

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 International
PO Box 80
Tonbridge
TN11 9YA

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:

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

/05.19/v4.0

POA

2 Attorney Details - The person being appointed

To help us protect you from fraud we need to check your identity (this is also part of our anti-money laundering obligations). We can usually do this using an electronic verification system with the information provided. This will create a record on your credit report, which will only be visible to you and will not affect your credit score. If we cannot verify your identity in this way, we may ask to see identity documents.

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Title

 Mr Mrs Ms Other:

Date of birth (DDMMYYYY)

Surname

First and other names in full

Your address

House number/name

Street, city, county and country

 Postcode

Telephone number

Alternate telephone number

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

 (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)