

CASH ISA SAVER ACCOUNT TRANSFER FORM CUSTOMER AUTHORITY (ISATF)

CUSTOMER DETAILS

Title (MR/MRS/MS/MISS)

Surname(s)

Forename(s)

Date of Birth

Day	Month	Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent residential address

Postcode

Contact Telephone No.

National Insurance No.

INFORMATION ABOUT THE ISA YOU WANT TO TRANSFER

Name of existing ISA provider

Address of existing ISA provider

Postcode

Sort Code - -

Account Number

INFORMATION ABOUT THE ISA TO BE TRANSFERRED

PLEASE NOTE – the terms and conditions of some ISA products do not allow only part of an ISA to be transferred. Your existing provider may need you to give them specific information before the transfer can go ahead. Please check with your existing ISA provider if you are not sure about this

ROLL NUMBER/REFERENCE NUMBER

Please complete EITHER section 1 or 2

1) FULL TRANSFER

Please close and transfer all of my ISA including accrued interest.

Does the above amount include subscriptions from this tax year?

Yes

No

2) PART TRANSFER

(please check with your ISA provider that this is possible)

Please transfer £ _____ from my ISA

Does the above amount include subscriptions from this tax year?

Yes

No

TRANSFER AUTHORITY (to be completed by the ISA investor)

I authorise my existing ISA Manager (as specified overleaf) to transfer the ISA (account number overleaf) to Beverley Building Society. I authorise my existing ISA Manager to provide Beverley Building Society with any information about the cash ISA and to accept any instructions from them relating to the cash ISA being transferred.

Where a period of notice is required for closure/part transfer of the existing cash ISA, I give my consent to either:

Wait for the full notice period to end or wait until the maturity date (whichever is relevant) before going ahead with this transfer.

OR

Depending on the terms and conditions, carry out the transfer as soon as possible – I will accept any consequential loss of interest or charges which may be applied.

Signed:

Date:

Day		Month		Year	

TRANSFER ACCEPTANCE (to be completed by new ISA manager)

We are willing to accept this ISA transfer in line with the customer's instructions above, as long as the following conditions are met:

- The transfer proceeds are made up of cash deposits only

- We must receive the transfer proceeds no later than:

Day		Month		Year	

- Where the customer has shown above that they want to transfer subscriptions from the current tax year, these must not be more than £ _____

For the purpose of the transfer of the ISA wrapper under the ISA regulations, the date shown below will be the transfer date.

Date:

Day		Month		Year	

Signed:

Name and Position:

Beverley Building Society
57 Market Place
Beverley
HU17 8AA

Telephone Number: 01482 881510

Please make cheques payable to **Beverley Building Society Re: (Customer Name)** and forward to **Beverley Building Society, 57 Market Place, Beverley, HU17 8AA.**

Beverley Building Society ISA Account Number:

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