



ISA Transfer Instruction

This form should be used to request a transfer from an external provider for all ISA products. Please ensure this form is completed in full. We will request this transfer for you.

Please complete in BLOCK CAPITALS and mark ✕ in the applicable boxes.

If you have any questions please contact your Financial Adviser, or call our Client Services Team on 0345 076 6140. Our lines are open 8:30am to 5:30pm Monday to Friday.

The completed form should be sent to:

New Business, Ascentric, Trimbridge House, Trim Street, Bath BA1 1HB

ISA Manager Reference: Z1442

Section 1 Account details

Account Number

Title

Client Surname

Client Forename

Date of Birth

D

D

/

M

M

/

Y

Y

Y

Y

National Insurance Number

Permanent address

Postcode

Section 2 Plan to be transferred

Name of provider

Existing plan number

Address of transferring scheme

Postcode

Section 3 Transfer request

Type:

Cash ISA

X

Stocks and Shares ISA

X

Innovative Finance ISA

X

Please select one of the following options:

Cash transfer – I authorise the above provider to sell the assets held in my plan and transfer the proceeds to my Ascentric Account.

X

Transfer the assets in-specie – I authorise the above provider to re-register all of the assets in the above plan to my Ascentric Account. If you have selected this option, please continue to Section 4 (Asset Re-registration).

X

Please transfer:

Entire ISA

X

Or current subscriptions

X

Previous year subscriptions

X

If previous year subscriptions, how much would you like to transfer (enter ALL or specify an amount)?

If transferring from a fixed rate Cash ISA before the maturity date I agree to pay any early exit fees that may be applicable.

X

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Ascentric will remove this section before sending it on to the transferring provider.

Initial Adviser Charge for this transfer request

Estimated Cash transfer value

£

Initial Financial Adviser Charge for cash transfer

%

and/or

£

Estimated Re-registrations value

£

Initial Financial Adviser Charge for re-registrations

%

and/or

£

Section 4 Asset Re-registration

Please provide a valuation dated within the last month identifying the following information:

- Name of asset
- International Security Identification Number (ISIN)
- Number of units held
- Purchase cost (£)

If any of the above assets cannot be transferred in-specie I authorise the asset to be sold and the proceeds to be transferred in cash

☐

Please note: failure to provide a valuation may delay us requesting the transfer.

Section 5 Declaration

I instruct you to transfer my plan and authorise my current plan manager to provide IFDL with any information, written or non-written, as required in order to progress the transfer without delay.

Applicant's Signature

Full Name of Applicant

Date

D

D

/

M

M

/

Y

Y

Y

Y