

Additional Permitted Subscription (APS) Allowance Request Declaration

To request the value of a deceased account holder's ISA, for the purpose of utilising a spousal APS Allowance, please complete and return this form. If you have any questions about this form please contact our Customer Experience Centre on **0345 300 0430**.

Please complete all fields in this form (where applicable).

Section A	Requestor (Spouse) Details
Requestor Title	Mr Mrs Miss Other
Requestor Full Name(s)	
Requestor Date of Birth	D D M M Y Y Y
Requestor National Insurance Number	
Do you have an existing Shareview Dealing ISA?	Yes No If so, what is the Account Number?
Section B	Details of the Deceased
Deceased Full Name(s)	
Permanent Residential Address of the deceased at their date of death	
Deceased Date of Birth	
National Insurance Number (if known):	
Date of Death	D D M M Y Y Y
Deceased ISA Number(s)	
Section C	APS Eligibility Declaration
I declare that: • I am the surviving spouse / c	ivil partner of the deceased
• I was living with the decease	d within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the not separated under a court order, under a deed of separation, or in circumstances where the marriage or
I hereby declare that this APS	allowance request has been completed to the best of my knowledge and belief.
Signed	Date D M M Y Y Y Y
Next Steps	
Please return this form to: Equiniti, Po Box 4605, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6QY Once approved, you can make subscriptions to the APS Allowance, in your Shareview Dealing ISA, by completing and returning an Additional Permitted Subscription Payment Form .	

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