

## Third party authority form

Barnett Waddingham Self Invested Personal Pension

If you would like someone in addition to your financial adviser to have the authority to speak to us and receive information concerning your *Barnett Waddingham SIPP* (such as a spouse or accountant), please give their details here. We will not accept instructions from or automatically send information to this person. Please note that they will have no official duties or powers in relation to your *Barnett Waddingham SIPP* unless you expressly confirm that you want them to by ticking the box below. We will then contact you separately about this.

Title: Mr Mrs Other
Surname:
Forenames:
Address:
Postcode:
Relationship to you:
Security password:
I authorise BWSIPP LLP to receive information from and provide information to the above person.
Tick this box if you want the person named above to have official duties or powers in relation to your <i>Barnett Waddingham SIPF</i>
Signed:
Print name:
SIPP number:

Please return this form to: PBW SIPP LLP, PO Box 1209, Cheltenham, GL50 9WE

For further information please contact your Barnett Waddingham consultant. Alternatively contact us via the following:

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