

# Fidelity Accounts Power of Attorney

This is a mandate appointing a sole attorney (“Attorney”) to act on your behalf in respect of your accounts held in FIL Investments Services (UK) Limited, Fidelity International and/or Financial Administration Services Limited (together referred to as “Fidelity”).

### How to fill in this form:

- Please use black ink and write clearly inside the boxes provided using capital letters
- Mark your answers with a cross in the appropriate box like this:
- If you make a mistake, please correct it but don’t use correction fluid
- **You must complete all sections of this form, except those marked ‘if applicable’. Not doing so could delay your application.**
- If you have any queries about this form please call our customer services team on **0800 41 41 61**.

### This form cannot be used:

- To appoint an attorney for someone with a mental disorder or other mental incapacity.
- To appoint an attorney on a trustee account.
- To open a current year ISA
- In relation to a Junior ISA or Junior SIPP account.
- For Joint accounts you need to have a joint renunciation in place. Please contact us if you have any queries.

### What’s next?

Please send your completed application form to:  
**Fidelity**  
**PO Box 391**  
**Tadworth KT20 9FU**

## 1 Client Details – The person granting the Power of Attorney

Account Number or Customer Reference Number (Starts with a 1 and found on your statement)

Title

 Mr  Mrs  Ms Other: 

Surname

First and other names in full

Date of birth (DDMMYYYY)

Your address – ‘Care of’ and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee or British Forces Posted Overseas (BFPO) or the spouse/civil partner of a Crown Employee or British Forces Posted Overseas (BFPO).

House number/name

Street, city, county and country

 Postcode 

Telephone number

Alternate telephone number

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# 1 Client Details – The person granting the Power of Attorney (continued)

## National Insurance Number

(this can be found on a payslip or a letter from HMRC)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

**Without your nationality details, MIFID II regulations mean we cannot trade in company shares, investment trusts, exchange traded funds (ETFs) or exchange traded commodities (ETCs). Any dividends for reinvesting relating to these investment types will remain in your account as cash.**

**Are you a UK National?** (Please mark an X in the box)  If you are **only** a UK national, please go to section 2.

## Are you a national of any of the countries listed in the table below?

If so, please mark an X in the box next to **any** country that applies to you. If you hold one of these nationalities, please provide the requested identifier. If you are a national of more than one of these countries, you should only provide your identifier details for the country that is **closest to the top of the list**.

Country you are a national of	Mark an X in the box	Identifier required *
Austria	<input type="checkbox"/>	None required
Belgium	<input type="checkbox"/>	Identity card number
Bulgaria	<input type="checkbox"/>	Identity card number
Cyprus	<input type="checkbox"/>	Passport number
Czech Republic	<input type="checkbox"/>	Identity card number
Germany	<input type="checkbox"/>	None required
Denmark	<input type="checkbox"/>	Identity card number
Estonia	<input type="checkbox"/>	Identity card number
Spain	<input type="checkbox"/>	Tax number
Finland	<input type="checkbox"/>	None required
France	<input type="checkbox"/>	None required
United Kingdom	<input type="checkbox"/>	National insurance number
Greece	<input type="checkbox"/>	10-digit DDS account number
Croatia	<input type="checkbox"/>	Identity card number
Hungary	<input type="checkbox"/>	None required
Ireland	<input type="checkbox"/>	None required
Iceland	<input type="checkbox"/>	Identity card number
Italy	<input type="checkbox"/>	Fiscal code
Lichtenstein	<input type="checkbox"/>	Passport number
Lithuania	<input type="checkbox"/>	Identity card number
Latvia	<input type="checkbox"/>	Identity card number
Malta	<input type="checkbox"/>	Identity card number





## 2 Attorney Details – The person being appointed (continued)

Country you are a national of	Mark an X in the box	Identifier required *
Croatia	<input type="checkbox"/>	Identity card number
Hungary	<input type="checkbox"/>	None required
Ireland	<input type="checkbox"/>	None required
Iceland	<input type="checkbox"/>	Identity card number
Italy	<input type="checkbox"/>	Fiscal code
Lichtenstein	<input type="checkbox"/>	Passport number
Lithuania	<input type="checkbox"/>	Identity card number
Latvia	<input type="checkbox"/>	Identity card number
Malta	<input type="checkbox"/>	Identity card number
Netherlands	<input type="checkbox"/>	Passport number
Norway	<input type="checkbox"/>	Identity card number
Poland	<input type="checkbox"/>	Identity card number
Portugal	<input type="checkbox"/>	Tax number
Romania	<input type="checkbox"/>	Identity card number
Sweden	<input type="checkbox"/>	Identity card number
Slovenia	<input type="checkbox"/>	Identity card number
Slovakia	<input type="checkbox"/>	Identity card number

\* If you have not been issued with the required identifier, please contact us – you will find our number on the accompanying letter.

**Your identifier** – Please note your identifier in the boxes provided.

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If you are **not** a national of the UK or any country listed on the previous page, please give us details in the boxes below.

**First nationality**

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**Passport number**

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**Second nationality**

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**Passport number**

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### 3 Declaration and signature

**I hereby appoint the individual named in section 2 of this document to be my Attorney.**

The Attorney is appointed to act on my behalf to buy and sell any units or shares ("Units") in any eligible account, policy or fund issued by or through Fidelity and their business partners, at such times, in such amounts and at such prices as my Attorney shall in his or her absolute discretion think fit and for that purpose to execute all documents and to do such acts or things as may be necessary to buy or sell the Units.

I accept that the Attorney will have full online access to my account(s) and personal information and therefore the ability to deal online on my behalf.

This Power of Attorney cannot be used to open a current year ISA.

I declare that this Power of Attorney shall endure until it is revoked by me in writing and I hereby ratify the acts of my Attorney hereunder in respects of all acts and things done or purported to be done by them pursuant to this Power of Attorney until written notice of the revocation of same has been received by him or her and by Fidelity. Fidelity shall have no liability whatsoever as a result of or in connection with the actions of my Attorney under this Power of Attorney.

The information given by me is correct to the best of my knowledge and I will inform Fidelity immediately of any changes to the information contained therein.

#### Your signature

**The person granting power of attorney must sign here before a witness.**

#### Signature



#### Print name

#### Date signed

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 (DDMMYYYY)

**4 Witness details and signature**

**Title**

Mr  Mrs  Ms Other:

**Date of birth (DDMMYYYY)**

**Surname**

**First and other names in full**

**Your address** - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee or British Forces Posted Overseas (BFPO) or the spouse/civil partner of a Crown Employee or British Forces Posted Overseas (BFPO).

House number/name

Street, city, county and country

Postcode

**Telephone number**

**Alternate telephone number**

**Witness Signature**



**Print name**

**Date signed**

(DDMMYYYY)

**5 Attorney's Agreement**

I confirm I am over 18 years of age and resident in the UK. I agree to comply with all laws, rules and regulations applicable to my appointment and actions as an Attorney.

I confirm that I have read and agree to the Fidelity Client Terms.

**Attorney Signature**



**Print name**

**Date signed**

(DDMMYYYY)