

Fund and Share Partial Transfer Letter of Authority

Please complete one **Partial Transfer Letter of Authority** for each provider/plan manager you wish to transfer from and return to us with your completed **Fund and Share Transfer Application**. **Please print or photocopy additional copies of this form if required. If possible, a list of the investments you are transferring should also be submitted. For example, a copy of your last valuation statement.**

Need help in completing this form? Call us on **020 7189 2400**.

Please complete all sections of this form in **BLOCK CAPITALS**

1. Your details

First named holder

Title (Mr/Mrs/Miss/Ms/Other)

Surname

First names (in full)

Postcode

Second named holder

Title (Mr/Mrs/Miss/Ms/Other)

Surname

First names (in full)

Postcode

Third named holder

Title (Mr/Mrs/Miss/Ms/Other)

Surname

First names (in full)

Postcode

2. Details of investments being transferred

Current provider's/plan manager's name

Current provider's/plan manager's address manager's name

Postcode

Existing account no./Reference

3. Valuation of investment

Please provide a copy of your current valuation, including book costs, SEDOL or ISIN details to speed up the transfer

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4. Please take this authority to transfer

my investments as detailed below (complete 4a and/or 4b)

a) Please list the funds or shares to be transferred to Bestinvest as stock (known as reregistration)

Manager and fund name or, for shares, name of company

For funds only, type of unit/share (indicate below)

<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation
<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation
<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation
<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation

b) Please list the funds or shares to be sold and the cash proceeds sent to Bestinvest

Manager and fund name or, for shares, name of company

For funds only, type of unit/share (indicate below)

<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation
<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation
<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation
<input type="checkbox"/>	Income	<input type="checkbox"/>	Accumulation

5. Declaration & signature

By signing below, I authorise the Provider named above to:

- Provide Evelyn Partners Investment Management Services Limited and their appointed custodian, SEI Investments (Europe) Ltd, with any information they may require in respect of the investments being transferred
- Either transfer my holdings to Bestinvest's appointed custodian, SEI Investments (Europe) Ltd, or liquidate the assets with immediate effect, and forward the proceeds to Bestinvest's appointed custodian as instructed above
- Stop collecting my regular savings with immediate effect (if applicable)

I confirm that the transfer of any holdings will not change the beneficial ownership from the current holder.

Name (First Named Holder)

X	PLEASE SIGN HERE	X
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Date

D	D	M	M	Y	Y	Y	Y
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Name (Second Named Holder)

X	PLEASE SIGN HERE	X
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Date

D	D	M	M	Y	Y	Y	Y
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Name (Third Named Holder)

X	PLEASE SIGN HERE	X
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Date

D	D	M	M	Y	Y	Y	Y
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Once completed, please submit by either:

- **Signing this form digitally** using Adobe sign.
- **Printing out and posting** to Online Investment Service, Bestinvest, Royal Liver Building, Pier Head, Liverpool L3 1NY.
- **Scanning the form and emailing** to best@bestinvest.co.uk

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