

Stocks & Shares Individual Savings Account Transfer Application Form

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STOC	eve o e	SUADES INDIVIDU	AL SAVINGS ACC	COLINT (CA)	
5100	NS & S	SHARES INDIVIDU	AL SAVINGS ACC	JOUNI (I	5A)	
		The CONSERVAT (this service may include				
		The INCOME Port (this service may include				
		The BALANCED F (this service may include				
		The GROWTH Por (this service may include			m Risk Profile) International Equities)	
		The ADVENTURO (this service may include			Profile) & International Equities)	
INCO	ME RE	QUIREMENTS				
Please	indicate	whether you wish to tal	ke an income from you	ır investmer	nt	
	REINVI	EST (No income to be d	istributed)			
	DISTRI	BUTE (Please complete	e the section below)			
DISTE	RIBUTI	ON OF INCOME				
Please	indicate	the frequency and amo	unt of income you wis	h to have p	aid out from your investme	ent portfolio
Quarte	rly Opti	ons				
	Variable	e Quarterly Dividend Pa	yment			
	Fixed C	Quarterly Income Payme	ent (specify amount be	low)		
	Amoun	t of Fixed Quarterly Inco	ome Payment		£	
Please	specify	when you would like the	Quarterly Income Pay	yments to s	tart from	
	18 Janı	uary 🔲 18 April [18 July 18	8 October		
Month	ly Optio	n				
	Fixed M	onthly Income Paymen	t (specify amount belo	ow)		
	Amoun	t of Fixed Monthly Incor	ne Payment		£	
Please	indicate	when you would like the	e Monthly Income Pay	ments to st	art from	
	18 th of		(month)			
		been requested, it wil aring System).	be sent directly to	your Bank	or Building Society acco	ount by BACS (Banke



Bank / Building Society Details		
Name and Address of Bank or Building Society (Incl. Postcode)		
Account Sort Code		l
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 rec parges and Cost of our Services as applicable under which the investment(s) will be manage atures, Terms & Conditions or Charges and C I Adviser in order to seek clarification.	e to this service as they provided of. 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 k as discussed with my financial adviser. I furth and consider the Stocks & Shares ISA Key Feature of our Services and appreciate the terms, ri	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 knowledg	e 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 select one of the following options:		
Whole of tax year to be transferred Part	of tax year to be transfer	rred Amount £
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	of tax year to be transfer	red
If "Part of tax year" please specify tax year and amount: Tax year	or .	Amount £
Tax yea		Amount £
rax yea		Amount £
Instruction to Existing ISA Account Manage	r (1)	
Name and address of your current ISA Account Man	ager	
Name	Accour	nt No
Address (Incl. Postcode)		
Is your current 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 transfer	rred Amount £
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 trans	ferred	Part of tax year to be transferred
If "Part of tax year" please specify tax year and amount:		
Tax yea	ar	Amount £
Tax yea	ar	Amount £
I request you to transfer the above-mentioned ISA(s) to Balkerne Ass request you to sell the appropriate investments held in my account, address. Cheques should be made payable to "Balkerne Asset Manacontact the Transfer Department (Tel: 0808 200 0808) at Balkerne Asset	as detailed, before transfer a agement Client's Account". If	and send a cheque(s) for the proceeds to the above
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 select one of the following options:		
Whole of tax year to be transferred Part	of tax year to be transfer	red Amount £
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 transferr	ed
If "Part of tax year" please specify tax year and amount: Tax ye	or	Amount £
Tax ye		Amount £
1 ax ye	aı	Amount £
Instruction to Existing ISA Account Manage	er (2)	
Name and address of your current ISA Account Man	ager	
Name	Accoun	t No
Address (Incl. Postcode)		
Is your current 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 transfer	red Amount £
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 trans	sferred	Part of tax year to be transferred
If "Part of tax year" please specify tax year and amount:		
Tax ye	ar	Amount £
Tax ye	ar	Amount £
I request you to transfer the above-mentioned ISA(s) to Balkerne Ass request you to sell the appropriate investments held in my account, address. Cheques should be made payable to "Balkerne Asset Man contact the Transfer Department (Tel: 0808 200 0808) at Balkerne As	as detailed, before transfer a agement Client's Account". If	nd send a cheque(s) for the proceeds to the above
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 ${\mathfrak L}$	tion of % of (Estimated where the		sted, which equa funds / stocks is		nown).
	PLUS						
2.	An Annu	ıal Portfolio based Ongo	ing Adviser Charge of		% of funds held	, paid in quarterly	instalments.
Financ	ial Advis	er Details:					
	dress and al Advise	d Postcode of r					
Adviser	FCA Re	gistered Number					
Adviser	⁻ Telepho	ne Number					
Adviser	Email						
Advise	r Signatı	ure					
Date							
Print Ad	dviser Na	me					
Declara	ation and	d Client Signatures:					
I agree above.	and aut	norise Balkerne Asset M	lanagement to pay m	y Financia	I Adviser the ag	reed adviser cha	rges as detailed
		APPLICANT					
Signati	ure						
Date							
Print Fu	ull Name						

