

# Additional Permitted Subscription (APS) Transfer Authority Form

## Investor Details

Investor full name:

Investor permanent residential address:

 Postcode 

Existing ISA number:

Investor date of birth:

Investor national insurance number:

or confirmation that the investor does not have one:

## Details of the Deceased

Deceased full name:

Permanent residential address of the deceased at their date of death:

 Postcode 

Deceased date of birth:

Deceased national insurance number (if known):

Date of death:

Date of marriage or civil partnership  
between the investor and the deceased:

Deceased existing ISA account number(s):

*(Please note if multiple ISAs were held by the deceased with the ISA manager  
their value will be combined to form one APS allowance)*

## APS Allowance Transfer Information

Name of deceased ISA manager:

Contact Telephone Number of deceased ISA Manager

Address of deceased ISA manager:

 Postcode 

**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.**

## APS Eligibility Declaration

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 (the investor) 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 Jarvis Investment Management

**I authorise** the existing ISA provider of the deceased as specified above to provide Jarvis Investment Management 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.

Signed

Date

## Transfer Acceptance

We Jarvis Investment Management are willing to accept this APS 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:** Jarvis Investment Management