

CASH ISA TRANSFER AUTHORITY FORM

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

Title:.....

First name(s): Surname:.....

Date of birth: National Insurance number:

Permanent home address:

.....

HBS Account Number (if known):

Postcode:.....

Contact Tel. No. (inc. area code):

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

Name of existing ISA provider:

Address of existing ISA provider:

Sort Code: Account number:

Roll number (if applicable):

Please note Please refer to the terms and conditions of your ISA you wish to transfer to ensure that it is permitted. Please check with your existing ISA provider if you are unsure of this.

- | | |
|--|---|
| <p>1. Do you wish to transfer previous years, current years, or a mix of all years from your current Cash ISA?</p> | <p><input type="checkbox"/> Previous <input type="checkbox"/> Current <input type="checkbox"/> Mix</p> <p>Go straight to Q4 if you answer previous or mix of years.</p> |
| <p>2. You have stated you wish to transfer current years subscriptions, please confirm the amount and date of subscription</p> | <p>£ <input type="text"/></p> <p>Date: / /</p> |
| <p>3. Do you want to transfer all or part of your Cash ISA?
If part, please confirm the amount you wish to transfer</p> | <p><input type="checkbox"/> All <input type="checkbox"/> Part</p> <p>£ <input type="text"/></p> |
| <p>4. You have stated that you wish to transfer a mix of current and previous years subscriptions, or previous years subscriptions only. Please confirm if you wish to transfer all or part of the total value of previous years subscriptions.

Please confirm the value of previous years subscriptions you wish to transfer</p> | <p><input type="checkbox"/> All <input type="checkbox"/> Part</p> <p>£ <input type="text"/></p> |