



ISA TRANSFER APPLICATION

DUAL KICK OUT – JUNE 2010

You need to use a separate application form for each ISA you want to transfer.
Please use black ink and write in CAPITALS.

1. YOUR DETAILS

| | | | |
|-------------------------|---|------------------------|------------------------|
| Title (Mr/Mrs/Miss/Ms): | <input type="text"/> | Country: | <input type="text"/> |
| Surname: | <input type="text"/> | Phone Number: | <input type="text"/> |
| Full first names: | <input type="text"/> | Email: | <input type="text"/> |
| Date of birth: | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Approx transfer Value: | £ <input type="text"/> |
| Permanent home address: | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Postcode: | <input type="text"/> | | |

2. NATIONAL INSURANCE NUMBER

Do you have a National Insurance (NI) number?: YES NO If 'Yes', please write it below.

You should be able to find your NI number on a payslip, form P45 or P60, letter from Her Majesty's Revenue & Customs, letter from the Benefits Agency, or pension order book.

N.I. Number:

3. INVESTMENT DETAILS

Please indicate the approximate amount you wish to invest. Minimum £3,000.

| Product name: Dual Kick Out – June 2010 | |
|---|------------------------|
| Option | Amount to be invested |
| Option 1 – reference level 100% | £ <input type="text"/> |
| Option 2 – reference level 95% | £ <input type="text"/> |
| Option 3 – reference level 90% | £ <input type="text"/> |
| Total | £ <input type="text"/> |

4. PROVISION OF INFORMATION

For security purposes, please provide us with a password so we can give you information over the phone:

Please indicate if you would like access to our web-based services (if so, please make sure you have provided your e-mail address in **section 1**)

YES NO

5. EXISTING CASH ISA TRANSFER REQUEST

| | | | |
|-------------------------|---|---------------------|---|
| Title (Mr/Mrs/Miss/Ms): | <input type="text"/> | ISA Number: | <input type="text"/> |
| Surname: | <input type="text"/> | Type of account: | Stocks & Shares <input type="checkbox"/> Cash <input type="checkbox"/> |
| Full first names: | <input type="text"/> | Sort code: | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (Cash ISA only) |
| Date of birth: | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Name of investment: | <input type="text"/> |
| Permanent home address: | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| | Postcode: <input type="text"/> | | |
| N.I. Number: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

N.B. Under ISA Regulations only whole transfers of current year subscriptions and interest can be accepted. For partial transfers indicate the amount to be transferred:

£

1. Have you subscribed to your current ISA in the current tax year?
YES NO

2. Do you wish to:
Close your account and transfer the balance plus interest?
YES NO

if no:
Transfer your current year subscription as part of the transfer?
YES NO

Transfer your current year subscription only?
YES NO

Please read and complete the declaration overleaf

6. HAVE YOU RECEIVED FINANCIAL ADVICE?

Gilliat recommends that all clients seek financial advice to help establish whether this investment fits with their circumstances and financial objectives.

Have you received financial advice relating to this investment?

Yes, I have received advice from

(name of firm)

No, I haven't received financial advice.

If you have received advice, please proceed to Section 7.

If you have not taken financial advice please answer the following questions so that we can assess whether the product is appropriate for you.

1. Please indicate if you have ever held:

- Any investment where the capital and investment returns are variable and are based on the performance of the underlying securities, such as equities, commodities, indices, corporate bonds.
- A structured product (a fixed term investment such as the one you are applying for)

2. Do you understand that the return of Investment Capital and the payment of a Growth Payment will depend on the performance of the Underlying and you may get back less than your original investment?

YES **NO**

3. Do you understand that the product is designed to be held for the full Investment Term and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested?

YES **NO**

4. Have you read and understood the Investment Guide and Terms, incorporating the Terms & Conditions?

YES **NO**

5. Have you read and understood fully the Risks provided in the Investment Guide?

YES **NO**

7. DECLARATION & AUTHORITY

- I instruct the ISA Manager to sell my existing ISA assets in accordance with the ISA transfer request forms, and transfer the amounts realised to Meteor Asset Management Limited to invest in the relevant product.
- I authorise the ISA Manager to hold my cash subscriptions, product investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of product investments, and on my written request to transfer or pay to me, as the case may be, product investments, interest, dividend rights or other proceeds in respect of such investments or any cash.
- I declare that the information given in this declaration is true and correct to the best of my knowledge and belief and that I will inform the ISA Manager without delay of any change in my circumstances affecting any of the information in this form.
- I declare that I have read the Investment Guide and Terms and Conditions and I agree to the Terms and Conditions under which my investment will be managed.

I have read the relevant Investment Guide and Terms, incorporating the Terms & Conditions and accept the terms under which my investments will be managed. I declare that this application form has been completed to the best of my knowledge and belief. I understand that neither Gilliat Financial Solutions nor Meteor Asset Management provide investment advice and confirm that I have received advice on this investment from an independent Financial Adviser as shown above or, if I have not received advice, that I am satisfied that I do not need to take financial advice.

Signature:

Date:

Note: When you have completed and signed this application form, please return it to your Financial Adviser or to: **Meteor Asset Management Limited, 55 King William Street, London EC4R 9AD**

FOR FINANCIAL ADVISER'S USE ONLY

Adviser Firm:

Special instructions re investment:

FSA Firm number:

Name of adviser:

Prevention of money laundering I can confirm that I have carried out the appropriate identity checks and attached the 'Verification of Identity Certificate'. I have enclosed signed copies of the documentary evidence with this certificate. I have seen the original documents and any that needed a signature were already signed. Signed on behalf of the above:

Name of existing ISA Manager:

Address:

Postcode:

Telephone No:

Any special instructions:

In respect of the ISA Account detailed overleaf I authorise my existing ISA Manager (as specified opposite) to

- Transfer the cash value of the ISA together with any interest, dividends, rights and cash within the account, or the amount specified, as appropriate, to **Meteor Asset Management Limited**.
- Provide Meteor Asset Management Limited with any information, written or non-written, and to accept any instructions from them relating to the transfer.
- Ensure that all dividends, interest & tax credits arising after the transfer are paid to me
- Proceed immediately with the transfer and, where a period of notice is required for closure/part transfer, apply any consequential penalty (delete as appropriate); OR
b) Proceed with the transfer only after the full notice period has expired (delete as appropriate)

Signature:

Date: