

APS Transfer Authority Form

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

Investor Details (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other)	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>		
Permanent address			
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
Town or city	<input type="text"/>	County	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Please tick here if you do not have a National Insurance number			<input type="checkbox"/>

Details of the Deceased (Please complete in BLOCK CAPITALS)

Title (Mr/Mrs/Miss/Other)	<input type="text"/>	Surname	<input type="text"/>
Forename(s)	<input type="text"/>		
Permanent address at the date of their death			
Address line 1	<input type="text"/>		
Address line 2	<input type="text"/>		
Town or city	<input type="text"/>	County	<input type="text"/>
Country	<input type="text"/>	Postcode	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of marriage or civil partnership between the investor and the deceased			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
National Insurance number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Please tick here if they did not have a National Insurance number			<input type="checkbox"/>
Deceased existing ISA account number(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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 Waystone 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 Waystone 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

D	D	M	M	Y	Y	Y	Y
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TRANSFER ACCEPTANCE

We, Waystone 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.

Waystone Financial Investments Limited
PO Box 384
Darlington
DL1 9RZ
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