

## **Cash ISA Transfer Authority Form**

This form can be completed electronically, Saved and printed.

If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

1. Information about the investor (to be completed by the ISA investor)															
Title	First Na			Su	rname										
Permanent Residential Ac	ldress					Date of b	irth	D D I	M	Υ	Υ	YY	,		
						National	Insuran	ce Number							
		P	ostcode			Contact 7 (inc. area o									
2. Information about the ISA to be transferred (to be completed by the ISA investor)															
Name of exist	ing ISA Manager														
Full address o ISA Manager	f existing														
			Postcode												
Account numb	per of existing ISA to	be transferred:													
1. Do you want to close your current cash ISA and transfer all the balance, includin (If requesting a partial transfer, please check with your existing ISA manager that this is possible						d interest	?	Yes		No					
2. Have you subscribed to your current cash ISA in the current tax year?								Yes		No					
			If you answered	d YES to Q1	l please ig	nore Q3 8	Q4								
3. <b>If you answered YES to Q2</b> : Do you want to transfer current tax year subscriptions as part of this transfer?  Yes															
It is import	ant to note that und	er HM Revenue &	Customers ISA Regula	itions, only	whole tra	nsfers of o	current t	ax year sub	scripti	ons and	d intere	est can	be acc	epted.	
	cify how much of you				0.0										
If <b>only</b> curre	nt year subscription	plus interest is to	be transferred, tick he	re	OR sp	есіту									
I authorise my Manager to pr relating to the Where a perior	ovide Chorley & Dist cash ISA being tran	per (as specified a rict Building Socie sferred, d for closure/part	bove) to transfer the IS ety with any information transfer of the existing	on, written o	r non-writ	ten, conce	erning th	e cash ISA	and to	accept	any in	structi			
	·		g any consequential pe		h may be	applied									
Signature:					Date:	D D	M	М	ΥΥ	Υ					
4. Transfer A	acceptance (to be	completed by ne	w ISA Manager)												
			are not cash deposits, subject to HMRC rules												
Date:	D D M M	YYY	Υ		Address										
Name															
E-mail									Pos	stcode					
Telephone															