



# 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 complete and sign section 4 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 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/savings-and-investments/children/child-trust-fund/ctf-transfers/](http://onefamily.com/savings-and-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. Details of child

Title	Child's first name	Middle initial(s)	Child's surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child's Unique Reference Number (if known)	Child's date of birth		<input type="text"/>
<input type="text"/>	<input type="text"/>		<input type="text"/>
Address	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
	Postcode	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	

## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (if different from the child's)	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Date of birth	Home phone	Mobile phone	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
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. town of birth)		
<input type="text"/>	<input type="text"/>		<input type="text"/>

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 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

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

Signature

Date

**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](https://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](mailto: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

**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.

Phone

\*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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	House number/name	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode	<input type="text"/>

**Information about the child:**

Title	First name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	House number/name	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
	Postcode	<input type="text"/>

**Information about the CTF account to be transferred:**

Name of existing CTF provider	Existing CTF provider address
<input type="text"/>	<input type="text"/>
Account number of existing CTF account	<input type="text"/>
<input type="text"/>	<input type="text"/>
Child's Unique Reference Number (if known)	<input type="text"/>
<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>

**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 Family Equity Plan Limited. I also authorise you to provide Family Equity Plan Limited with any information relating to this CTF account as required.

Signature

Date