

ISA Transfer Authority Form

Complete this form to transfer the value of some, or all, of your 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.

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

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"/>	<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"/>	<input type="text"/>	<input type="text"/>
Plan number	<input type="text"/>								<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

☐

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 any of 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.

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