

Investment Funds Additional Permitted Subscription (APS) Allowance Transfer Form



Please use this form where you wish to transfer into your existing Investment Funds 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 Investment Funds ISA using the APS application form.

How we will use your information

Before continuing with this application, please read the information which explains how we and others will use your personal and financial information during this application process. When we use and share personal and financial information, we do so on the basis that we have a legitimate interest to prevent fraud and money laundering, to manage our risk and to protect our business and to comply with laws that apply to us (including verifying your identity and assessing the suitability of our products).

For full details about how we use the personal and financial information of our customers please see our full Privacy Notice at www.natwest.com/privacy.

Who we are

The organisation responsible for processing your personal and financial information is RBS Collective Investment Funds Limited, a member of NatWest Group.

Application Instructions

- **Please note** – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys.
- Please return it to RBS Collective Investment Funds Limited, PO Box 9908, Chelmsford CM99 2AF.

1. Your personal details

Your Investment Funds ISA 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 (DD/MMM/YYYY)

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. How we use and share your information

(a) Credit reference and fraud prevention agencies

We may request information about you from credit reference agencies to help verify your identity to comply with laws that apply to us. This request will not affect your ability to obtain credit (for example for a loan or credit card) in the future. Application decisions may be taken based on solely automated checks of information from credit reference agencies and internal NatWest Group records. You have rights in relation to automated decision making. If you want to know more please see our full privacy notice at www.natwest.com/privacy or contact us at 03457 888 444, +44 3457 888 444 (for overseas) or 18001 03457 888 444 (for Relay UK users).

In order to prevent and detect fraud and/or money laundering, the information provided in this application may be checked with fraud prevention agencies. If fraud is identified or suspected, details may be recorded with these agencies to prevent fraud and money laundering.

If we, or a fraud prevention agency, determine that you pose a fraud or money laundering risk, you could be refused services, finance or employment.

When credit reference and fraud prevention agencies process your information, they do so on the basis that they have a legitimate interest in preventing fraud and money laundering, to verify your identity, to protect their business and to comply with laws that apply to them.

(b) With other NatWest Group companies

We and other NatWest Group companies worldwide will use the information you supply in this application (and any information we or other NatWest Group companies may already hold about you) in connection with processing your application and assess your suitability for our products.

If your application is declined we will normally keep your information for up to 5 years, but we may keep it for longer if required by us or other NatWest Group companies in order to comply with legal and regulatory requirements.

(c) With other Third Parties

The information provided in this application may be used for compliance with legal and regulatory screening requirements, including confirming your eligibility to hold a UK bank account and sanctions screening. We may be required to disclose certain information to regulators, government bodies and similar organisations around the world, including the name, address, tax number, account number(s), total gross amount of interest paid or credited to the account and the balance or value of the account(s) of our customers to HM Revenue and Customs ('HMRC'). HMRC may exchange this information with other countries' tax authorities.

3. Confirming Your Agreement

By continuing with this application, you confirm that you have read and understood how we may use your information in the ways described above and are happy to proceed.

4. Marketing Information

NatWest Group would like to keep you informed by letter, phone, email and text message about products, services and offers that we believe may be of interest to you. If you do not wish us to contact you for these purposes, please place a cross in the box.

NatWest Group will not share your information with third parties for their own marketing purposes.

5. 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 (DD/MMM/YYYY)

Date of death (DD/MMM/YYYY)

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 (DD/MMM/YYYY)

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	<input type="text"/>
ISA Manager address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
	<input type="text"/>
ISA Plan/Account Number	<input type="text"/>

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 (DD/MM/YYYY) _____

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	<input type="text"/>
ISA Manager address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/>
	<input type="text"/>
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Name of new ISA manager: RBS Collective Investment Funds Limited

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

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ISA Manager Name	<input type="text"/>
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	<input type="text"/>
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