



CASH ISA TRANSFER APPLICATION

GILLIAT GEARED UK DEPOSIT – SEPTEMBER 2010

You need to use a separate application form for each Cash ISA you want to transfer.
Please use black ink and write in CAPITALS. **This product is available for Cash ISAs only.**

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"/> <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. BANK DETAILS

Please complete the details below for receipt of payments:

Bank/Building Society:	<input type="text"/>	Account name:	<input type="text"/>
Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Account no:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	<input type="text"/>	Sort code:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
		Building Society Ref. or Roll No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. 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:

4. INVESTMENT OPTIONS

Minimum investment £3,000.

	Amount to be invested
Product name: Gilliat Geared UK Deposit – September 2010	£ <input type="text"/>

5. EXISTING CASH ISA TRANSFER REQUEST

Title (Mr/Mrs/Miss/Ms):	<input type="text"/>	ISA Number:	<input type="text"/>
Surname:	<input type="text"/>	Sort code:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Full first names:	<input type="text"/>	Name of investment:	<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"/> <input type="text"/> <input type="text"/>	1. Have you subscribed to your current ISA in the current tax year?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/> <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:

£

6. 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

7. 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 8.

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

1. Please indicate if you have ever held:

- Any investment where the investment returns are variable and linked to the performance of securities, such as equities, commodities, indices, corporate bonds

A structured deposit product (a fixed term investment such as the one you are applying for)

2. Do you understand that the interest payment at the end of the Investment Term will depend on the performance of the Underlying(s)?

YES NO

3. Do you understand that this 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 & Terms, incorporating the Terms & Conditions?

YES NO

8. 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, Plan 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 Plan investments, and on my written request to transfer or pay to me, as the case may be, Plan 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/we authorise Meteor Asset Management Limited: To hold my cash subscription, investments, interest, dividends and other rights or proceeds in respect of those investments and any cash or other proceeds.

I have read the relevant Investment Guide & Terms, incorporating the Terms & Conditions and accept the terms under which my investments will be managed. I agree that Meteor Asset Management shall act as Bare Trustee for the cash investment which will be placed on deposit with The Royal Bank of Scotland plc. I understand that neither Gilliat Financial Solutions nor Meteor Asset Management Limited 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:

FSA Firm number:

Name of adviser:

Special instructions re investment:

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 Cash 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: