

Spouse/Civil Partner ISA Allowance Transfer Form



We want to help you as quickly and efficiently as possible at this difficult time so before completing this form, please ensure that you have an existing cash Individual Savings Account (ISA) in your name with The Royal Bank of Scotland plc.

This form is for requesting your spouse's/civil partner's cash or stocks and shares ISA allowances to be transferred to your cash ISA.

To open an ISA with Royal Bank of Scotland you can:

- Apply online at rbs.co.uk/savings

Please ensure this form is completed, signed and then posted to:
Everyday Banking, PO Box 5612, MANCHESTER, M61 0WN

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 our Terms.

Who we are

The organisation responsible for processing your personal and financial information is The Royal Bank of Scotland plc, a member of The NatWest Group ('**NatWest**').

Please complete this form in BLOCK CAPITALS and in black ink, mark the box with a cross where applicable and delete as appropriate. Please do not write on or mark this form outside the boxes and lines provided as this could cause our electronic readers to misread your instructions.

1. Your situation

Please note: You can request that your Additional Permitted Subscription (APS) is transferred between ISA providers only once. For example, if you request your APS is transferred from your spouse's/civil partner's ISA with another ISA provider to your RBS ISA then HMRC regulations state that you are not allowed to later move your APS from RBS to another ISA provider. We will provide more information to you about the APS regulations in writing when we confirm your APS entitlement.

Please mark one appropriate box below:

I have a Royal Bank of Scotland cash ISA and would like to request the Additional Permitted Subscription from my spouse's/civil Partner's Royal Bank of Scotland ISA(s)

I have a Royal Bank of Scotland cash ISA and would like to request the Additional Permitted Subscription from my spouse's/civil partner's ISA(s) with another provider

I have a Royal Bank of Scotland cash ISA and would like to request the Additional Permitted Subscription from my spouse's/civil partner's ISAs with both Royal Bank of Scotland and other providers

Please note: You need to have a Royal Bank of Scotland cash ISA in your name for us to apply the additional subscription. If you would like to request your additional permitted allowance (APS) is transferred out to another ISA provider, please contact your chosen provider directly instead of using this form.

2. Your spouse's/civil partner's details

Royal Bank of Scotland
ISA Account Number

Sort Code

To provide details of additional ISAs/ISAs with other providers please refer to **section 6. Additional Information.**

Title

Mr

Mrs

Miss

Ms

Other

(please specify)

First name

Middle name(s)

Surname

Permanent residential address at date of death

Address line 1

Address line 2

Address line 3

Address line 4 OR
overseas country

Postcode

(Please note C/O and PO Box addresses are not allowed.)

Date of birth
(DD/MM/YYYY)

Date of marriage or civil partnership between you and your spouse/civil
partner (DD/MM/YYYY)

Date of death
(DD/MM/YYYY)

National
Insurance number

My spouse/civil partner did not have a National Insurance number

If you do not know your spouse's/civil partner's number you may locate this on a payslip, form P60 or P45,
a letter from HM Revenue and Customs/DSS or front cover of their pension book.

3. Your details

Title

Mr

Mrs

Miss

Ms

Other

(please specify)

First name

Middle name(s)

Surname

Address is the same as spouse/civil partner provided above

or Address line 1

Address line 2

Address line 3

Address line 4 OR overseas country

Postcode

(Please note C/O and PO Box addresses are not allowed.)

National Insurance number

Date of birth (DD/MM/YYYY)

Email address

Please note: Once we receive your request we'll check the details provided, then contact you to confirm the allowance amount you are entitled to. We will include further information on how to make deposits to your account. Please do not pay funds directly into your ISA at this stage as they will count as your personal allowance rather than as part of your Additional Permitted Subscription (spouse/civil partner allowance).

4. Giving your consent

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

5. Declaration and signature

This section must be completed to confirm that you are eligible to transfer an additional permitted allowance to an ISA in respect of your spouse/civil partner named on this application.

I declare that:

1. I am the surviving spouse/civil partner of the deceased.
2. 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).
3. I intend to make an additional permitted subscription application to The Royal Bank of Scotland.

I authorise the existing ISA provider of my spouse/civil partner as specified above to provide The Royal Bank of Scotland plc with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself (the investor) 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.

Customer signature

X

Date (DD/MM/YYYY)

6. Additional Information

Please use this page to provide details of any other **Royal Bank of Scotland ISAs** your spouse/civil partner held.

Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>
Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>
Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>
Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>
Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>

One declaration must be signed per ISA provider so we have provided two additional provider pages for you. If you require an additional form to detail other providers:

- Visit us at [rbs.co.uk/isa](https://www.rbs.co.uk/isa)
- Call us on **03457 24 24 24** (Relay UK **18001 03457 24 24 24**)
Calls may be recorded.

External ISA provider details

Please use this page to provide details of ISAs your spouse/civil partner held with **another ISA provider**. One declaration must be signed per ISA provider, you can detail any ISAs with an additional ISA provider on the following page.

ISA Provider Name	<input type="text"/>															
ISA Provider Address	<input type="text"/>															
Account/Policy Number	<input type="text"/>				Sort Code	<input type="text"/>										
Account/Policy Number	<input type="text"/>				Sort Code	<input type="text"/>										
Account/Policy Number	<input type="text"/>				Sort Code	<input type="text"/>										
Account/Policy Number	<input type="text"/>				Sort Code	<input type="text"/>										
Account/Policy Number	<input type="text"/>				Sort Code	<input type="text"/>										

This section must be completed to confirm that you are eligible to transfer an additional permitted allowance to an ISA in respect of your spouse/civil partner named on this application.

I declare that:

1. I am the surviving spouse/civil partner of the deceased.
2. 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).
3. 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.
4. I intend to make an additional permitted subscription application to The Royal Bank of Scotland plc.

I authorise the existing ISA provider of my spouse/civil partner as specified above to provide The Royal Bank of Scotland plc with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself (the investor) 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.

Customer signature

Date (DD/MM/YYYY)

Transfer Acceptance

We RBS 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.

Signed,
The Royal Bank of Scotland ISA Team

Please use this page to provide details of ISAs your spouse/civil partner held with **another ISA provider**.

ISA Provider Name																				
ISA Provider Address																				
Account/Policy Number	8	Sort Code	6																	
Account/Policy Number	8	Sort Code	6																	
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This section must be completed to confirm that you are eligible to transfer an additional permitted allowance to an ISA in respect of your spouse/civil partner named on this application.

I declare that:

1. I am the surviving spouse/civil partner of the deceased.
2. 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).
3. 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.
4. I intend to make an additional permitted subscription application to The Royal Bank of Scotland plc.

I authorise the existing ISA provider of my spouse/civil partner as specified above to provide Royal Bank of Scotland with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself (the investor) 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.

Customer signature

X

Date (DD/MM/YYYY)

Transfer Acceptance

We RBS 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.

Signed,
The Royal Bank of Scotland ISA Team

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)).



Braille, large print or audio format?

**If you'd like this information in another format, call us on
03457 24 24 24 (Relay UK 18001 03457 24 24 24)**