



## Granting third party authority form

Please complete this form in BLOCK CAPITALS and return it by:

- **post** to Nucleus, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB, or
- **secure message** via your online account with us. You can also sign this form with an electronic signature using one of our approved providers.

If you need any help, please call your Customer Support Team or our general enquiry number 03455 212 414.

### Using this form

This form should be completed if you wish to allow a third party to receive information about your Nucleus products, and/or provide information to Nucleus about any health, wellbeing or life events relating to you that may require additional support.

If you need additional support, you can find details about the support we offer on our [website](#).

If you wish to appoint a Financial Conduct Authority (FCA) regulated financial adviser who will have authority to provide us with instructions, please instead complete the **Appointment of Financial Adviser Form**.

### Data protection

**Please note:** If you disclose personal information about a third party in this form, please ensure you have their permission and have informed them of the purposes for which their information will be processed, before doing so.

For information on what to expect when we process personal data, please read our group Privacy Notice, which is available on our website [nucleusfinancial.com/privacy-notice](https://nucleusfinancial.com/privacy-notice), or by calling us on 03455 212 414.

If you have any questions about data protection, please contact us.

### Section 1 - My details (as product owner)

Title

Forename(s)

Surname

Product number(s)

Please list all product numbers to which this authority should apply.

## Section 2 - Authority for a third party to receive information

I confirm that I wish for the following individual to be able to receive information on the products listed in Section 1.

I also confirm that I wish for the individual to be able to provide information to Nucleus about any health, wellbeing or life events relating to me that may require additional support.

Title

Forename(s)

Surname

Company name (if applicable)

FCA number (if applicable)

Address

Postcode

Telephone

Email address

For how long do you wish to give the named person authority to receive information on your account(s):

3 months

6 months

12 months

Until I revoke this authority

## Section 2a - Correspondence

I wish for this individual to be provided with any information they request from Nucleus regarding my products.

I wish for the above individual to be copied in to all correspondence I receive from Nucleus, where possible.

### Section 3 - Customer declaration

I agree to the release of information to the third party named in Section 2 of this form.

By signing this declaration, I provide my explicit consent for the person named in this document to provide information to Nucleus regarding any health, wellbeing or life events that may require additional support. I consent for Nucleus to record and act upon these disclosures to provide me with the support I need to manage my Nucleus products.

Customer's signature

Print name

Date (DD/MM/YYYY)

### Section 4 - Third party declaration

I confirm that I am the person named in Section 2 of this form and that I have been given authority to request and receive information in respect of the product(s) named in Section 1 of this form.

I acknowledge that the customer named in Section 1 has requested that Nucleus provides information on their product(s) to me.

I accept that my personal data will be held by Nucleus in accordance with the Nucleus group Privacy Notice.

I will only disclose special category data to Nucleus about the health, wellbeing or life events of the customer named in this form and their additional support needs with the express consent of the named person to do so.

This declaration is hereby made by me.

Signature of individual named in Section 2

Print name

Date (DD/MM/YYYY)

**Proof of identity of this individual must be provided by including the documentation listed on the next page.**

## Checklist of additional documentation required

Please send photocopies of these documents to us at Nucleus, Suite 202 Warner House, 123 Castle Street, Salisbury, SP1 3TB.

### Evidence of identity for the third party


Please provide black and white photocopies of two documents - one from list A and one from list B. Items from the same source cannot be used twice.

#### List A

- Unexpired passport
- Unexpired UK old style driving licence (not provisional)
- Unexpired UK Photocard driving licence
- Firearms certificate or shotgun licence
- EEA or Switzerland National Identity Card
- Northern Ireland voters card.

#### List B

- Unexpired UK old style driving licence (not provisional)
- Unexpired UK Photocard driving licence
- Council tax bill dated within the last 12 months
- Firearms certificate or shotgun licence
- Credit card or bank statement dated within the last three months statement (not internet printed)
- Utility bill dated within the last three months (not mobile phone, satellite/cable TV or internet printed bills)
- HM Revenue & Customs coding/assessment/statement/tax credit
- Northern Ireland voters card.

 03455 212 414

 [ask@nucleusfinancial.com](mailto:ask@nucleusfinancial.com)

 [nucleusfinancial.com](https://www.nucleusfinancial.com)

For literature in alternative formats, such as Braille, large print, audio or E-text, please call us on 03455 212 414, or via the Typetalk service on 18001 03455 212 414.

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