

Authority to Provide Information to Third Party

Complete this form to allow a third party to access information about your Wealthtime Classic account.

This access can only be provided if all parties have online access to the Wealthtime Classic platform.

If you are sending this form by post, please complete in CAPITAL LETTERS using black ink and return to:

Wealthtime Classic, PO Box 2468, SALISBURY, SP2 2UH.

Investor details

Full name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Investor number	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Third party details

Full name of authorised person(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Investor number	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full name of authorised person(s)	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
Investor number	<input type="text"/>	Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Investor signature and authority

I hereby consent to and authorise Wealthtime Classic to provide any information in respect of my Wealthtime Classic Investment Platform investments, including online access, to the authorised person(s) named above (this person must also be an investor with Wealthtime Classic and registered as an online user with Wealthtime Classic).

I understand and accept that this authority will be subject to any Terms and Conditions Wealthtime Classic may choose to impose.

This authority will continue until revoked by myself by notice in writing addressed to Wealthtime Classic.

Investor(s) signature	<input type="text"/>
(If a joint/corporate/trustee account all authorised signatories must sign)	
Full name of Investor	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If you require this document in an alternative format please contact us.

Wealthtime Classic is a trading name of Wealthtime Limited. Wealthtime Limited is a private limited company registered in England & Wales. No. 06016480. Registered Office: Cambridge House, Henry St, Bath, BA1 1JS.

Wealthtime Limited is authorised and regulated by the Financial Conduct Authority.

FCA Number 468461.

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