

Power of Attorney Form

All funds

This form is used to lodge a Power of Attorney with U Ethical and advise us of an Attorney's details. Subject to the terms of the Power of Attorney, the authority will apply to all accounts held by the Account Holder with U Ethical.

1. Account holder details

Note: if you are a new client, include the completed application form

Full Given Name

Family Name

Account number

2. Information to send with this completed form

An original inked certified copy of a legal enduring power of attorney

An original inked certified document of identification of attorney(s) (drivers license or passport)

NOTE: If any Attorney(s) have been appointed jointly, the above documents must be provided for EACH Attorney.

Visit www.uethical.com to learn who can certify documents.



Should U Ethical need to contact the account holder, and for medical reasons the account holder cannot be verbally validated, the following documentation will be required.

An original inked certified copy of a medical certificate confirming that the account holder cannot verbally validate that they are appointing an attorney.

3. Attorney(s) verification details [to be completed by attorney(s)]

Note: if you have more than 2 attorneys, copy section 3

Attorney 1

Full Given Name

Family Name

Date of birth DD / MM / YYYY

Street (no PO Box)

Suburb

State

Postcode

Telephone (mobile)

Telephone (home)

Email address

Attorney 2 (if applicable)

Full Given Name

Family Name

Date of birth DD / MM / YYYY

Street (no PO Box)

Suburb

State

Postcode

Telephone (mobile)

Telephone (home)

Email address

4. Declaration

By signing below, I/We declare that:

- a) I am/we are the attorney(s) identified in the Power of Attorney;
- b) I am/we are authorised by the Power of Attorney to operate the account(s) held by the Account Holder on their behalf;
- c) I/we have not received notice of revocation of the Power of Attorney, and I/we make these declarations at the time of signing this form and each time I/we operate, access or conduct any activity in relation to the Account Holder's account(s). I/we undertake to advise U Ethical in writing immediately upon receiving notice of any amendment, limitation or cancellation affecting the Power of Attorney;
- d) I/we declare that the personal information and security details provided above are true and correct and I/we authorise U Ethical to verify this information;
- e) I/we have read the U Ethical Policy as appropriate and I/we consent to my/our personal information being collected, used and disclosed in the manner and for the purpose set out in the Privacy Policy as required for U Ethical to provide the account holder with the acquired service; and
- f) I/we authorise U Ethical to use and disclose my/our personal information to help U Ethical and any of its associated

Date / /

Signature Attorney 1

Date / /

Signature Attorney 2 (if applicable)