APS Transfer Authority Form

Please ensure all boxes are completed in full, using black ink and BLOCK CAPITALS and sign as required. Incomplete or incorrect forms will cause a delay and may have to be returned to you and could also result in your application being rejected.

	ve to be retorned to you drid could discressiffin you	r application being re	pereu.
Investor Details			
Title: (Mr/Mrs/Miss/Ms/Other)		Permanent residential address:	
First name(s):		_	
Surname:			
Date of birth: (dd-mm-yyyy)			
Telephone Number: (Daytime)		Postcode:	
Telephone Number: (Evening)		Occupation:	
National Insurance No: (or confirmation that you do not have one)		Estimated Annual Income:	
Details of the De	ceased		
Title: (Mr/Mrs/Miss/Ms/Other)		National Insurance No: (if known)	
First name(s):		Permanent residential address at	
Surname:		their date of death:	
Date of birth: (dd-mm-yyyy)			
Date of marriage or civil partnership between the investor and the deceased:		_	
Date of death: (dd-mm-yyyy)		Postcode:	
Name and address of deceased's ISA manager:	ransfer Information		
Existing ISA number(s):			
Existing ISA nomber(s).			
Please be aware that an subscriptions may only b	APS limit/allowance can only be transferred once and only who made in cash.	ere no subscriptions have	been made under that APS limit/allowance. Once transferred,
APS Eligibility Dec	claration		
This section must be cor deceased named on thi I (the investor) declare th I am the surviving spo I was living with the d under a deed of sepo I have not subscribed named on this applic	mpleted to confirm the investor named on this authority is eligibles authority. In at: Duse / civil partner of the deceased Receased within the meaning of Section 1011 of the Income Tax Action, or in circumstances where the marriage or civil partners to and will not subscribe to the Additional Permitted Subscription	Act 2007 at the date of the ohigh had broken down)	deceased's death (we were not separated under a court order,
Transfer Authorit			
I authorise the existing IS and former ISA in respec	Y SA provider of the deceased as specified above to provide the lact of myself (the investor) and the deceased and to accept any in the application form has been completed to the best of my kappen.	nstruction from them relatir	
Signature:			Date:

Transfer acceptance (your new ISA provider fills this part in)

We, the West Brom are willing to accept this APS limit/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.

Name of new ISA Manager:

Please send your completed Letter of Authority to Transfer form, together with your account application form to FREEPOST THE WEST BROM. (Please write the address exactly like this, all in upper case and on one line. You don't need to use a stamp. Please note: Royal Mail delivers Freepost as second class mail.)

Calls and electronic communications may be monitored and/or recorded for your security and may be used for training purposes. Your confidentiality will be maintained.

The West Brom is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority. Register no. 104877. 'the West Brom' is a trading name of West Bromwich Building Society.



