

Legal representative form

Please complete this form to notify us that you have lawful authority to act on behalf of an existing AJ Bell Youinvest customer. This authority can be in the form of a Power of Attorney granted by the customer, or a Deputy Order granted by the Court of Protection.

If there's more than one attorney or deputy, we can only appoint one to act for the customer's AJ Bell Youinvest account(s). If an alternative attorney or deputy wishes to act on behalf of the customer in the future, we can update the customer's records on receiving a new Legal representative form.

Before you can act on behalf of a customer, as deputy or attorney you will need to have an account with AJ Bell Youinvest. This is to ensure you've completed all the required identity and verification checks. If you don't have an account with AJ Bell Youinvest, you'll need to apply for one at youinvest.co.uk. Once you've received your new account number, you can go ahead and send us this form.

Please use BLOCK CAPITALS only and blue or black ink, ticking boxes where appropriate.

If you would like a copy of this or any other item of our literature in large print, Braille or in audio format, please contact us on 0345 54 32 600 or by email at enquiry@youinvest.co.uk.

Once completed and signed, please return the form to us at the address below.

AJ Bell Youinvest
4 Exchange Quay
Salford Quays
Manchester
M5 3EE

Completion notes

For both a Power of Attorney and a Deputy Order, we need to see the original document or an originally certified copy. A copy of a Power of Attorney must be certified by a solicitor, a notary public, a stockbroker or the customer themselves. A solicitor or a financial adviser must certify a copy of a Deputy Order. We'll return any original documents to you by recorded post.

Unless you notify us otherwise, we'll apply the Power of Attorney or Deputy Order to all accounts the customer holds with us.

If you hold an Ordinary Power of Attorney or you hold an Enduring Power of Attorney that hasn't been registered with the Office of the Public Guardian, please contact us if the customer later becomes mentally or physically incapable as the Power or Attorney will no longer be valid.

Customer information

Please enter details of the customer the Power of Attorney or Deputy Order applies to.

Title

Dr / Mr / Mrs / Miss / Ms / Other

Surname

Forename(s)

Account number(s) (if known)

Date of Birth

Permanent residential address

Postcode

Please tick one of the boxes below to indicate the customer's level of mental or physical capacity.

Mentally incapable

Physically incapable

Both

Neither

Information about the deputy or attorney

Title

Dr / Mr / Mrs / Miss / Ms / Other

Surname

Forename(s)

National Insurance number

Date of Birth

Permanent residential address

Postcode

Country

Telephone

Email

Existing AJ Bell Youinvest account number

Investment decision-maker

Who will make the investment decisions for the account(s)? Please tick one box only

The customer

The deputy/attorney

Correspondence

Who will receive all the communications for the account(s)? Please tick one box only

The customer

The deputy/attorney

Declarations

I declare that:

- The information in this form is true and correct to the best of my knowledge
- I am lawfully entitled to act on behalf of the customer
- Where relevant, I will notify AJ Bell Youinvest of any material changes in the customer's physical or mental capacity if it affects the validity of the Power of Attorney or Deputy Order
- I agree to act in accordance with the relevant account terms and conditions

Signed - Deputy/attorney

Date