



# Transfer Application Form Ethical 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 OneFamily. **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	Home phone	Mobile phone	
D D M M Y Y Y Y			
Email			
We may need to phone you about your transfer. Please tick the best times: Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/>			
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. your 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:**

- Neither myself, nor the child, is a US citizen or resident in the US for tax purposes, and I will inform Family Equity Plan Limited immediately if I, or the child, become 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 Features 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	X	Date	D D M M Y Y Y Y
-----------	---	------	-----------------

**Data Protection:** The information that you provide on this form will be held by Family Equity Plan Limited and used for general business purposes and, in particular, to set up and administer the account for which you are applying. The information will also be shared with selected third parties, but only for the purposes described in the section 'Data Protection' in the Terms and Conditions. OneFamily, or companies with which it has a business relationship, may contact you using your information to provide you with details of products and/or services which may be of interest to you. If you **do not** wish to receive information about other products and/or services, please tick the relevant box(es) below:

Please do not mail me  Please do not call me  Please do not email me

**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 provider's tariff. For more information please contact your provider.

20201 005 06.2015

## 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	
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	X	Date	D D M M Y Y Y Y
-----------	---	------	-----------------