



RBS Collective Investment Funds Limited Additional Permitted Subscription (APS) Allowance Transfer Form

Please use this form where you wish to transfer into your existing RBS Collective Investment Funds Limited ISA an APS allowance from another ISA manager.

We will write to you once the transfer has taken place and confirm the amount of your APS allowance. You can then make subscriptions to your RBS Collective Investment Funds Limited ISA using the APS application form.

How we will use your information

Before continuing with this application, please read the information below which explains how we and others will use your personal and financial information during this application process.

For full details about how we use the personal and financial information of our customers please see the Terms & Conditions you received when you opened your original RBS Collective Investment Funds Limited ISA.

Application Instructions

- Please complete this form in BLOCK CAPITALS and in black ink.
- Please return it to RBS Collective Investment Funds Limited, PO Box 9908, Chelmsford CM99 2AF.

1. Your personal details

Your RBS Collective Investment Funds Limited Account Number

Please note - We will be unable to process this application if you do not have an existing ISA Account Number. You can find your ISA Account Number within your latest Investment Statement.

Title

Mr Mrs Miss Ms Other

(please specify)

Surname

First name(s)

Permanent residential address

Address line 1

Address line 2

Address line 3

Address line 4 or
overseas country

Postcode

Telephone number

Date of birth

Do you have a National Insurance number?

Yes No

You should be able to find this on a payslip, P45 or P60, a letter from HMRC, a letter from DWP, or a pension book.

If 'Yes', please insert it here

--	--	--	--	--	--	--	--	--	--

2. The information we hold about you

Your information is made up of all the financial and personal information we hold about you and your transactions. It includes:

- Information you give to us;
- Information that we receive from third parties (including other RBS companies, third parties who provide services to you or us and credit reference, fraud prevention or government agencies;
- Information that we learn about you through our relationship with you and the way you operate your accounts and/or services; and
- Information that we gather from the technology which you use to access our services (for example location data from your mobile phone, or an Internet Protocol (IP) address or telephone number).

3. Giving your consent

By signing this application you are agreeing that we may use your information to process your request. This may include sharing your information with your spouse's/civil partner's ISA manager. The Terms and Conditions of your ISA set out more detail about how we use your information.

4. Declaration(s) and signature(s)

On the following pages please give details of the ISAs your spouse/civil partner held that the APS transfers relate to.

One declaration should be signed for each ISA manager. If you require additional forms, please contact us.

Please ensure that your signature is inside the box as it will be stored electronically and may be used for verification purposes.

If you are signing this application under a Power of Attorney or other Authority for a customer who is incapacitated, please indicate the nature of the incapacity:

- Mental incapacity – a copy of the Enduring or Lasting Power of Attorney documentation, which has been registered at the Court of Protection, must be provided (or, in Scotland, please provide a copy of the Continuing Power of Attorney, or the court order granted under the Adults with Incapacity (Scotland) Act 2000, or other authorising documentation, together with any certificate of registration of such documents with the Office of the Public Guardian (as appropriate)).
- Physical incapacity – a copy of the General or Enduring Power of Attorney documentation, or Lasting Power of Attorney documentation, which has been registered at the Court of Protection, must be provided (or, in Scotland, please provide a copy of the Continuing Power of Attorney, or the court order granted under the Adults with Incapacity (Scotland) Act 2000, or other authorising documentation, together with any certificate of registration of such documents with the Office of the Public Guardian (as appropriate)).

Your spouse's/civil partner's details

First name(s)

Surname

Permanent residential address at date of death:

Address is the same as in Section 1

Or

Address line 1

Address line 2

Address line 3

Address line 4 OR overseas country

Postcode

Date of birth

Date of death

National Insurance number

My spouse did not have a National Insurance number

You should be able to find this on a payslip, form P60 or P45, a letter from HMRC/DWP or their pension book.

Date of marriage or civil partnership between you and your spouse/civil partner



Details of spouse's/civil partner's ISA with another provider and declaration

Complete this page and sign the declaration to request the transfer of an APS allowance from another ISA manager. One declaration is required per ISA Manager.

ISA Manager Name

ISA Manager address

ISA Plan/Account Number

Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred subscriptions may only be made in cash.

This section must be completed to confirm the investor named on this authority is eligible to transfer an additional permitted subscription allowance in respect of the deceased named on this authority.

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 (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- I have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application
- I intend to make an additional permitted subscription application to RBS Collective Investment Funds Limited

I authorise the existing ISA provider of the deceased as specified above to provide RBS Collective Investment Funds Limited with any information, written or non-written, concerning the additional permitted subscription allowance and former ISA in respect of myself and the deceased and to accept any instruction from them relating to the additional permitted subscription allowance being transferred.

I declare that this form has been completed to the best of my knowledge and belief.

Customer signature

Date of signing _____

Transfer Acceptance

We RBS Collective Investment Funds Limited are willing to accept this additional permitted subscription allowance transfer in line with the investor's instructions above. We confirm that, subject to relevant checks, we are willing to accept an additional permitted subscription application from the investor.

Name of new ISA manager: RBS Collective Investment Funds Limited



Details of spouse's/civil partner's ISA with another provider and declaration

Complete this page and sign the declaration to request the transfer of an APS allowance from another ISA manager. One declaration is required per ISA Manager.

ISA Manager Name

ISA Manager address

ISA Plan/Account Number

Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred subscriptions may only be made in cash.

This section must be completed to confirm the investor named on this authority is eligible to transfer an additional permitted subscription allowance in respect of the deceased named on this authority.

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 (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- I have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application
- I intend to make an additional permitted subscription application to RBS Collective Investment Funds Limited

I authorise the existing ISA provider of the deceased as specified above to provide RBS Collective Investment Funds Limited with any information, written or non-written, concerning the additional permitted subscription allowance and former ISA in respect of myself and the deceased and to accept any instruction from them relating to the additional permitted subscription allowance being transferred.

I declare that this form has been completed to the best of my knowledge and belief.

Customer signature

Date of signing _____

Transfer Acceptance

We RBS Collective Investment Funds Limited are willing to accept this additional permitted subscription allowance transfer in line with the investor's instructions above. We confirm that, subject to relevant checks, we are willing to accept an additional permitted subscription application from the investor.

Name of new ISA manager: RBS Collective Investment Funds Limited



Details of spouse's/civil partner's ISA with another provider and declaration

Complete this page and sign the declaration to request the transfer of an APS allowance from another ISA manager. One declaration is required per ISA Manager.

ISA Manager Name

ISA Manager address

ISA Plan/Account Number

Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred subscriptions may only be made in cash.

This section must be completed to confirm the investor named on this authority is eligible to transfer an additional permitted subscription allowance in respect of the deceased named on this authority.

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 (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- I have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application
- I intend to make an additional permitted subscription application to RBS Collective Investment Funds Limited

I authorise the existing ISA provider of the deceased as specified above to provide RBS Collective Investment Funds Limited with any information, written or non-written, concerning the additional permitted subscription allowance and former ISA in respect of myself and the deceased and to accept any instruction from them relating to the additional permitted subscription allowance being transferred.

I declare that this form has been completed to the best of my knowledge and belief.

Customer signature

Date of signing _____

Transfer Acceptance

We RBS Collective Investment Funds Limited are willing to accept this additional permitted subscription allowance transfer in line with the investor's instructions above. We confirm that, subject to relevant checks, we are willing to accept an additional permitted subscription application from the investor.

Name of new ISA manager: RBS Collective Investment Funds Limited





If you are visually impaired and require your documents in an alternative format please contact us at the following address: RBS Collective Investment Funds Limited, PO Box 9908, Chelmsford CM99 2AF.

RBS Collective Investment Funds Limited. Registered in Scotland Number SC46694.
Registered Office: 24-25 St Andrew Square, Edinburgh EH2 1AF.
Authorised and regulated by the Financial Conduct Authority.