint account signature (if applicable)

Date

Day Month Year

Other Information

Contract Notes and statements

Contract notes, statements and other confirmations relating to your Account will continue to be sent to the account holder in accordance to the Terms and Conditions and will not be sent to the Agent.

Account number and PIN

No separate PIN or account number will be issued by EQi to the Agent. Notwithstanding any disclosure to the Agent of your account number, PIN or any other personal details, you are and continue to be responsible for their confidentiality and use. Please change your PIN if you cancel this third party authorisation.

Terminating or changing your Agent

You may terminate this third party authorisation at any time by informing us in writing. Termination will take effect only once we have received your written instruction.

This third party authorisation will become void on death of the account holder.

To appoint a new or replacement Agent you will need to complete this form.



Appendix: National Identifier Instructions

Below, you will find a table that lists the countries of the European Economic Area (EEA), including a section for any non-EEA countries, and details of each country's requested National Identifier. Following the instructions and using the information provided in the table, please establish your **primary nationality** & complete the relevant **National Identifier** number in Section B. Alternatively you can refer to www.nationalitycalculator.co.uk.

You are not required to complete the National Identifier details in Section B if you are a UK National only.

Using the table

1. Establishing your primary nationality

Referring to the table below and the **country column**, whichever of your nationalities is listed **highest** will be your primary nationality. (Please note, the countries are ordered alphabetically according to the National ID Code). *E.g. if you are a national of the United Kingdom and Spain, as Spain is listed higher than the UK in the country column list, your primary nationality will be Spain.*

2. Identifying your National Identifier

Once you have established your **primary nationality**, you must provide us with the relevant **National Identifier** details as requested in the table, in the order of priority as indicated in each field. Please refer to the country specific instructions in the table for further guidance. *E.g. using the same example as above, if your country of primary nationality is Spain, you will need to complete your Spanish Tax Identification Number & the National ID Code (ES1) in Section B.*

Please note:

- If you are unable to provide a National Identifier number as requested, please complete the National ID Code(s) & tick the **box** in Section F to confirm that you are unable to provide the details.
- You only need to provide **one** National Identifier in the order of priority listed in each field. *E.g. if you have established that your country of primary nationality is Czech Republic, you should only provide us with your Czech Republic National Passport Number if you are unable to provide your national identification number in the first instance and tick to confirm you are unable to provide the first priority National Identifier.*
- *If you have established your **primary nationality** as one of the following countries, **Estonia, Spain, Iceland, Italy, Malta or Poland** and you are unable to provide a National Identifier as requested, **trading rules will prevent us from accepting your instruction to trade or transfer.**

Please contact the Customer Experience Centre if you have any questions regarding this table and/or completing the relevant details in Section B.

Country	National Identifier	National ID Code	Country specific instructions for completing Section B
Austria	No additional data required	AT1	Leave the National Identifier & National ID Code boxes blank.
Belgium	Belgian National Number (Numéro de register national – Rijksregisternummer)	BE1	Enter the requested National Identifier and National ID Code details, or tick to confirm if you do not have this.
Bulgaria	Bulgarian Personal Number	BG1	
Cyprus	National Passport Number	CY1	
Czech Republic	First Priority: National Identification Number (Rodné číslo)	CZ1	Enter the National Identifier & National ID Code details in the order of priority indicated. If you are unable to provide the first priority, tick to confirm this and complete the second priority details, or tick to confirm you do not have it.
	Second Priority: National Passport Number		
Germany	No additional data required	DE1	Leave the National Identifier & National ID Code boxes blank.

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Country	National Identifier	National ID Code	Country specific instructions for completing Section B
Denmark	Personal Identity Code	DK1	Enter the requested National Identifier and National ID Code details, or tick to confirm if you do not have it.
*Estonia	Estonian Personal Identification Code (Isikukood)	EE1	
*Spain	Tax Identification Number (Código de identificación fiscal)	ES1	
Finland	Personal Identity Code	FI1	
France	No additional data required	FR1	Leave the National Identifier & National ID Code boxes blank.
United Kingdom	UK National Insurance Number	GB1	Enter the requested National Identifier and National ID Code details, or tick to confirm if you do not have this.
Greece	10 DSS Digit Investor Share	GR1	
Croatia	Personal Identification Number (OIB – Osobni identifikacijski broj)	HR1	
Hungary	No additional data required	HU1	Leave the National Identifier & National ID Code boxes blank.
Ireland	No additional data required	IR1	
*Iceland	Personal Identity Code	IS1	Enter the requested National Identifier and National ID Code details, or tick to confirm if you do not have this.
*Italy	Fiscal code (Codice Fiscale)	IT1	
Liechtenstein	First Priority: Personal code (Asmens Kodas)	LI1	Enter the National Identifier & National ID Code details in the order of priority indicated. If you are unable to provide the first priority, tick to confirm this and complete the second priority details, or tick to confirm you do not have it.
	Second Priority: National Passport Number	LI2	
Lithuania	First Priority: Personal code (Asmens Kodas)	LT1	
	Second Priority: National Passport Number	LT2	
Luxembourg	No additional data required	LU1	Leave the National Identifier & National ID Code boxes blank.
Latvia	Personal Code (Personas Kods)	LV1	Enter the requested National Identifier and National ID Code details, or tick to confirm if you do not have this.

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Country	National Identifier	National ID Code	Country specific instructions for completing Section B
*Malta	First Priority: National Identification Number	MT1	Enter the National Identifier & National ID Code details in the order of priority indicated. If you are unable to provide the first priority, tick to confirm this and complete the second priority details, or tick to confirm you do not have it.
	Second Priority: National Passport Number	MT2	
Netherlands	First Priority: National Passport Number	NL1	
	Second Priority: National Identity Card Number	NL2	
Norway	11 digit Personal ID (Foedselsnummer)	NO1	Enter the requested National Identifier & National ID Code details, or tick to confirm if you do not have this.
*Poland	First Priority: National Identification Number (PESEL)	PL1	Enter the National Identifier & National ID Code in the order of priority indicated. If you are unable to provide the first priority, tick to confirm this and complete the second priority details, or tick to confirm you do not have it.
	Second Priority: Tax Number (Number Identyfikacji podatkowej)	PL2	
Portugal	First Priority: Tax Number (Número de Identificação Fiscal)	PT1	
	Second Priority: National Passport Number	PT2	
Romania	First Priority: National Identification Number (Cod Numeric Personal)	RO1	
	Second Priority: National Passport Number	RO2	
Sweden	Personal Identity Number	SE1	Enter the requested National Identifier and National ID Code details or tick to confirm if you do not have this.
Slovenia	Personal Identification Number (EMŠO: Enotna Matična Številka Občana)	SL1	
Slovakia	First Priority: Personal Number (Rodné číslo)	SK1	Enter the National Identifier details in the order of priority indicated. If you are unable to provide the first priority, tick to confirm this and complete the second priority details, or tick to confirm you do not have it.
	Second Priority: National Passport Number	SK2	
All other Countries (including Crown Dependencies such as Jersey, Guernsey, Isle of Man etc)	National Passport Number	XX1	Enter the requested National Identifier and National ID Code or tick to confirm you do not have it. If you are a national of more than one non-EEA country, please refer to www.nationalitycalculator.co.uk or contact our Customer Experience Centre to assist in establishing your primary nationality.