

ISA 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 **ISA 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 9999**.

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

1. Your details

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

Surname

First Names (in full)

Permanent Residential Address

Postcode

Date of Birth

National Insurance Number (or equivalent Tax Identification Number)

2. Details of investments being transferred

ISA Provider's/Plan Manager's Name

ISA Provider's/Plan Manager's Address

Postcode

Existing ISA Account No./Reference

Sort Code (cash ISAs only)

3. Please take this authority to transfer my (tick as appropriate)

Stocks & shares ISA (complete sections 3a and/or 3b) or Cash ISA: (complete section 3c)

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

Manager and fund name or, for shares, name of company	For funds only, type of unit/share (indicate below)
<input type="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation
<input type="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation
<input type="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation
<input type="text"/>	<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="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation
<input type="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation
<input type="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation
<input type="text"/>	<input type="checkbox"/> Income <input type="checkbox"/> Accumulation

c) Cash ISA transfers only (please enter the amount or percentage to be transferred)

Please transfer £ or % of my cash ISA

4. Declaration & signature

By signing below, I authorise the ISA Manager named above to:

- they may require in respect of the ISA being transferred
- As specified above, either transfer my holdings to Bestinvest’s appointed custodian, SEI Investments (Europe) Ltd, or liquidate the assets within my ISA with immediate effect, and forward the proceeds to Bestinvest’s appointed custodian
- Stop collecting my regular savings with immediate effect if I have chosen to transfer my current tax year ISA

By signing below I agree to the above declaration

Name <input style="width: 80%;" type="text"/>	
X	Date <input style="width: 90%;" type="text"/>
PLEASE SIGN HERE	

Once completed, please return this form to: **Online Investment Service, Bestinvest, Royal Liver Building, Pier Head, Liverpool L3 1NY**