

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

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Ref	erer	nce				

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.

This CTF will be managed under the terms outlined in the Key Investor Information document and the Important Information booklet which includes the Key Features and Terms and Conditions. By completing and returning this form, you are confirming that you have read and retained these two documents. If you have not been able to do this, or there is anything you don't understand call us on 0800 616 695*. These documents can be found at Onefamily.com/savingsand-investments/children/child-trust-fund/ctf-transfers/

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 8 920 920*.

1. Deto	lik					d t na	ıme	•								Mid niti	dle al(s))	Chi	ld's	sur	nar	ne														
Child's Uni	que	Re	fere	ence	Nu	mb	er (if kı	now	/n)								[Chi	ld's	dat	te c	of bi	rth		D	D	M	N	1	r	Y	Y	Y
Address																																					
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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 differ	ent from the child's)		
			Postcode
Date of birth	D M M Y Y Y Home phone Image: Comparison of the second sec		Mobile phone
Email			
We may need to	phone you about your transfer. Please tick the best times: M	lorning	Afternoon Evening
For quick and ea	sy access by phone please provide two security passwords:		
A memorable na (e.g. your mother			A memorable place (e.g. town of birth)

continued overleaf

3. Signature

I authorise Family Equity Plan Limited:

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

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- 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

Signature	×	Date	D	D	М	М	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 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

Signature

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. *We're open 9am to 7pm Monday to Friday and 9am to 1pm on Saturdays. We might record your call to help improve our training and for security purposes. We hope you don't mind. Calls are normally free from UK landlines and from mobile phones. For further information please contact your service provider.

4. Instruction to your current CTF provider

This page will be sent to your existing CTF provider as evidence of your wish to transfer. Please make sure you fill in all the requested information below, as this will help prevent delays in the CTF account being transferred.

Information about you:

Title	First name		Surname
Date of birth	D D M M Y Y Y Y	House number/name	
Information abo	ut the child:	Postcode	
Title	First name		Surname
Date of birth	D D M M Y Y Y	House number/name	
Information abo	ut the CTF account to be transferred:	Postcode	
Name of existing	g CTF provider		Existing CTF provider address
Account number	of existing CTF account		
Child's Unique Re	eference Number (if known)		
			Postcode

Date