


Power of attorney/third party confirmation of verification of identity form

Use this form to confirm the identities of all third parties connected to your customer that have been verified by you. Third parties can include a power of attorney and other third party payers.

Only complete sections 3 and 4 if a payment is being made by the third party payer detailed in section 2.

Please complete this form by typing in the boxes, including the signature box(es) and emailing it to: aegoncofundsadministration@aegon.co.uk.

Our email system and the way we deal with data internally is secure. However we're unable to ensure the security of emails before they reach us. Please consider this when sending us sensitive information.

Whenever you see this icon , you may have to send us additional material with this form.

1. Customer details

Customer number

3							
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Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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2. Third party details

Power of attorney*

Third party payer

*We require a certified copy of the power of attorney before we can act on it.

Name (in full)

Date of birth

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Current address

Postcode

Nationality

Residency

3. Third party payer

You only need to complete this section if a payment is being made by the third party payer detailed in section 2.

As the investment is being paid by a third party, you must complete the questions below.

Confirm the relationship between the investor and the payer(s)

Provide a detailed explanation why the investment is being paid by a third party

4. Source of wealth

You only need to complete this section if a payment is being made by the third party payer detailed in section 2.

Sale of investments

Name of investment				
Date of sale (dd/mm/yyyy)				

Savings

How were the savings accumulated?

Details of the bank/building society where the savings were held

Sale of property

Address of property

Date of sale

Amount

Maturing investments of policy claim

From which company

Date received

Amount

Company sale

Name of company

Principal activity of the company

Date of sale

Amount

Share of the sale proceeds

4. Source of wealth – continued

Inheritance

Source of inheritance

Date received

Total amount

£

Other

Provide details for all other sources such as lottery win, gift, compensation payment.

5. Intermediary confirmation and verification of identity

We're required by law to verify the identity, residential address and source of wealth of all third party applicant and payers and do this by accepting your (the adviser's) declaration of verification of this information with the applicant.

The information set out above in respect of the named party is correct, and was obtained by me/my firm. I, the registered individual named in the attached application form, confirm the evidence which I/we have obtained to verify the identity;

(Tick one box only)

meets the standard evidence set out in the guidance for the UK financial sector issued by the joint money laundering steering group.

or

exceeds the standard evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group and written details of the further verification evidence taken are attached to this application form.

By signing this form I confirm that I'm the registered individual shown in the adviser details section of the application form.

You should sign and date this form by typing your full name in the signature box below and typing the date in the date box. Your typed name in the signature box will be your signature. When you sign the form, by typing your name in this box, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Date

Signature (type name here)

X

