

Junior ISA transfer application form

Business Source

Reference

Please complete this form if you'd like to transfer a Junior ISA held with another provider to OneFamily. **You must be the Registered Contact of the existing Junior ISA.** Please complete the form in BLOCK CAPITALS using **black ink** (any amendments must be initialled). Details on how to pay into the account will be sent to you once it has been opened.

By completing and returning the Transfer form you are confirming you have read and retained a copy of, the Important Information booklet, which contains the Key Features and Terms and Conditions, as well as the Key Information document. If you have not been able to do this, please call us on 0800 616 695*. These documents can be found at onefamily.com/junior-isa

Please note, we don't advise on or assess the appropriateness of this product for your child. If you feel you require further information about the account before applying please call 0800 616 695* and speak to a customer service representative. If you're not sure if this account is right for the child, you should seek independent financial advice.

1. Child's details

Title	Child's first name	Middle initial(s)	Child's surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		
Gender (please tick)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Permanent UK residential address			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			Postcode <input type="text"/>

2. Your details (Remember, you must be the Registered Contact of the existing Junior ISA)

Title	First name	Middle initial(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		
Gender (please tick)		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Permanent UK residential address (if different from above)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			Postcode <input type="text"/>

You can manage this Junior ISA online! Please provide your email address if you'd like more information about online account management:

Email

Home phone

Mobile phone

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)

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 love to share exciting news and articles with you to help you manage your account and your money - you may even get the chance to enter a prize draw! In addition we will share offers with you from our carefully selected partners. You can choose if you'd like to receive this information by ticking the options below. We will hold your personal data in line with our Privacy Notice.

Email ☐ Phone ☐

3. Authority to transfer into a Junior ISA

This page will be sent to your existing Junior ISA Manager as evidence of your wish to transfer.

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"/>	
Information about the child:	Postcode	
Title	Postcode	
<input type="text"/>	<input type="text"/>	
Date of birth	House number/name	
<input type="text"/>	<input type="text"/>	
Information about the Junior ISA to be transferred:	Postcode	
Name of existing Junior ISA provider	Postcode	
<input type="text"/>	<input type="text"/>	
Account number of existing Junior ISA	Postcode	
<input type="text"/>	<input type="text"/>	
Roll number (if applicable)	Postcode	
<input type="text"/>	<input type="text"/>	
Sort code (if applicable)	Postcode	
<input type="text"/>	<input type="text"/>	

Type of Junior ISA to be transferred:

- **Stocks and shares** (please note you must transfer the full value of the Junior ISA if transferring a stocks and shares Junior ISA)
- **Cash** (please also make sure you have completed section 3 of this form)

Please arrange for the transfer of:

- 1.** The full value of the Junior ISA. I agree that if I choose to transfer the full value of the Junior ISA, it will close.
- 2.** A partial transfer of (please tick any boxes that apply):
- 2a.** All subscriptions made on or after 6th April 2023 including any interest or growth earned on those subscriptions (subscriptions made in the current tax year must be transferred in full).
- 2b.** All subscriptions made on or before 5th April 2023 including any interest or growth earned on those subscriptions.
- 2c.** A partial transfer of £ . from subscriptions made on or before 5th April 2023.

Estimated value of transfer £ · (min £500).

Some Junior ISA providers may not allow partial transfers. If this is the case we'll contact you to see how you wish to proceed.

4. Declaration and Transfer Authority

I authorise Family Equity Plan Limited:

- To hold the child's subscriptions, Junior ISA 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 Junior ISA investments

I declare that:

- I am 16 years of age or over
- I have parental responsibility for the named child
- I am the Registered Contact for the Junior ISA.
- 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

Transfer Authority:

- ☐ I authorise my existing Junior ISA provider as specified above to transfer this Junior ISA to Family Equity Plan Limited
- ☐ I authorise my existing Junior ISA provider to provide Family Equity Plan Limited with any information, written or non-written, concerning this Junior ISA and to accept any instructions from them relating to this Junior ISA Transfer
- ☐ Where a notice period is required, I instruct my existing Junior ISA provider to **(please tick one of the following)**:
- ☐ > Wait for the full notice period to end before going ahead with this transfer.
- ☐ > Proceed immediately with the transfer – I will accept any loss of interest or charges applied as a result of this.

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

I accept the JISA Terms & Conditions and 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
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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 do this and by signing this application form, you are agreeing to these checks taking place.