

Stocks and Shares ISA Application Form

Before you fill out this form, please make sure you've read and understood our ISA Key Features Document. Once you've decided it's the right product for you, please complete all sections.

If you are sending this form by post, please complete in CAPITAL LETTERS using black ink and return to: Wealthtime Classic, PO Box 2468, SALISBURY, SP2 2UH.

Your details

You need to fill out this section, even if you've already given these details to us previously.

First names(s)
in full

Last name

Date of birth
(dd/mm/yyyy)

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Permanent
residential address

National
Insurance
number

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You must provide a National Insurance number to apply for an ISA, unless you are not eligible for one.

You can check if you're eligible and apply online at www.gov.uk/apply-national-insurance-number.

Are you eligible for an National Insurance Number?

☐

Yes

☐

No

If yes, you must apply for a National Insurance number and provide it before you can complete your ISA application. See link above.

Postcode

Please note: your residential address must be in the UK at the time the ISA is opened, and you must be resident in the UK to be eligible to subscribe. Please see the ISA declaration for more details.

Client number
(if known)

New subscription details

If you'd like to subscribe for a Stocks and Shares ISA, please fill out the following sections, including the tax year you'd like your ISA to start in.

I apply to subscribe for a Stocks and Shares ISA for the tax year 20 /20 and each subsequent tax year until further notice.

Subscription details

Single subscription (£)

Regular subscriptions (£)

Please indicate as appropriate. I wish to pay for my subscription:

from my Wealthtime Classic GIA cash balance.

☐

by bank transfer to Wealthtime Classic

☐

Frequency of regular subscriptions:

Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Start date for regular subscriptions (dd/mm/yyyy) or

0	3			2	0	2	
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1	7			2	0	2	
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If you want to make regular subscriptions to your ISA, please forward a completed Direct Debit mandate to us – a copy is available in the literature library at wealthtime.com. Please allow 15 working days for us to set this up.

Existing ISA(s) to be transferred

Total number of ISAs to be transferred

Please complete an ISA Transfer Authority form for each existing ISA you wish to transfer.

Declaration

This declaration forms part of your ISA application and together with the Wealthtime Classic Terms and Conditions will constitute a legally binding contract between you and Wealthtime Classic. Please note that Wealthtime Classic means Wealthtime Limited or Wealthtime Trustees Limited where appropriate, unless a specific company name is mentioned.

I declare that:

- all subscriptions made, and to be made, belong to me.
- I am 18 years of age or over.
- I have not subscribed, and will not subscribe, more than the overall ISA subscription limit total in any tax year.

I am resident in the United Kingdom (UK) for tax purposes;

- or if not resident, either perform duties which, by virtue of section 28 of Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the UK

- or I am married to, or in a civil partnership with, a person who performs such duties.

I will inform the ISA account manager if I cease to be resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.

- I agree to the ISA Terms and Conditions.

Authority

I authorise the ISA account manager to hold my cash subscription and ISA investments, in respect of the interest, dividends and any other rights or proceeds and to claim any relief from tax on my behalf.

I authorise Wealthtime Limited as the ISA manager to:

- Set up and administer my Wealthtime Classic ISA.
- Arrange any transfer of an ISA that I may request from time to time.
- Arrange for its nominee to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- Make on my behalf any claims to relief from tax in respect of ISA investments.
- Send copies of all statements issued in respect of my ISA and to disclose details of that ISA to my financial adviser as named on my Wealthtime Classic Client Application (unless this has been amended by me as applicable).

I hereby consent to Wealthtime Limited obtaining details from my existing ISA manager(s) and I declare that the ISA application form has been completed to the best of my knowledge and belief.

I acknowledge and accept the ISA Key Features and Wealthtime Classic Terms and Conditions. I understand that the services provided don't constitute financial advice under the terms of the Financial Services and Markets Act 2000.

I also accept the fees detailed in the Wealthtime Classic Fees Schedule.

Your signature

Full name

Date (dd/mm/yyyy)

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This section must be completed by your Adviser

I have given advice to my client about their Wealthtime Classic Product(s). I have provided them with: Key Features information, a key features illustration, a key investor information document, as are relevant to this transaction.

Your signature

Position

Name

Date (dd/mm/yyyy)

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Details of introducing firm (or sole trader)

Full name of
regulated firm
(or sole trader)

FCA reference
number

If you require this document in an alternative format, please contact us.

Wealthtime Classic is a trading name of Wealthtime Limited. Wealthtime Limited is a private limited company registered in England & Wales. No. 06016480. Registered Office: Cambridge House, Henry St, Bath, BA1 1JS. Wealthtime Limited is authorised and regulated by the Financial Conduct Authority.
FCA Number 468461.

ISA Transfer Authority Form

I wish to transfer the value of some, or all, of my existing ISA into the Wealthtime Classic Stocks and Shares ISA.

If you wish to transfer more than one ISA please complete a separate 'ISA Transfer Authority Form' for each transfer.

Personal details

Your details

Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="checkbox"/>	If 'other' please state	<input type="text"/>
First name(s) in full	<input type="text"/>								Last name	<input type="text"/>	
Date of birth (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Permanent residential address	<input type="text"/>		
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Plan number	<input type="text"/>								<input type="text"/>		
								<input type="text"/>			
								Postcode	<input type="text"/>		

Account to be transferred

Name of ISA	<input type="text"/>	Address of transferring ISA provider	<input type="text"/>
ISA account number	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Sort code (if applicable)	<input type="text"/>		<input type="text"/>
Name of transferring ISA provider	<input type="text"/>	Postcode	<input type="text"/>

Transfer details

I want to transfer some, or all, of my existing:

Cash ISA

☐

Please indicate as appropriate. I'd like you to:

Stocks and Shares ISA

☐

sell the assets held in my existing ISA and transfer the cash proceeds to my Wealthtime Classic ISA, or

☐

Innovative Finance ISA

☐

arrange for the re-registration of assets held in my existing ISA to my Wealthtime Classic ISA*.

☐

*Any re-registration of investments into your Wealthtime Classic ISA will be subject to your existing ISA manager allowing this type of transfer and your investments being available on the Wealthtime Classic Funds List.

Is the transfer subject to any existing or proposed trustee in bankruptcy orders or any other receiving orders?:

Yes

☐

No

☐

If it's not possible to re-register my existing ISA investments, please arrange for these to be sold and transferred in cash:

Yes

☐

No

☐

Amount to be transferred

Approximate value of the transfer

£

Is the full value being transferred?

Yes

☐

No

☐

Transfer authorisation

I authorise you to:

- Transfer the proceeds of the above ISA, as soon as reasonably practical, to my Wealthtime Classic ISA.
- Transfer the investments of the above ISA, as soon as reasonably practical, to my Wealthtime Classic ISA.
- Provide Wealthtime Classic with all relevant information relating to my ISA including, but not limited to, transaction and dividend history and details of the current portfolio and its value.

- I accept that in order to comply with regulatory obligations Wealthtime Classic and the ceding ISA manager named in this application may need to verify my identity and residential address and may use credit reference agency searches and ask for my documents to verify my identity and address.
- Until this application is accepted and complete, Wealthtime Classic's responsibility is limited to the return of the total payments to the current provider.

Signature

Date (dd/mm/yyyy)

If you require this document in an alternative format please contact us.

Wealthtime Classic is a trading name of Wealthtime Limited. Wealthtime Limited is a private limited company registered in England & Wales. No. 06016480. Registered Office: Cambridge House, Henry St, Bath, BA1 1JS. Wealthtime Limited is authorised and regulated by the Financial Conduct Authority. FCA Number 468461.