

To request an APS allowance transfer into Equiniti from another ISA Manager, please complete this form, including the details of your Shares ISA where the subscription is to be made to. If you do not already hold an Equiniti Shareview Dealing ISA, please return this form together with an ISA Application form.

A separate APS Allowance Transfer form will be required for each ISA Manager

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		Investor Details	
Investor Full Name	<input type="text"/>		
Investor Permanent Residential Address	<input type="text"/>		
Investor Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Investor National Insurance Number	<input type="text"/>	I have no National Insurance Number	<input type="checkbox"/>
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" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Deceased National Insurance Number (if known):	<input type="text"/>		
Date of Death	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Date of marriage or civil partnership between the Investor and the deceased	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Deceased ISA Number(s)	<input type="text"/>		

**Please note that if multiple ISAs were held by the deceased with the ISA manager their value will be combined to form one APS allowance.**

## Section C

## APS Allowance Transfer Information

Name of Deceased's  
ISA provider

Address of Deceased's  
ISA provider

**Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. Once transferred subscriptions may only be made in cash.**

## Section D

## APS Eligibility Declaration

This section must be completed to confirm the investor named on this application is eligible to make an additional permitted subscription to an ISA in respect of the deceased named on this application.

**I declare that:**

- 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 have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application
- I intend to make an additional permitted subscription application to Equiniti Financial Services Limited

I authorise the existing ISA provider of the deceased as specified above to provide Equiniti Financial Services Limited with any information, written or non-written, concerning the APS allowance and former ISA in respect of my ISA and that of the deceased and to accept any instruction from them relating to the APS allowance being transferred.

I declare that this APS transfer application form has been completed to the best of my knowledge and belief.

**Signed**

**Date**

D	D	M	M	Y	Y	Y	Y
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## Next Steps

**Please return this form to:**

Equiniti  
Po Box 4605,  
Aspect House,  
Spencer Road,  
Lancing,  
BN99 6QY

Once the transfer has been initiated, please allow up to 14 days for this to be completed.

You can then subscribe to the APS Allowance using the **Additional Permitted Subscription** form found on the Shareview website.