

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 Customer Services on **0345 300 0430**.

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

Section A		Requestor (Spouse) Details	
Requestor Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>
	Ms <input type="checkbox"/>	Other	<input type="text"/>
Requestor Full Name(s)	<input type="text"/>		
Requestor Date of Birth	<input type="text"/>		
Requestor National Insurance Number	<input type="text"/>		
Do you have an existing Shareview Dealing ISA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so, what is the Account Number? <input type="text"/>

Section B		Details of the Deceased	
Deceased Full Name(s)	<input type="text"/>		
Permanent Residential Address of the deceased at their date of death	<input type="text"/>		
Deceased Date of Birth	<input type="text"/>		
National Insurance number (if known):	<input type="text"/>		
Date of Death	<input type="text"/>		
Deceased ISA Number(s)	<input type="text"/>		

Section C		APS Eligibility Declaration	
I declare that:			
<ul style="list-style-type: none"> 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 hereby declare that this APS allowance request has been completed to the best of my knowledge and belief.			
Signed	<input type="text"/>	Date	<input type="text"/>

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 .	