



# CASH ISA TRANSFER APPLICATION FORM

Please use black ink and write in CAPITALS. Defined terms shall have the meaning as set out in the Definitions section of the Brochure incorporating the Terms and Conditions. When you have completed and signed this application form, please return it to your Financial Adviser or to: Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE.

If you have any questions regarding the application process, please speak to your Financial Adviser or call 0845 848 0307

## 1. YOUR DETAILS

Title (Mr/Mrs/Miss/Ms):

Surname:

Full first names:

Date of birth:  D  D  M  M  Y  Y  Y  Y

Permanent home address:

Post Code:

## 2. CONTACT DETAILS

Country:

Phone Number:

Email:

Approximate transfer Value: £

## 2. BANK DETAILS

Please complete the details below for receipt of payments:

Bank/Building Society:

Address:

Post Code:

## 3. ACCOUNT DETAILS

Account name:

Account no:

Sort code:  -  -

Building Society Ref. or Roll No:

## 3. NATIONAL INSURANCE NUMBER

Do you have a National Insurance (NI) number?  Yes  No  
If 'Yes', please write it below.

You should be able to find your NI number on a payslip, form P45 or P60, letter from Her Majesty's Revenue & Customs, letter from the DWP or pension order book.

NI Number:

## 4. INVESTMENT DETAILS

Please indicate the approximate amount you wish to invest. Minimum £3,000.

**UK Range 7 Deposit Plan 2** £

Cheques should be made payable to **Gilliat Financial Solutions Client A/C 9**. If you are sending us a building society cheque, it should be payable to **Gilliat Financial Solutions Client A/C 9 (client name)**. If you send money by bank transfer, the details you require are: Gilliat Financial Solutions Client A/C 9, Barclays Bank, Sort code: 20-00-00, Account number: 1391 9218

## 5. PROVISION OF INFORMATION

For security purposes, please provide us with a password so we can give you information over the phone:

## 6. EXISTING CASH ISA TRANSFER REQUEST

Title (Mr/Mrs/Miss/Ms):

Surname:

Full first names:

Date of birth:  D  D  M  M  Y  Y  Y  Y

Permanent home address:

Post Code:

NI Number:

## 7. ISA DETAILS

ISA Number:

Type of account: Cash

Sort code:  -  -

Name of investment:

1. Have you subscribed to your current cash ISA in the current tax year?  
 Yes  No

2. Do you wish to: Close your account and transfer the balance plus interest?  
 Yes  No

If no: Transfer your current year subscription as part of the transfer?  
 Yes  No

Transfer your current year subscription only?  
 Yes  No

N.B. Under ISA Regulations only whole transfers of current year subscriptions and interest can be accepted. For partial transfers indicate the amount to be transferred:

£

## 7. HAVE YOU RECEIVED FINANCIAL ADVICE?

Gilliat recommends that all clients seek financial advice to help establish whether investing in this Plan fits with their circumstances and financial objectives. Have you received financial advice relating to this Plan?

**Yes**, I/we have received advice from

(name of firm)

**No**, I/we have not received financial advice

### If you have received advice, please proceed to Section 7.

If you have **not** taken financial advice please answer the following questions so that we can assess whether the Plan is appropriate for you.

1. Please indicate if you have ever held:

Any investment where the investment returns are variable and are based on the performance of the securities, such as equities, commodities, indices, corporate bonds.

A structured deposit (a fixed term investment such as the one you are applying for).

2. Do you understand that payment of the Annual Coupon will depend on the performance of the Underlying of the Plan?

**Yes**  **No**

3. Do you understand that the Plan is designed to be held for the full term of the Plan and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested?

**Yes**  **No**

4. Have you read and considered the Brochure and the Terms & Conditions?

**Yes**  **No**

5. Have you read and considered fully the risks associated with investing in the Plan as provided in the Brochure?

**Yes**  **No**

## 8. DECLARATION & AUTHORITY

1. I instruct the ISA Manager to sell my existing ISA assets in accordance with the ISA transfer request forms, and transfer the amounts realised to Gilliat to invest in the relevant Plan.

2. I authorise Gilliat to hold my cash subscriptions, Plan investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of investments in the Plan, and on my written request to transfer or pay to me, as the case may be, Plan investments, interest, dividend rights or other proceeds in respect of such investments or any cash.

3. I declare that the information given in this application is true and correct to the best of my knowledge and belief and that I will inform Gilliat without delay of any change in my circumstances affecting any of the information in this application form.

4. I declare that I have read the Brochure and Terms and Conditions and I agree to the Terms and Conditions under which my investment will be managed.

**I have read the relevant Brochure, incorporating the Terms & Conditions, and agree the terms under which my investments will be managed. I declare that Arbutnot Latham & Co. Ltd shall act as Bare Trustee for the cash investment which will be placed on deposit with SG Hambros Ltd. I declare that this application form has been completed to the best of my knowledge and belief. I understand that Gilliat Financial Solutions does not provide investment advice and confirm that I have received advice on this investment from a Financial Advisor as shown above or, if I have not received advice, that I am satisfied that I do not need to take financial advice.**

Signature:

Date:

**Note:** When you have completed and signed this application form, please return it to your Financial Adviser or to:

**Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE.**

## FOR FINANCIAL ADVISER'S USE ONLY

Adviser Firm:

FSA Firm number:

Name of adviser:

If you are part of a network, please state which:

### Prevention of money laundering

I confirm that I have carried out the appropriate identity checks and attached the 'Verification of Identity Certificate'.

### Please tick the appropriate box:

I have enclosed signed copies of the documentary evidence with this certificate.

I have seen the original documents and recorded details.

Other special instructions re investment:

### Signed on behalf of the above:

Name of existing ISA Manager:

Address:

Postcode:

Telephone No:

Any special instructions:

In respect of the ISA Account detailed overleaf I authorise my existing ISA Manager (as specified opposite) to

1. Transfer the cash value of the ISA together with any interest, dividends, rights and cash within the account, or the amount specified, as appropriate, to **Gilliat Financial Solutions**.

2. Provide Gilliat Financial Solutions with any information, written or non-written, and to accept any instructions from them relating to the transfer.

3. Ensure that all dividends, interest & tax credits arising after the transfer are paid to me.

4. a) Proceed immediately with the transfer and, where a period of notice is required for closure/part transfer, apply any consequential penalty (**delete as appropriate**); **OR**

b) Proceed with the transfer only after the full notice period has expired (**delete as appropriate**)

Signature:

Date: