

INTERNAL USE ONLY

Exec:

Client Code:

FARLEY & THOMPSON INDIVIDUAL SAVINGS ACCOUNT ADDITIONAL PERMITTED SUBSCRIPTION (APS) ALLOWANCE TRANSFER AUTHORITY FORM

Please complete this form in BLOCK CAPITALS to request that an APS allowance is associated with your Farley & Thompson ISA.

Your details (investor)

Full Name															
Permanent residential address															
Postcode															
Date of Birth			-			-									
Do you have a National Insurance Number	Yes		No		If yes, please enter here										
Farley & Thompson account reference:															

Details of the deceased

Full Name														
Permanent residential address														
Postcode														
Date of Birth			-			-								
Date of Death			-			-								
Deceased's National Insurance Number														
Date of marriage or civil partnership between investor and deceased			-			-								
Have you notified the provider of the death	Yes		No		<i>(If no, you must inform them officially otherwise the transfer will be suspended pending the notification)</i>									

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

Full Name	
Permanent residential address	
Postcode	

Account Reference:

Stocks & Shares ISA	
---------------------	--

OR

Cash ISA (multiple as applicable)

Account No:									Sort Code			-			-		
Account No:									Sort Code			-			-		
Account No:									Sort Code			-			-		

APS subscription eligibility declaration

This section must be completed to confirm you are eligible to transfer an Additional Permitted Subscription allowance in respect of the deceased named on this authority.

I declare that:

- I am the surviving spouse or 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 to the Additional Permitted Subscriptions 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 Farley & Thompson Stockbrokers

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

I hereby authorise you to provide Farley & Thompson 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.

Signed:		Print Name:		Date:	
---------	--	-------------	--	-------	--

Transfer Acceptance

We, Farley & Thompson Stockbrokers, 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.

Signed:		Print Name:		Date:	
---------	--	-------------	--	-------	--

Partner

For and on behalf of Farley & Thompson Stockbrokers