

# Additional Permitted Subscription (APS) Transfer Authority Form



PLEASE PRINT CLEARLY IN BLOCK CAPITALS AND COMPLETE ALL APPLICABLE SECTIONS OF THIS FORM.

You can use this form to transfer any Additional Permitted Subscription (APS) to Seven Investment Management LLP (7IM).  
**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 to 7IM;
- If you wish to subscribe to your 7IM APS allowance using cash from an inherited ISA account you will need to complete the 7IM APS Subscription Information form in addition to this form; and
- 7IM will not be able to process any subscription for an APS allowance transferred to 7IM until we have confirmed your APS allowance amount.

## Section 01 Investors Details

If you have an existing 7IM account, please provide your account number:

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Title:

First Names(s):

Surname:

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Date of Birth (DD/MM/YYYY):

National Insurance Number:

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Nationality:

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Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

	City:	
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County (or country if not UK):

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Postcode:

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## Section 02 Details of the Deceased

Title:

First Names(s):

Surname:

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Date of Birth (DD/MM/YYYY):

National Insurance Number:

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Nationality:

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## 7IM ADDITIONAL PERMITTED SUBSCRIPTION (APS) TRANSFER AUTHORITY FORM

Permanent Residential Address (please note we cannot accept a PO Box number or a care of (C/O) address):

<input type="text"/>	City: <input type="text"/>
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County (or country if not UK): <input type="text"/>	Postcode: <input type="text"/>
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Date of Death (DD/MM/YYYY):

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Marriage or Civil Partnership  
between the Investor and the Deceased:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Section 03 Details of deceased's ISA

Deceased existing ISA account number(s):

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

Name of the deceased's ISA Manager:

Address of the deceased's ISA Manager:

<input type="text"/>	City: <input type="text"/>
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County (or country if not UK): <input type="text"/>	Postcode: <input type="text"/>
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### Section 04 Details of deceased's ISA

Please complete this section if you wish to transfer your inherited ISA accounts named in Section 3 to 7IM as cash. This cash may then be used to subscribe to your 7IM APS allowance, which will be your total allowance including all allowances transferred from the deceased's ISA Manager(s).

I wish to transfer all my inherited ISA account(s) named in Section 3 as follows to 7IM (please tick):

☐

Cash Transfer (sell any holdings not in cash)

#### Transfer Authority

By ticking the box above, I authorise the ISA Manager named in Section 3 to transfer all my inherited ISA account(s) named in Section 3 to 7IM by way of a cash transfer. I authorise the ISA Manager to accept any instructions from 7IM relating to the cash to be transferred.

## Section 05 APS Eligibility Declaration

This section must be completed to confirm the investor named on this authority form is eligible to transfer an additional permitted subscription allowance in respect of the deceased named on this authority.

### I (the investor) 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 7IM
- all subscriptions made, and to be made, belong to me
- I authorise the existing ISA provider of the deceased as specified

I authorise the existing ISA provider of the deceased as specified above to provide Seven Investment Management LLP with any information, written, or non-written, concerning the APS allowance and former ISA in respect of the myself (the investor) and the deceased, and to accept any instruction from them relating to the APS allowance being transferred.

## Section 06 Declarations

By signing this form, you declare that this application form has been completed to the best of your knowledge and belief.

Your signature is required for the completion of this form

### Signature:

Signed by (please PRINT name):

Date:

Authority to sign<sup>1</sup>:

<sup>1</sup>If the person signing this form is not the named applicant, please indicate the capacity in which you are signing this form, e.g. as attorney or Court appointed deputy. If signing as an attorney or Court appointed deputy, please also ensure that you have provided us with a certified copy or original of the power of attorney or Court order.

## Section 07 Transfer Acceptance

Seven Investment Management LLP is willing to accept this APS allowance transfer in line with the investors instructions above. We confirm that, subject to relevant checks, we are willing to accept an Additional Permitted Subscription application from the investor.

Seven Investment Management LLP also confirm that it is willing to accept the transfer of any cash from the deceased's ISA Manager in line with the investor's instructions above.