

# 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 complete this form in **BLOCK CAPITALS** and return to: IFSL, PO Box 13586, Chelmsford, CM99 2GS, or to your financial adviser.

## Section A - Personal Details This section is mandatory

Title	Surname	First name(s)
Permanent residential address		
Postcode		Country
Telephone number		Email address
Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	National Insurance number
		<div><div>L</div><div>L</div><div>N</div><div>N</div><div>N</div><div>N</div><div>N</div><div>N</div><div>L</div></div>
Nationality		

### Employment

Occupation (job role)

e.g., manager, professional, clerical, sales, self employed, retired, home maker etc

Occupation sector (industry)

e.g., education, financial services, healthcare, civil servant, transport, etc. Please leave blank if you're retired or a home maker

*For anti-money laundering purposes we may need to verify the information provided*

Account number (please tick one box only)

Create new account ☐ Use my existing account ☐ please specify number

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		
Date of birth	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	Date of death
		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>
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		<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>

## 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

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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](http://www.ifslfunds.com), or you can ask us for a copy.

## Section G - Declaration

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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](http://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

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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