



# Cash ISA Transfer Authority Form

Please complete this form and return it to the address above.

## Information about you

Title:	
First Name(s):	Surname:
Home Address:	
	Post Code:
Phone Number:	Email Address:
Date of Birth:	National Insurance Number:

## Information about the ISA you want to transfer

Name and address of existing ISA provider:	
	Post Code:
Sort Code:	Account Number:
Roll Number (if applicable):	
<p><b>Please note: the terms and conditions of some ISA products do not allow only part of an ISA to be transferred. Your existing provider may need you to give them specific information before the transfer can go ahead. Please check with your existing ISA provider if you are not sure about this.</b></p>	
<b>Please indicate your Cash ISA transfer preference:</b>	
If you want to transfer the whole Cash ISA, tick here	<input type="checkbox"/>
If you want to transfer part of the Cash ISA, please state the amount here	£ <input type="text"/>
If you are transferring into an existing Buckinghamshire Building Society Cash ISA, please enter the account number:	<input type="text"/>

**TRANSFER AUTHORITY (TO BE COMPLETED BY THE ISA INVESTOR)**

I authorise my existing ISA provider to transfer the ISA (account number overleaf) to Buckinghamshire Building Society. I authorise my existing ISA provider to provide Buckinghamshire Building Society with any information about the Cash ISA and to accept any instructions from them relating to the Cash ISA being transferred.

Where I must give notice to close or transfer part of the existing Cash ISA, or the existing Cash ISA contains a fixed term deposit that has not reached its maturity date, I instruct my existing ISA provider to either: (ISA investor tick as appropriate)

1. Wait for the full notice period to end or wait until the maturity date before going ahead with this transfer:

The notice period on this account is \_\_\_\_\_ days

The maturity date on this account is \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**OR**

2. Depending on the terms and conditions, carry out the transfer and I will accept any consequential loss of interest or charges which may be applied:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TRANSFER ACCEPTANCE (TO BE COMPLETED BY THE NEW ISA MANAGER)**

We are willing to accept this ISA transfer in line with the customer's instructions above, as long as the following conditions are met:

- The transfer proceeds are made up of cash deposits only
- We must receive the transfer proceeds no later than \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Where the customer has shown above that they want to transfer subscriptions from the current tax year, these must not be more than £20,000

For the purposes of the transfer of the ISA wrapper under the ISA regulations, the date shown below will be the transfer date.

Please ensure that the cheque is made payable to the Buckinghamshire Building Society re: "Name of investor" and posted to the address detailed below:

**Buckinghamshire Building Society**  
**High Street**  
**Chalfont St Giles**  
**Buckinghamshire**  
**HP8 4QB**

Telephone: 01494 879500  
Email: info@bucksbs.co.uk

Signed on behalf of Buckinghamshire Building Society

Signature: \_\_\_\_\_

Date: \_\_\_\_\_