

APS Transfer Authority Form

Please complete this form if the deceased held an ISA with a plan manager other than LFI and you wish for LFI to become the ISA plan manager and accept APS subscriptions.

Investor Details (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other) Surname

Forename(s)

Permanent address

Address line 1

Address line 2

Town or city County

Country Postcode

Date of birth

National Insurance number

Please tick here if you do not have a National Insurance number

Details of the Deceased (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other) Surname

Forename(s)

Permanent address at the date of their death

Address line 1

Address line 2

Town or city County

Country Postcode

Date of birth Date of death

Date of marriage or civil partnership between the investor and the deceased

National Insurance number

Please tick here if they did not have a National Insurance number

Deceased existing ISA account number(s)

Please note if multiple ISAs were held by the deceased with the ISA manager their value will be combined to form one APS allowance.

APS Transfer Authority Form (continued)

APS ALLOWANCE TRANSFER INFORMATION

Name of the deceased's ISA Manager

Address of the deceased's ISA Manager

Address line 1

Address line 2

Town or city County

Country Postcode

Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred subscriptions may only be made in cash.

APS ELIGIBILITY DECLARATION

This section must be completed to confirm the investor named on this authority is eligible to transfer an additional permitted subscription allowance in respect of the deceased named on this authority.

I (the investor) declare that:

- I am the surviving spouse/civil partner of the deceased;
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down);
- I have not subscribed to and will not subscribe the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application;
- I intend to make an additional permitted subscription application to Link Financial Investments Limited;
- I am not resident in the United States of America.

I **authorise** the existing ISA provider of the deceased as specified above to provide Link Financial Investments Limited with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself (the investor) and the deceased and to accept any instruction from them relating to the APS allowance being transferred.

I declare that this APS transfer application form has been completed to the best of my knowledge and belief.

Signed Date

TRANSFER ACCEPTANCE

We, Link Financial Investments Limited, are willing to accept this APS allowance transfer in line with the investor's instructions above. We confirm that, subject to relevant checks, we are willing to accept an additional permitted subscription application from the investor.

Link Financial Investments Limited
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