

Transfer details

I want to transfer some, or all, of my existing:

- Cash ISA Please indicate as appropriate. I'd like you to:
- Stocks and Shares ISA Sell the assets held in my existing ISA and transfer the cash proceeds to my Wealthtime Select ISA
- Innovative Finance ISA Arrange for the re-registration of assets held in my existing ISA to my Wealthtime Select ISA*

*Any re-registration of investments into your Wealthtime Select ISA will be subject to your existing ISA manager allowing this type of transfer and your investments being available on the Wealthtime Select funds list.

Is the transfer subject to any existing or proposed trustee in bankruptcy orders or any other receiving orders? Yes No

If it's not possible to re-register my existing ISA investments, please arrange for these to be sold and transferred in cash: Yes No

Amount to be transferred

Please indicate as appropriate:

Approximate value of the transfer £

Is the full value being transferred? Yes No

Please indicate as appropriate:

If 'no':

All current years subscriptions

All previous years subscription

Part of previous years subscriptions

Amount of previous years subscriptions £

Transfer authorisation

I authorise you to:

- transfer the proceeds of the above ISA, as soon as reasonably practical, to my Wealthtime Select ISA.
- transfer the investments of the above ISA, as soon as reasonably practical, to my Wealthtime Select ISA.
- provide Wealthtime Select with all relevant information relating to my ISA including, but not limited to, transaction and dividend history and details of the current portfolio and its value.
- I accept that in order to comply with regulatory obligations Wealthtime Select and the ceding ISA manager named in this application may need to verify my identity and residential address and may use credit reference agency searches and ask for my documents to verify my identity and address.
- Until this application is accepted and complete, Wealthtime Select's responsibility is limited to the return of the total payments to the current provider.

Signature

Date (dd/mm/yyyy)

If you require this document in an alternative format please contact us.

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