

CASH ISA TRANSFER AUTHORITY FORM

Please complete this form and give this to your new ISA Provider who will arrange for the transfer to take place.

Please complete all relevant sections of this form in **BLOCK CAPITALS** in black ink

About you

Information about the investor (to be completed by the Investor)

Title

First name(s)

Surname

Date of birth

Nationality

National Insurance (NI) Number

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

Country of residence
For tax purposes

Contact number (inc. area code)

Email address

Current address

Town

County

Post code

Information about the ISA to be transferred (to be completed by the Investor)

Name of existing ISA Provider

Address of existing ISA Provider

Account number of existing ISA

1. Do you want to transfer all or part of this cash ISA, including the accrued interest? Yes No
(If requesting a partial transfer, please check with your existing ISDA Manager that this is possible)

2. Have you subscribed to this Cash ISA In the current tax year? Yes No

3. For partial transfers, do you want to transfer current tax year subscriptions as part of this transfer? Yes No

See Overleaf

4. If current year subscriptions are to be included in the transfer please specify the date of the first subscription In this tax year

___/___/_____

please note that, current tax year subscriptions and interest can only be transferred in whole and not in part.

5. If you are requesting a partial transfer, please specify how much of your Cash ISA you want to transfer:

If only current year subscription plus interest to be transferred, tick here or specify £

Transfer authority (to be completed by the Investor)

I authorise my existing ISA Provider (as specified) to transfer the ISA (account number specified) to the new ISA Provider. I authorise my existing ISA Provider to provide my new ISA Provider with any information, written or non-written concerning the Cash ISA and to accept any instruction from them relating to the Cash ISA being transferred.

Where a period of notice is required for closure / part transfer of the existing Cash ISA, I give my consent to either (ISA investor to tick as appropriate)

- 1. Serve the full notice period before or wait until the scheduled maturity (as appropriate) before this Instruction can be processed
- or
- 2. Proceed Immediately with the transfer and I will bear any consequential loss of Interest or any other charge which may be applied

Signature: _____

Date: _____

Transfer acceptance (to be completed by new ISA Provider)

We are willing to accept this transfer in line with the customer's instructions above, subject to the following criteria being met;

- The transfer proceeds constitute cash deposit only
- The transfer proceeds must be received by us no later than
- Where the customer has Indicated above that current tax year subscriptions are being transferred, that these do not exceed £.....

For the purpose of the transfer of the ISA wrapper under the ISA regulations we deem the date shown below to be the transfer date.

Signature: _____

Date: _____

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