



**Individual Savings Account  
Transfer Application Form**

Client Name:

## INDIVIDUAL SAVINGS ACCOUNT (ISA)

- The INCOME ISA (Lower Risk Profile)**  
(this service may include up to 15% investment in UK & International Equities)
- The UK MIXED ISA (Lower than Medium Risk Profile)**  
(this service may include up to 85% investment in UK & International Equities)
- The UK STOCKMARKET ISA (Medium Risk Profile)**  
(this service may include up to 100% investment in UK & International Equities)
- The UK & DIVERSIFIED ISA (Medium Risk Profile)**  
(this service may include up to 100% investment in UK & International Equities)
- The UK & INTERNATIONAL ISA (Higher than Medium Risk profile)**  
(this service may include up to 100% investment in UK & International Equities)

## INCOME REQUIREMENTS

Please indicate whether you wish to take an income from your investment

- REINVEST (No income to be distributed)
- DISTRIBUTE (Please complete the section below)

## DISTRIBUTION OF INCOME

Please indicate the frequency and amount of income you wish to have paid out from your investment portfolio

### Quarterly Options

- Variable Quarterly Dividend Payment
- Fixed Quarterly Income Payment (Specify Amount)
- Amount of Fixed Quarterly Income Payment £

Please specify when you would like the Quarterly Income Payments to start from

- 18 January  18 April  18 July  18 October

### Monthly Option

- Fixed Monthly Income Payment (Specify Amount)
- Amount of Fixed Monthly Income Payment £

Please indicate when you would like the Monthly Income Payments to start from

18<sup>th</sup> of  (month)

If income has been requested it will be sent directly to your Bank or Building Society account by BACS (Bankers Automated Clearing System).

## Bank / Building Society Details

Name and Address of Bank or Building Society (Incl. Postcode)

Account Sort Code

Account Number

Account Name

Building Society Roll / Ref Number

## Declaration and Signature

### I authorise Balkerne Asset Management:

- To hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash
- To make on my behalf any claims to relief from tax in respect of ISA investments.

I confirm that I have read and understood the Key Features Document and the Terms and Conditions for the Balkerne Asset Management Stocks & Shares ISA and agree that my transferred ISA(s) will be subject to these terms.

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

Client Signature

Date

Print Full Name

## Your existing ISA(s)

Name of Account Manager (1)  Account No

Is your current tax year ISA to be transferred? YES  NO

If "YES" please note that such transfers must be the whole amount saved in the current tax year in the ISA, up to the day of transfer.

Is a previous tax year ISA to be transferred? YES  NO

If "YES" please select one of the following options:

Whole of tax year to be transferred

Part of tax year to be transferred

If "Part of tax year" please specify tax year and amount:

Tax year

Amount £

Tax year

Amount £

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## Instruction to Existing ISA Account Manager (1)

### Name and address of your current ISA Account Manager

Name

Account No

Address  
(Incl. Postcode)

Is your current tax year ISA to be transferred? YES  NO

If "YES" please note the transfer must be the whole amount saved (right up to the day of transfer)

Type of account: Cash ISA  Stock & Shares ISA

Is a previous tax year ISA to be transferred? YES  NO

If "YES" please select one of the following options:

Whole of tax year to be transferred

Part of tax year to be transferred

If "Part of tax year" please specify tax year and amount:

Tax year

Amount £

Tax year

Amount £

I request you to transfer the above mentioned ISA (s) to Balkerne Asset Management, 1 Balkerne Hill, Colchester, Essex, CO3 3FG. I request you to sell the appropriate investments held in my account, as detailed, before transfer and send a cheque(s) for the proceeds to the above address. Cheques should be made payable to "Balkerne Asset Management Client's Account". If you have any queries with these instructions please contact the Transfer Department (Tel: 0808 200 0808) at Balkerne Asset Management.

Signature

Print Full Name

Date

## Your existing ISA(s)

Name of Account Manager (2) \_\_\_\_\_

Account No \_\_\_\_\_

Is your current tax year ISA to be transferred? YES  NO

If "YES" please note that such transfers must be the whole amount saved in the current tax year in the ISA, up to the day of transfer.

Is a previous tax year ISA to be transferred? YES  NO

If "YES" please select one of the following options:

Whole of tax year to be transferred

Part of tax year to be transferred

If "Part of tax year" please specify tax year and amount:

Tax year \_\_\_\_\_

Amount £ \_\_\_\_\_

Tax year \_\_\_\_\_

Amount £ \_\_\_\_\_

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## Instruction to Existing ISA Account Manager (2)

Name and address of your current ISA Account Manager

Name \_\_\_\_\_

Account No \_\_\_\_\_

Address  
(Incl. Postcode)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your current tax year ISA to be transferred? YES  NO

If "YES" please note the transfer must be the whole amount saved (right up to the day of transfer)

Type of account: Cash ISA  Stock & Shares ISA

Is a previous tax year ISA to be transferred? YES  NO

If "YES" please select one of the following options:

Whole of tax year to be transferred

Part of tax year to be transferred

If "Part of tax year" please specify tax year and amount:

Tax year \_\_\_\_\_

Amount £ \_\_\_\_\_

Tax year \_\_\_\_\_

Amount £ \_\_\_\_\_

I request you to transfer the above mentioned ISA (s) to Balkerne Asset Management, 1 Balkerne Hill, Colchester, Essex, CO3 3FG. I request you to sell the appropriate investments held in my account, as detailed, before transfer and send a cheque(s) for the proceeds to the above address. Cheques should be made payable to "Balkerne Asset Management Client's Account". If you have any queries with these instructions please contact the Transfer Department (Tel: 0808 200 0808) at Balkerne Asset Management.

Signature \_\_\_\_\_

Print Full Name \_\_\_\_\_

Date \_\_\_\_\_

## FINANCIAL ADVISER REMUNERATION AGREEMENT

As the financial adviser of the client I request the following initial commission which has been agreed in respect of this investment:

£ [redacted] or [redacted] % of funds invested

Plus an annual portfolio based trail commission of:

[redacted] % of funds held

Full Address and Postcode of  
Adviser Firm

Adviser FSA Registered Number

Adviser Telephone Number

Adviser Email

**Adviser Signature**

Date

Print Adviser Name

I agree and authorise Balkerne Asset Management to pay my financial adviser the agreed commission as detailed above.

**Client Signature**

Date

Print Full Name