CASH ISA TRANSFER DEFENSIVE KICK OUT DEPOSIT PLAN 1





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): Country: Surname: Phone Number: Full first names: Email: Date of birth: Approximate £ Permanent home address: transfer Value: Post Code: 2. BANK DETAILS Please complete the details below for receipt of payments: Account name Bank/Building Society: Account no: Address: Sort code: Building Society Ref. or Roll No: Post Code: 3. NATIONAL INSURANCE NUMBER INVESTMENT DETAILS You can transfer your ISA into the Defensive Kick Out Plan 1. Please indicate the Do you have a National Insurance (NI) number?: | approximate amount you wish to invest. Minimum £3,000. If 'Yes', please write it below. **Defensive Kick Out Plan 1** 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 Cheques should be made payable to Gilliat Financial Solutions Client A/C 9. pension order book. 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 NI Number: 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): ISA Number: Surname: Type of account: Cash Full first names: Sort code: Date of birth: Name of investment: Permanent home address: 1. Have you subscribed to your current cash ISA in the current tax year? Yes 2. Do you wish to: Close your account and transfer the balance plus interest? Post Code: Yes No NI Number: If no: Transfer your current year subscription as part of the transfer? N.B. Under ISA Regulations only whole transfers of current year subscriptions and Yes No interest can be accepted. For partial transfers indicate the amount to be transferred:

PRODUCT PROVIDER: SOCIETE GENERALE | DEPOSIT TAKER: SG HAMBROS BANK LTD | PLAN ADMINISTRATOR: GILLIAT FINANCIAL SOLUTIONS

Yes

Transfer your current year subscription only?

No



£

7.17/1/2	TIEGETVED THAT HAGINET NOTICE.	
investing in this Pla	that all clients seek financial advice to help establish whether n fits with their circumstances and financial objectives. Have cial advice relating to this Plan?	performance of the Underlying Assets of the Plan?
· 🖂	ave received advice from	Yes No
res, // we re	ave received advice norm	3. Do you understand that although the Plan can expire early after year 2, 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
(name of firm)		the date of sale and that this value could be less than the amount you invested?
No, I/we ha	ve not received financial advice	Yes No
If you have rece	ived advice, please proceed to Section 7.	4. Have you read and considered the Brochure and the Terms & Conditions?
If you have not taken financial advice please answer the following questions so that we can assess whether the Plan is appropriate for you.		Yes No
Please indicate if you have ever held:		5. Have you read and considered fully the risks associated with investing in the
on the perfo	nent where the investment returns are variable and are based ormance of the securities, such as equities, commodities, porate bonds.	Plan as provided in the Brochure? Yes No
A structured applying for	d deposit (a fixed term investment such as the one you are).	
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. Accordance with the ISA Manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA manager to sell my existing ISA assets in accordance with the ISA assets in accordance with the ISA manager to sell my existence with		I have read the relevant Brochure, incorporating the Terms & Conditions, and agree the terms under which my investments will be managed. I declare that Gilliat Financial Solutions 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 Adviser as shown above or, if I have not received advice, that I am satisfied that I do not need to take financial advice.
to the best of m	e information given in this application is true and correct y knowledge and belief and that I will inform Gilliat without ange in my circumstances affecting any of the information in	Signature:
this application	form.	Date:
	ave read the Brochure and Terms and Conditions and I ms and Conditions under which my investment will be	Note: When you have completed and signed this application form, please return it to
managed. your		your Financial Adviser or to:
		Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LF
		Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE.
	AL ADVISER'S USE ONLY	Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE.
FOR FINANCIA	AL ADVISER'S USE ONLY	Gilliat Financial Solutions, P.O. Box 874, Newport, NP20 9LE. Other special instructions re investment:
	AL ADVISER'S USE ONLY	
	AL ADVISER'S USE ONLY	
Adviser Firm:	AL ADVISER'S USE ONLY	
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FSA Firm number: Name of adviser: If you are part of a Prevention of mole confirm that I have Please tick the all the properties of the pr	network, please state which: ney laundering e carried out the appropriate identity checks and attached the	Other special instructions re investment: Verification of Identity Certificate'. Signed on behalf of the above:
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FSA Firm number: Name of adviser: If you are part of a Prevention of moleconfirm that I have enclose I have enclose I have seen the Name of existing	network, please state which: oney laundering e carried out the appropriate identity checks and attached the ppropriate box: d signed copies of the documentary evidence with this certific	Other special instructions re investment: Signed on Identity Certificate'. Signed on behalf of the above: 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-
FSA Firm number: Name of adviser: If you are part of a Prevention of mo I confirm that I have Please tick the a I have enclose I have seen the Name of existing ISA Manager:	network, please state which: oney laundering e carried out the appropriate identity checks and attached the ppropriate box: d signed copies of the documentary evidence with this certific	Other special instructions re investment: Signed on Identity Certificate'. Signed on behalf of the above: 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.
FSA Firm number: Name of adviser: If you are part of a Prevention of mo I confirm that I have Please tick the a I have enclose I have seen the Name of existing ISA Manager:	network, please state which: oney laundering e carried out the appropriate identity checks and attached the ppropriate box: d signed copies of the documentary evidence with this certific	Other special instructions re investment: Signed on Identity Certificate'. Signed on behalf of the above: 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-
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FSA Firm number: Name of adviser: If you are part of a Prevention of mo I confirm that I have enclose I have enclose I have seen the Name of existing ISA Manager: Address: Postcode: Telephone No:	network, please state which: oney laundering e carried out the appropriate identity checks and attached the ppropriate box: d signed copies of the documentary evidence with this certific	Other special instructions re investment: Other special instructions re investment: Overification of Identity Certificate'. Signed on behalf of the above: ate. 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.
FSA Firm number: Name of adviser: If you are part of a Prevention of mo I confirm that I have Please tick the a I have enclose I have seen the Name of existing ISA Manager: Address:	network, please state which: oney laundering e carried out the appropriate identity checks and attached the ppropriate box: d signed copies of the documentary evidence with this certific	Other special instructions re investment: Verification of Identity Certificate'. Signed on behalf of the above: ate. 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 nonwritten, 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
FSA Firm number: Name of adviser: If you are part of a Prevention of mo I confirm that I have Please tick the a I have enclose I have seen the Name of existing ISA Manager: Address: Postcode: Telephone No: Any special	network, please state which: oney laundering e carried out the appropriate identity checks and attached the ppropriate box: d signed copies of the documentary evidence with this certific	Other special instructions re investment: Other special instructions re investment: Verification of Identity Certificate'. Signed on behalf of the above: ate. 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 nonwritten, and to accept any instructions from them relating to the transfer are paid to me. 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
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