

INDIVIDUAL SAVINGS ACCOUNT (CASH ISA) TRANSFER AUTHORITY FORM



Use this form to transfer your existing Cash ISA funds from another provider to:

A **new** Family Building Society Cash ISA

Or an **existing** Family Building Society Cash ISA - Account Number

Unless you are transferring your existing Cash ISA funds from another provider to an existing ISA with us, **this form must be accompanied by a fully completed application form for your chosen account.**

INFORMATION ABOUT THE ACCOUNT HOLDER

TITLE:	MR / MRS / MISS / MS	
SURNAME:	<input type="text"/>	
FORENAME(S):	<input type="text"/>	
PERMANENT HOME ADDRESS:	<input type="text"/>	
POSTCODE:	<input type="text"/>	
LENGTH OF TIME AT ADDRESS:	Years <input type="text"/>	Months <input type="text"/>
HOME TELEPHONE:	<input type="text"/>	
MOBILE TELEPHONE:	<input type="text"/>	
EMAIL ADDRESS:	<input type="text"/>	
DATE OF BIRTH:	DD/MM/YYYY <input type="text"/>	

NATIONAL INSURANCE No:	<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"/>
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(If you do not know your National Insurance number, please refer to your P60, Notice of Coding or Tax Return otherwise your employer or Tax Office may be able to help).

INFORMATION ABOUT THE ISA YOU WANT TO TRANSFER

NAME OF EXISTING ISA PROVIDER:	<input type="text"/>
ADDRESS OF EXISTING ISA PROVIDER:	<input type="text"/>
ACCOUNT No:	<input type="text"/>
SORT CODE:	<input type="text"/>
ROLL No (if applicable):	<input type="text"/>

PLEASE NOTE

The terms and conditions of some ISA products do not allow only part of an ISA to be transferred. Your existing provider may need you to give them specific information before the transfer can go ahead. Please check with your existing ISA provider if you are not sure about this.

Have you subscribed to this Cash ISA in the current tax year?

YES - Please complete question 1

NO - Please complete question 2

1. Please indicate the total subscriptions made in the current tax year: £

Please note that the amount in your account representing current tax year subscriptions can only be transferred in whole and not in part.

If you would like to transfer the whole of your Cash ISA please tick here:

Approximate value: £

If you only want to transfer your subscriptions from the current tax year please tick here:

If you only want to transfer your subscriptions from previous tax years please tick here:

Approximate value: £

OR if you wish to transfer part of your ISA, please say how much of your Cash ISA you would like to transfer: £

This amount:

Includes the current tax year subscription **OR** Excludes the current tax year subscription

2. If you want to transfer the whole of your Cash ISA, tick here:

Approximate value: £

OR if you wish to transfer part of your ISA, please say how much of your Cash ISA you want to transfer: £

Please continue overleaf, signing and dating the Transfer Authority section

INDIVIDUAL SAVINGS ACCOUNT (CASH ISA) TRANSFER AUTHORITY FORM

TRANSFER AUTHORITY

I authorise my existing ISA provider (as specified) to transfer the Cash ISA (account no. overleaf) to the Family Building Society. I authorise my existing ISA provider to provide the Family Building Society with any information about the Cash ISA and to accept any instructions from them relating to the Cash ISA being transferred.

Where I must give notice to close or transfer part of the existing Cash ISA, or the existing Cash ISA contains a fixed term deposit that has not reached its maturity date, I instruct my existing ISA provider to either (tick the appropriate box):

1. Wait for the full notice period to end or wait until the maturity date (whichever is relevant) before going ahead with this transfer:

OR

2. Depending on the terms and conditions, carry out the transfer as soon as possible - I will accept any consequential loss of interest or charges which may be applied:

SIGNED:		DATE:	DD	MM	YYYY
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PLEASE RETAIN THE FSCS INFORMATION SHEET FOR YOUR FUTURE REFERENCE.

TRANSFER ACCEPTANCE (TO BE COMPLETED BY THE NEW ISA PROVIDER)

We are willing to accept this ISA transfer in line with the customer's instructions above, as long as the following conditions are met:

– The transfer proceeds are made up of cash deposits only.

– We must receive the transfer proceeds no later than: DD MM YYYY

– Where the customer has shown above that they want to transfer subscriptions from the current tax year, these must not be more than: £

Please make your cheque payable to "Family Building Society" followed by the customer's name. For the purposes of the transfer of the ISA wrapper under the ISA regulations, the date shown below will be the transfer date.

DATE: DD MM YYYY

Name of new provider:

FAMILY BUILDING SOCIETY

PLEASE RETURN THIS APPLICATION TO:

FAMILY BUILDING SOCIETY, FREEPOST, 30 CHURCH STREET, EPSOM, SURREY, KT17 4BR

FAMILY BUILDING SOCIETY IS A TRADING NAME OF NATIONAL COUNTIES BUILDING SOCIETY.