



ISA Additional Permitted Subscription

This form can be completed to make additional permitted subscriptions to your Wealthtime or Novia ISA. If the deceased held ISAs with multiple ISA managers, please complete one form for each ISA manager. Once completed, please sign the declaration on page three using a blue or black pen. Your adviser can then send the completed form to us by secure email in Adviser Zone. Alternatively, the form can be sent by post to **Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR**.

Investor Details

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other: <input type="text"/>
Surname: <input type="text"/>		Date of birth (dd/mm/yyyy): <input type="text"/>	
Forename(s): <input type="text"/>			
Investor number: <input type="text"/>			
Wrapper number: <input type="text"/>			
National Insurance number: <input type="text"/>			

Failure to provide your correct National Insurance number can make your ISA invalid, and you will lose the tax benefits.

Expected amount of additional permitted subscription:

I wish to apply to make an additional permitted subscription in respect of the deceased ISA holder detailed below to whom I was married/in a civil partnership with at the time of their death.

Full Details of the Deceased

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	Other: <input type="text"/>
Surname: <input type="text"/>		Date of birth (dd/mm/yyyy): <input type="text"/>	
Forename(s): <input type="text"/>			
Date of death(dd/mm/yyyy): <input type="text"/>			
Date the marriage/civil partnership took place(dd/mm/yyyy): <input type="text"/>			
National Insurance number (if known): <input type="text"/>			

House number/name:	<input type="text"/>
Street name:	<input type="text"/>
District:	<input type="text"/>
Town/city:	<input type="text"/>
County:	<input type="text"/>
Country:	<input type="text"/>
Postcode:	<input type="text"/>

Details of the ISA manager Holding the Deceased's ISA(s)

ISA manager name:	<input type="text"/>
Building number/name:	<input type="text"/>
Street name:	<input type="text"/>
District:	<input type="text"/>
Town/city:	<input type="text"/>
County:	<input type="text"/>
Country:	<input type="text"/>
Postcode:	<input type="text"/>

Reference number(s) for the deceased's ISA(s) (if known):

If the ISA manager is Wealthtime, please confirm how the additional permitted subscription should be completed.

Internal cash transfer Internal asset transfer

If the ISA manager is not Wealthtime, please be aware that we need to receive confirmation of the additional permitted subscription limit from the external ISA manager before any money is paid to us.

Declaration

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 am making the additional permitted subscription under the provisions of regulation 5DDA of the ISA regulations;
- I am making the subscription within three years of the date of death, or if later, within 180 days of the completion of the administration of the estate;
- Where the deceased's ISA was held with an ISA manager other than Wealthtime, I have not made nor will I make any additional permitted subscriptions to that ISA manager in respect of that ISA.
- Where the deceased's ISA was held with an ISA manager other than Wealthtime, I permit you to share with that ISA manager any information that is necessary to validate my additional permitted subscription, including the sending of this form.

Applicant signature:

Print name:

Date (dd/mm/yyyy):

<input type="text"/>							
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If you require this document in an alternative format please contact us.

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