onefamily
modern family finance

Transfer Application Form
Global Investment Child Trust Fund (CTF)
Account Stakeholder Application Form

Business Source

Reference

Please complete this form if you'd like to transfer your child's CTF account held with another provider to our Global Investment CTF account.
You must be the Registered Contact of the existing CTF account. Please complete the form in BLOCK CAPITALS using **black ink** (any amendments must be initialled). Remember to sign section 4 and complete and sign section 5 (but DO NOT detach) as this will be sent to your current provider as proof of your wish to transfer. Details of how to pay into the account will be sent to you once it has been opened. For more information or if you have any queries, please call **0344 892 0920*.**

1. Details of child

Title | **Child's first name** | **Middle initial(s)** | **Child's surname**

Child's Unique Reference Number (if known) | **Child's date of birth** D D M M Y Y Y Y

Address

Postcode

2. Your details (You must have parental responsibility for the child and be the Registered Contact on the existing CTF account)

Title | **Your first name** | **Middle initial(s)** | **Your surname**

Address (if different from the child's)

Postcode

Date of birth D D M M Y Y Y Y | **Home phone** | **Mobile phone**

Email

We may need to phone you about your transfer. Please tick the best times: **Morning** ☐ **Afternoon** ☐ **Evening** ☐

For quick and easy access by phone please provide two security passwords:

A memorable name (e.g. your mother's maiden name)

A memorable place (e.g. town of birth)

3. Details of your current CTF provider

CTF provider name and address

Current CTF account number

4. Signature

I authorise OneFamily:

- To hold the child's HM Revenue & Customs contributions, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and
- To make on behalf of the child any claims to relief from tax in respect of CTF investments.

I declare that:

- The child is not a US citizen or resident in the US for tax purposes, and I will inform Family Equity Plan Limited immediately if the child becomes a US citizen or so resident
- I am 16 years of age or over
- I have parental responsibility for the named child
- I am the Registered Contact for the CTF account.

This CTF will be managed under the terms outlined in the Key Information Document and the Terms and Conditions provided with this application form. Before signing the application, you should read these terms carefully and contact us if there is anything you do not understand.

I confirm that to the best of my belief the information on this form is true.

Signature ✖ | **Date** D D M M Y Y Y Y

Data Protection: Family Equity Plan Limited will hold your personal data in line with our Privacy Notice. The full version is here www.onefamily.com/privacy. It explains your rights as data subject and how we use your data. A copy is also available by writing to OneFamily, 16-17 West Street Brighton, BN1 2RL; by calling Customer Services on 0344 8 920 920 or, by email to customerservices@onefamily.com

We'd like to contact you from time to time about OneFamily's products and services. You can choose if you'd like to receive this information by ticking the options below:

Email ☐ **Phone** ☐

Anti-money laundering: We may need to verify your name and address so that we can comply with anti-money laundering legislation. We may use credit reference agencies to help us to do this and by signing this application form, you are agreeing to these checks taking place.

*Calls may be monitored and recorded for training purposes. Calls to 0344 numbers are charged at local rate and will normally be part of any inclusive minutes provided with phone packages, even when calling from a mobile. The actual cost will depend on your phone's tariff. For more information contact your provider.

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5. Instruction to your current CTF provider (please do not detach)

Please complete this section as evidence of your wish to transfer to OneFamily. Current CTF provider name and address

Postcode

Current CTF account number | **Child's URN (if known)**

Registered Contact

Instruction. I hereby instruct and authorise the child's CTF Manager to transfer the proceeds of the investments in the above CTF account in cash to OneFamily. I also authorise you to provide OneFamily with any information relating to this CTF account as required.

Signature ✖ | **Date** D D M M Y Y Y Y