# **ELITE CHARTERIS PREMIUM INCOME FUND**

# Elite Stocks and Shares ISA Transfer Form (Multiple)

#### FOR COMPLETION BY THE INTRODUCING INTERMEDIARY (IF APPLICABLE)

Advised Investment*		
Non-Advised Investment*		
*Please tick as appropriate		

#### NOTE

For an 'Advised Investment' investment can me made in E Class Shares **ONLY**. For a 'Non-Advised Investment' investment can me made in any of the Share Classes

If you hold one or more Individual Savings Accounts (ISAs) with other ISA managers, you can transfer all or part of these to the EFA Stocks and Shares ISA by completing this Transfer Form and returning it to your Financial Adviser. You also need to complete a Transfer Instruction Form for each of the ISAs you wish to transfer.

## 1. Personal Details (BLOCK CAPITALS please)

Surname	Forenames	Title
Permanent Residential Address		
	Postcode	
National Insurance Number*	If you do not have a National Insurance Number	, please tick this box
Date of Birth*		
Telephone (daytime)	Telephone (evening)	

\*Your National Insurance Number or National Pension Number and date of birth must be quoted. You should be able to find your NI number on a payslip, form P45 or P60, a letter from HM Revenue & Customs, a letter from the DWP, or pension order book.

## 2. Reinvestment Details

Elite Charteris Premium Income Fund - Income units R Shares (AMC1.5%)	%
Elite Charteris Premium Income Fund - Income units E Shares (AMC1.25%)	%

Please note that for R Class Shares, commissions are payable to the Intermediary detailed on the final page of this Application Form.

## 3. Income Distributions

You have the option to reinvest any income generated, to purchase further units in the Elite Charteris Premium Income Fund. If you wish to reinvest your income, please tick this box

If you have not elected to have your income reinvested, please complete the following boxes to indicate where any income distributions should be paid, as all income is paid by BACS direct credit. *Please note that you should ensure that the bank account detailed can accept payments by this method.* 

Name and full address of Bank/Building Society				
Sort Code Account Name		Account Number		

Account must be in the name of the Applicant

# Declaration

- I wish the proceeds of my transferred ISA(s) to be used to purchase units in the Elite Charteris Premium Income Fund as detailed in Section 2 of this form.
- I am 18 years or over.
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of the Income Tax (Earnings & Pensions) Act 2003 (Crown Employees Serving Overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Elite Fund Administration if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I authorise Elite Fund Administration to hold my cash subscriptions, ISA investments, interest, dividends, and any other rights or proceeds in respect of those investments and any other cash to make on my behalf any claims for relief from tax in respect of ISA investments, and transfer or pay to me, upon written request, ISA investments, interest, dividends, rights or other proceeds in respect of such investments and any other cash.
- I declare to the best of my knowledge and belief that the above information is true and correct and will inform Elite Fund Administration without delay, of any changes to the information given.
- I confirm that I have received, read and retained a copy of the relevant Key Investor Information Document and agree to the EFA Stocks and Shares ISA Terms and Conditions.
- I also confirm that all subscriptions made and to be made, belong to me.
- I understand that Elite Fund Administration may require further information from me, or about me, to satisfy the requirements of the Money Laundering Regulations in force.

Applicant's Signature	Date

#### **Cancellation Rights**

Under the Financial Conduct Authority's Conduct of Business Rules, cancellation rights will apply where the contract was arranged through an independent intermediary, unless they hold an appropriate customer agreement with you, or dealt on your behalf on an execution-only basis. A copy of the Scheme Particulars is available, free of charge, on request. A copy of this completed application form is also available on request.

For an Advised Investment Cancellation Rights will apply.

#### **Data Protection Act**

The details you have provided will be held on computer by Elite Fund Administration, but will not be used for any purpose except to fulfil its obligations to unitholders.

Before sending this form to us, please make sure you have:

- Signed the ISA Transfer Form above
- Completed a Transfer Instruction Form for each ISA you wish to transfer

Please return these forms to your Financial Adviser who will forward it to the address shown below:

For Intermediary Use Only	Intermediary Stamp	
Comments	Registered Individual	

Elite Fund Administration (EFA) Cedar House, 3 Cedar Park, Cobham Road, Wimborne, Dorset, BH21 7SB Telephone: 01202 855856 Facsimile: 01202 855850 Registered office: As above. Registered No 4011838 England and Wales. Elite Fund Administration is a trading name of WAY Fund Managers Limited which is authorised and regulated by the Financial Conduct Authority A member of IMA

May 2013

# **Elite ISA - Transfer Instruction Form**

Existing ISA Plan Manager's Name and full address			
Plan Reference(s)			
<b>The ISAs for the following tax years are to be transferred to the Elite Stocks and Shares ISA</b> e.g. 1999/2000 (Note: If all tax years are to be transferred, state "ALL")			
Type of ISA being transferred	Cash ISA **	Stocks & Shares ISA **	<b>**</b> Delete as appropriate
Please indicate the approximate value	ue of the ISA to be tran	nsferred £	
Please transfer my current ISA, detailed in this Transfer Instruction Form, to WAY Fund Managers Limited. I understand that investments in my existing ISA will be liquidated and the proceeds transferred to WAY Fund Managers Limited in accordance with the ISA Regulations. Payment should be made to 'WAY Fund Managers Limited.' I authorise you to provide WAY Fund Managers Limited with any information they request regarding my ISA.			
Applicant's Name (BLOCK CAPITALS please)			
Applicant's Signature:		Dat	e:

# **Elite ISA - Transfer Instruction Form**

Existing ISA Plan Manager's Name and full address			
Plan Reference(s)			
<b>The ISAs for the following tax years are to be transferred to the Elite Stocks and Shares ISA</b> e.g. 1999/2000 (Note: If all tax years are to be transferred, state "ALL")			
Type of ISA being transferred	Cash ISA **	Stocks & Shares ISA **	<b>**</b> Delete as appropriate
Please indicate the approximate value of the ISA to be transferred £			
Please transfer my current ISA, detailed in this Transfer Instruction Form, to WAY Fund Managers Limited. I understand that investments in my existing ISA will be liquidated and the proceeds transferred to WAY Fund Managers Limited in accordance with the ISA Regulations. Payment should be made to 'WAY Fund Managers Limited.' I authorise you to provide WAY Fund Managers Limited with any information they request regarding my ISA.			
Applicant's Name (BLOCK CAPITALS please)			
Applicant's Signature:			Date:

------

## **Elite ISA - Transfer Instruction Form**

Existing ISA Plan Manager's Name an	d full address			
Plan Reference(s)				
<b>The ISAs for the following tax years are to be transferred to the Elite Stocks and Shares ISA</b> e.g. 1999/2000 (Note: If all tax years are to be transferred, state "ALL")				
Type of ISA being transferred	Cash ISA	**	Mini Stocks & Shares ISA **	<b>**</b> Delete as appropriate
Please indicate the approximate value of the ISA to be transferred £				
Please transfer my current ISA, detailed in this Transfer Instruction Form, to WAY Fund Managers Limited. I understand that investments in my existing ISA will be liquidated and the proceeds transferred to WAY Fund Managers Limited in accordance with the ISA Regulations. Payment should be made to 'WAY Fund Managers Limited.' I authorise you to provide WAY Fund Managers Limited with any information they request regarding my ISA.				
Applicant's Name (BLOCK CAPITALS please)				
Applicant's Signature:			Date:	