

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 & fund name or, for shares, name of company	SEDOL/ISIN/Ticker	Quantity

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 & fund name or, for shares, name of company	SEDOL/ISIN/Ticker	Quantity

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	Date D D M M Y Y Y Y
Name (Second Named Holder)	
X PLEASE SIGN HERE X	Date D D M M Y Y Y Y
Name (Third Named Holder)	
X PLEASE SIGN HERE X	Date D D M M Y Y Y Y

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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