Additional permitted subscription transfer authority form

NS&I

NS&I's reference

Please write in **BLACK CAPITAL LETTERS** inside the boxes. This helps us process your form faster.

1 Investor's details

Please complete in full.
You must give your National Insurance number or confirm you do not have one.

title

date of birth (DD MM YYYY)

surname

forenames in full

address

postcode

country of residence

Do you have a National Insurance number? (Please mark one box only)

yes

no

National Insurance number

If yes, you must write the number here.

2 Deceased's details

Please note if multiple ISAs were held by the deceased with the ISA provider their value will be combined to form one APS allowance.

title

date of birth (DD MM YYYY)

surname

forenames in full

address

postcode

date of marriage/civil partnership (DD MM YYYY)

date of death (DD MM YYYY)

National Insurance number (if known)

3 Details of the deceased's ISA

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.

account number

name of ISA provider

provider's address if not NS&I

4 Your signature

Declaration

I confirm that:

- I am the surviving spouse or 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 mariage or civil partnership had broken down)
- I have not subscribed to and will not subscribe to the additional permitted 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 to NS&I

I authorise the existing ISA provider of the deceased as spcified above to provide NS&I with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself and the deceased and to accept any instruction from them relating to the APS allowance being transferred.

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

signature

date (DD MM YYYY)

5 Transfer acceptance

NS&I are willing to accept this APS allowance transfer in line with the investors instructions above. We confirm that, subject to relevant checks, we are willing to accept an additional permitted subscription application from the investor.