

Stocks & Shares Individual Savings Account Transfer Application Form

Cilen	ı name					
STOC	.V.C. 0. 6		CAVINGS ACCOUNT /	ICA)		
3100	no a i	SHARES INDIVIDUAL	_ SAVINGS ACCOUNT (15A)		
		The CONSERVATIVE Portfolio (Lower Risk Profile) (this service may include up to 45% investment in UK & International Equities)				
		The INCOME Portfolio (Lower than Medium Risk Profile) (this service may include up to 67% investment in UK & International Equities)				
			rtfolio (Medium Risk Proup to 83% investment in UK &			
			olio (Higher than Mediu up to 100% investment in UK			
		The ADVENTUROUS Portfolio (Higher Risk Profile) (this service may include up to 100% investment in UK & International Equities)				
INCO	ME RE	QUIREMENTS				
Please	indicate	whether you wish to take	an income from your investme	ent		
	REINVI	EST (No income to be dist	ributed)			
	DISTRI	BUTE (Please complete th	ne section below)			
DISTE	RIBUTI	ON OF INCOME				
Please	indicate	the frequency and amoun	t of income you wish to have բ	paid out from your investment portfolio		
Quarte	rly Opti	ons				
	Variable	e Quarterly Dividend Payn	nent			
	Fixed C	Quarterly Income Payment	(specify amount below)			
	Amoun	t of Fixed Quarterly Incom	e Payment	£		
Please	specify	when you would like the Q	uarterly Income Payments to	start from		
	18 Janı	uary 🔲 18 April 🔲	18 July 18 October			
Month	ly Optio	n				
	Fixed M	Monthly Income Payment (specify amount below)			
	Amoun	t of Fixed Monthly Income	Payment	£		
Please	indicate	when you would like the M	Monthly Income Payments to s	tart from		
	18 th of		(month)			
		been requested it will bearing System).	e sent directly to your Bank	or Building Society account by BACS (Banke		



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		
	Please be Aware	
Features, Terms & Conditions and Ch details of the terms, risks and costs u	et Management Stocks & Shares ISA, we reconarges and Cost of our Services as applicable under which the investment(s) will be manage atures, Terms & Conditions or Charges and Coll Adviser in order to seek clarification.	to this service as they provided. In the event that you do no
CLIENT DECLARATION:		
objectives and attitude to investment ris sufficient time and opportunity to read a	s application form are accurate and true and are ik as discussed with my financial adviser. I furthend consider the Stocks & Shares ISA Key Feature of our Services and appreciate the terms, rise	er confirm that I have been giver ures and Terms & Conditions and
I authorise Balkerne Asset Manageme	ent:	
 To hold my cash subscription, Is those investments and any other 	SA investments, interest, dividends and any other cash	er rights or proceeds in respect o
To make on my behalf any claim	s to relief from tax in respect of ISA investments.	
I declare that this application form has	s been completed to the best of my knowledge	e and belief.
Client Signature		
D .		
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: Amount £ Tax year Tax year Amount £ Instruction to Existing ISA Account Manager (1) Name and address of your current ISA Account Manager Name Account No Address (Incl. Postcode) YES NO Is your current tax year ISA to be transferred? If "YES" please note the transfer must be the whole amount saved (right 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 £

I request you to transfer the above mentioned ISA(s) to Balkerne Asset Management, 1 Balkerne Hill, Colchester, Essex, CO3 3FG. Where applicable, 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: Amount £ Tax year Tax year Amount £ Instruction to Existing ISA Account Manager (2) Name and address of your current ISA Account Manager Name Account No Address (Incl. Postcode) YES NO Is your current tax year ISA to be transferred? If "YES" please note the transfer must be the whole amount saved (right 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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Signature Print Full Name

Date



FINANCIAL ADVISER REMUNERATION AGREEMENT

Amount of Adviser Agreed Remuneration:

I confirm that I have received advice relating to this investment and hereby request Balkerne Asset Management to pay my adviser charge directly to my Financial Adviser as detailed below.

This arrangement is to remain in place until I give my instructions in writing to Balkerne Asset Management that this arrangement should be cancelled or I cease to be an investor with Balkerne Asset Management.

1.	Initial Active the sum	lviser Agreed Remunera of ${\mathfrak L}$	ration of % of funds invested, which equates to(Estimated where the transfer of funds / stocks is not specifically known).				
	PLUS						
2.	An Annu	ıal Portfolio based Ongo	ing Adviser Charge of		% of funds held,	paid in quarterl	y instalments.
Financi	ial Advis	er Details:					
	dress and al Advise	l Postcode of r					
Adviser	FCA Re	gistered Number					
Adviser	Telepho	ne Number					
Adviser	· Email						
Advise	r Signatı	ure					
Date							
Print Adviser Name							
		I Client Signatures: norise Balkerne Asset M	lanagement to pay my	[,] Financia	l Adviser the agr	eed adviser cha	arges as detailed
		APPLICANT					
Signatu	ure						
Date							
Print Fu	ıll Name						

