

Additional Permitted Subscription (APS) Allowance Transfer Form

This form is to be used by the surviving spouse/civil partner to transfer any inherited APS allowance into an IFSL stocks and shares ISA from another ISA provider. If there are multiple ISA providers to be transferred then a form should be submitted for each one.

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 complete this section in full as this is mandatory

| | | |
|---|---|-----------------------|
| Title | Surname | Forename(s) |
| Permanent residential address | | Postcode |
| Nationality | Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| National insurance number (if known) | If you do not have a NI number please tick this box <input type="checkbox"/> | |
| Telephone number | | |
| Email address | | |
| Account number (please tick one box only) | | |
| Create new account <input type="checkbox"/> | Use my existing account <input type="checkbox"/> | please specify number |

Where you have provided an email address, information and documentation relevant to the operation and maintenance of your account will be sent via email. Please tick this box if you wish to receive this via the post.

I apply to transfer the APS allowance from my late spouse/civil partner's account into a Stocks & Shares ISA

Section B - Deceased's Details Please complete this section in full as this is mandatory

| | | |
|---|---|---|
| Title | Surname | Forename(s) |
| Permanent residential address at date of death | | |
| Postcode | Nationality | |
| Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date of death <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| National insurance number (if known) | If you do not have a NI number please tick this box <input type="checkbox"/> | |
| Date of marriage or civil partnership between the investor and the deceased | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Section C - Financial Adviser's Details To be completed by your financial adviser if applicable

Adviser's name/firm _____

Adviser's email address _____

FCA/FRN number _____

Agency code (if known) _____

Please tick all which apply

Cancellation rights apply Discretionary business Advised business

Execution only Portfolio management services

Adviser's firm stamp

Section D - APS Eligibility Declaration This section is mandatory and is to confirm that the investor is eligible to transfer an APS allowance in respect of the deceased named in section B

I (the investor) 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 have not subscribed to and will not subscribe the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application
- I intend to make an additional permitted subscription application to IFSL
- The subscription is being made within 3 years of the date of death or, if later, 180 days of the completion of the administration of the estate
- All subscriptions made, and to be made, belong to me

Investor signature _____

Date

D | D | M | M | Y | Y | Y | Y

Section E - APS Allowance Transfer Instruction to ISA Manager of the Deceased

Please ensure that you complete and sign this section as this is mandatory

I hereby authorise the below existing ISA provider of the deceased (as detailed in section B) to provide IFSL with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself (the investor) and the deceased and to accept any instruction from them relating to the APS allowance being transferred.

Name of ISA Manager _____

Address of ISA Manager _____

Postcode _____

Telephone number _____

Account number(s) _____

Approximate value (if known) £ _____

Signature _____

Date

D | D | M | M | Y | Y | Y | Y

Investment Fund Services Limited (IFSL) is registered in England and Wales No. 06110770. Authorised and regulated by the Financial Conduct Authority and a member of The Investment Association.

Section F - 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 to contact me in the following ways about investment products, services and promotional offers that may be of interest.

Please tick here: By post By phone By email

You can withdraw your consent at any time by letting us know by post, phone or email. Please note we will continue to contact you with information relevant to the operation and maintenance of your account as required by law.

Section G - Declaration

Please ensure that you read and sign this section as this is mandatory

- I declare that I have read and understood the IFSL Terms and Conditions which are available at www.ifslfunds.com and agree to be bound by these
- To the best of my knowledge and belief, all statements made in this application form are true and correct and I shall inform the plan manager immediately of any changes herein
- I declare that I am 18 years of age or over
- I confirm that I am not a US Person (either a resident or citizen) and acknowledge that US Persons cannot hold shares/units in the fund(s)
- I hereby authorise IFSL:
 - (i) to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
 - (ii) to make on my behalf any claims or relief from tax in respect of ISA investments
- I have read the IFSL Privacy Notice concerning the use of my personal data
- I acknowledge that, if multiple ISA's were held by the deceased with the ISA provider detailed in this application, the value of those ISA's will be combined to form one overall APS allowance
- I acknowledge that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. I also acknowledge that once transferred, any subscriptions may only be made in cash

Investor signature

Date

D | D | M | M | Y | Y | Y | Y

Section H - Transfer Acceptance

We, IFSL are willing to accept this APS allowance transfer in line with the investors 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: IFSL