

APS transfer authority form

(to be amended as appropriate for cash/stocks and shares)

Nucleus client relations, PO BOX 26968, Glasgow G2 9DY.

Please complete and sign this form before sending it to us at the above address. If any party signs but fails to date a signature, the date that Nucleus receives the APS transfer authority will be deemed to be the date that the signing party signed the agreement.

Investor details

Investor full name

Investor permanent residential address

Investor date of birth

Investor national insurance number

or confirmation that the investor does not have one:

Deceased details

Deceased full name

Permanent residential address of the deceased at their date of death

Deceased date of birth

Deceased national insurance number (if known)

Date of death

Date of marriage or civil partnership between the investor and the deceased

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

APS allowance transfer information

Name of deceased Isa manager

Address of deceased Isa manager

Please be aware that an APS allowance can only be transferred once and only where no subscriptions have been made under that APS allowance. When the APS value is transferred to Nucleus, the surviving spouse or civil partner can make additional subscriptions up to the value of the APS allowance.

APS eligibility declaration

This section must be completed to confirm the investor named on this authority 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 Nucleus Financial Services

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

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

Signed

Date

Transfer acceptance

We Nucleus Financial Services are 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.