Suffolk

Building

Society

Cash ISA or Matured CTF Transfer Authority.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH* ARE REQUIRED

You can use this form to transfer a Cash ISA, Protected ISA or Matured CTF

Title* Forename* Middle name(a) Surname* Address* Postcode* Date of birith* Postcode* Date of birith* Postcode* Date of birith* Postcode* Information about the account you want to transfer National insurance number* Roll number (fi applicable) Transferring a Cash ISA We recommend that you review the terms and conditions of your account to ensure that the transfer can go shead. I. if you are transferring a Cash ISA Now a series of society and a ficability option in the current tax year? If yes, then the Society cannot accept the transfer. 2. Do you want to close your account? If so, how much? Do you want to transfer a partial amount? If so, how much? We are unable to accept partial transfers of current years* subscriptions. Transferring a Protected ISA or Matured CTF 1. Do you want to close your account? Yes, how much? If make a partial transfer you will need to contact your provider to instruct them on your remaining balance. Transfer authority Lauthorise my provider to transfer the account numbered above to Suffolk Building Society and provide any information required and to ascept any instructions from the relating to the account being transferred. Where the account is a Child Trust Fund in must have matured for this transfer to take place. I understand that if I have not yet reached age 18 at the time of completing this form, the transfer will not take place until my Child Trust Fund matures on my 18th british of my Cash ISA, or the ISA contains a fixed-term deposit that has not reached its maturity date, linstruct my existing ISA manager to either (tick the appropriate box) I wait for the full notice period or wait until the maturity date before going ahead with the transfer. Account number and conditions, carry out the transfers as soon as possible— I will accept any consequential loss of interest or charges which may be applied. Signature Date Transfer acceptance—for offfice use.	Your detail	S		
Address* Postcode*	Your name ar	nd address		
Date of birth*	Title*	Forename*	Middle name(s)	Surname*
Date of birth	Address*			
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- The transfer proceeds are made up of cash deposits only.
- · Where the customer has shown above that they want to transfer subscriptions from the current tax year, these must not be more than the current ISA subscription limit.

For the purposes of the transfer of the ISA wrapper under the ISA regulations, the transfer date shall be the date we receive the funds.

Please send the funds by cheque, payable to Suffolk Building Society Re 'Client Name', and a Transfer History Form to the Savings Team to the address below.