# Request to Disclose Additional Permitted Subscription (APS) Allowance Value

This form should be used to request the value of a deceased account holder's ISA which can be used for APS purposes by the surviving spouse/civil partner. An original or certified copy of the death certificate must be sent alongside this completed application form.

Please note – this form does not enable you to transfer the APS allowance or subscribe in to the APS allowance. For details of how to do this please refer to the APS user guide which can be found in the literature section at **www.ifslfunds.com**.

Please complete this form in **BLOCK CAPITALS** and return to: IFSL, Marlborough House, 59 Chorley New Road, Bolton BL1 4QP, via email at **dealing@ifslfunds.com** or to your financial adviser.

Section A	- Personal Details Please comple	ete this section in full as this is mandatory
Title	Surname	Forename(s)
Permanent resi	dential address	
		Postcode
Telephone num	nber*	
Email address*		
*This informatio	n is not mandatory.	
Section B	- Deceased's Details Please cor	mplete this section in full as this is mandatory
Title	Surname	Forename(s)
Permanent resi	dential address at date of death	
Postcode		Nationality
Date of birth	$D \hspace{.1cm} \mid \hspace{.1cm} D \hspace{.1cm} \mid \hspace{.1cm} M \hspace{.1cm} \mid \hspace{.1cm} M \hspace{.1cm} \mid \hspace{.1cm} Y \hspace{.1cm} \mid \hspace{.1cm} Y \hspace{.1cm} \mid \hspace{.1cm} Y \hspace{.1cm} \mid \hspace{.1cm} Y$	Date of death
National insura	nce number (if known)	If you do not have a NI number please tick this box
Date of marriag	e or civil partnership between the investor	and the deceased
Please provide	the holder ID of account number of the dec	reased (if known)
D	Iday ID (a accust yours bay	

## Section C - Declaration Please ensure that you read and sign this section as this is mandatory

I declare that:

- I am the surviving spouse/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 (i.e. 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/We have read the IFSL's Privacy Notice concerning the use of my/our personal data

Investor signature	Date	D	D	/I M	Υ	Υ	Υ	Υ

## Section D - Privacy Notice

We're committed to processing the personal data that you provide to us in line with the latest data protection and data privacy legislation in force within the United Kingdom. We'll use your information in order to provide the service detailed in this Application Form and to administer your investments, communicate with you and provide information on our products and services when you request it, to meet our legal obligations and for the purposes of fraud prevention.

#### **Our full Privacy Notice**

It's important that you read our full Privacy Notice, which explains how the personal information you give us will be used. The Privacy Notice can be found on our website at **www.ifslfunds.com**, or you can ask us for a copy.

### Communicating with you including Direct Marketing

We'd like to let you know about IFSL investment products and services we think would be of interest to you. However, we'll only contact you if you consent by ticking the boxes below.

#### Your marketing preferences

I'm happy for IFSL be of interest.	to contact me in	the following ways	s about investment products, services and promotional offers that ma
	Bypost	By phone	By amail
	, .	, .	,
	,	, , ,	us know by post, phone or email. Please note we will continue to

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