

This Form should only be used when submitting a (i) Power of Attorney, or (ii) Deputyship Order, Guardianship Order or Controller Order (i.e. where a Representative (as defined below) is to be registered by HL with the power to operate the Client’s account).

This Form can either be completed by the Client (i.e. the account holder) or the Client’s Attorney, Deputy, Guardian or Controller (each a “Representative”).

Note: We cannot register a Power of Attorney or an Order in relation to companies, charities, investment clubs or trusts (including bare trusts). Fields marked with an asterisk (*) are required.

To help us process your Form please provide the Client’s Client Number, if known:

Client Number:

Section 1 – Client details

Please provide details of the Client to which the Power of Attorney or Order applies.

Title (Mr, Mrs, etc):

*First name(s):

*Surname:

*Residential address:

*Postcode:

*Date of birth:

D

D

M

M

Y

Y

Nationality(ies)²:

National Client Identifier (NCI)³:

*Is the Client a US citizen, resident or green card holder? ☐ Yes ☐ No

If Yes, please provide their Tax Identification Number (“TIN”); this will usually be their Social Security Number.

TIN:

Does the Client still have mental capacity? ☐ Yes ☐ No

Would you like to tell us any other information that would help us support the Client?
(e.g. physical incapacity so cannot sign, sight or hearing issues so would like large text or no phone calls, etc.)

Further information:

Section 2 – 1st Representative details

Title (Mr, Mrs, etc):

*First name(s):

*Surname:

*Residential address:

*Postcode:

*Date of birth:

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Y

Y

Nationality(ies)²:

National Client Identifier (NCI)³:

Email:

Telephone number:

*Is this Representative a US citizen, resident or green card holder? ☐ Yes ☐ No

If Yes, please provide their Tax Identification Number (“TIN”); this will usually be their Social Security Number.

TIN:

Section 3 – 2nd Representative details

If there is only one Representative, leave this section blank.
If there are more than two Representatives, you are welcome to provide their details on a covering letter or to photocopy this Form.

Title (Mr, Mrs, etc):

*First name(s):

*Surname:

*Residential address:

*Postcode:

*Date of birth:

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Y

Nationality(ies)²:

National Client Identifier (NCI)³:

Email:

Telephone number:

*Is this Representative a US citizen, resident or green card holder? ☐ Yes ☐ No

If Yes, please provide their Tax Identification Number (“TIN”); this will usually be their Social Security Number.

TIN:

¹ **Residential Address** – please provide the address where this person lives. If you would like us to send correspondence elsewhere, please see section 5 below.

² **Nationality** – this information is only required if trading shares, ETFs, investment trusts or bonds.

³ **National Client Identifier** – this information is only required if trading shares, ETFs, investment trusts or bonds. This is dependent on nationality. For UK citizens, this is the National Insurance Number.

Section 4 – Authority details

*I have provided a:

☐ LPA Access Code from gov.uk: **V** - - -

☐ Power of Attorney, Order or other proof of authority (enclosed). The following applies:

- This is either the original document or correctly certified (please see our requirements on www.hl.co.uk/support/life-events/supporting-someone-else) in wet ink, we do not accept photocopies;
- All pages are present;
- If the Representative(s) cannot act until the Client has lost mental capacity, proof of incapacity (e.g. a letter from a doctor) is enclosed.

Section 5 – Contact details

If this section is not completed, we will default to using the Client's contact details.

☐ Please use the existing contact details on the Client's account.

☐ Please use the following Representative's contact details for all correspondence (please note that correspondence can only be sent to ONE address):

Name: ☐ Address ☐ Email address ☐ Telephone

Section 6 – Login details

If you do not have the login details to the Client's account and need these to be reset, or if online access has never been set up, we can send you a PIN in the post so new details can be chosen. PINs can only be sent to the correspondence address (see section 5 above), and they can only be issued once the Client and the Representative requesting the PIN are fully verified.

☐ Please send a PIN to reset / set up login details.

☐ I do not need a PIN sent at this time.

Section 7 – Declaration

I declare that:

- the information provided in this Form is correct to the best of my knowledge;
- the Representative is lawfully entitled to act on behalf of the Client;
- where the Power of Attorney or Order states that Representatives must act on a joint basis, Representatives will only provide instructions to HL that have been agreed by all of the Representatives;
- I will notify HL of any change which affects the validity of the Power of Attorney or Order;
- I shall act in accordance with the terms and conditions that apply to the Client's account(s), as can be found at www.hl.co.uk/terms-and-conditions; and
- I acknowledge that HL cannot register a Representative until such Representative's identity has been successfully verified.

As part of HL's procedures and obligations under UK Anti-Money Laundering regulations we may conduct an electronic ID check on all parties. For information on how we use your data, please refer to our website at www.hl.co.uk/privacy-policy. Please note that if this electronic check fails, we may need to ask for further proof of identification.

***Please
sign here**



SIGNATURE

*Date:

D	D	M	M	Y	Y
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*Print
name:

Note: If the Representatives are only permitted to act jointly, rather than jointly and severally, all Representatives must sign this Form.