

CASH JISA TRANSFER AUTHORITY FORM

Information about you

Title First name(s) Surname

Home address

Postcode

Contact phone number

Information about the child

Title First name(s) Surname

Home address

Postcode

Date of Birth

D	D	M	M	Y	Y
---	---	---	---	---	---

 National Insurance Number (if they have one)

--	--	--	--	--	--	--	--	--	--

Information about the JISA you want to transfer

Name and address of existing JISA provider

Account number

--	--	--	--	--	--	--	--	--	--

 Sort code

--	--	--	--	--	--

Roll number (if applicable)

--	--	--	--	--	--	--	--	--	--

Please note: the ISA Regulations do not allow only part of a Cash JISA to be transferred to another Cash JISA. Therefore all Cash JISA to Cash JISA transfers must be made in full.

1. Have any subscriptions been made to this Cash JISA in the current tax year?

Yes ☐ No ☐ Total subscriptions made in current tax year £

Application and Declarations

I apply to transfer a Cash JISA for the named child as detailed above.

I declare that

- I am 16 years of age or over
- I have parental responsibility for the above named child or I am the above named child
- I am the registered contact for this Cash JISA

TRANSFER AUTHORITY (to be completed by the ISA investor)

I authorise my existing JISA provider (as specified overleaf) to transfer the JISA (account number overleaf) to the Buckinghamshire Building Society. I authorise my existing JISA Manager to provide the Buckinghamshire Building Society with any information, concerning the cash ISA and to accept any instructions from them relating to the cash JISA being transferred.

Where I must give notice to close or transfer the existing Cash JISA, or the existing Cash JISA contains a fixed-term deposit that has not reached its maturity date, I instruct the existing JISA provider to either (tick the appropriate box)

1. Serve the full notice period or wait until the maturity date before this instruction can be processed; ☐
- The notice period on this account is.....days.
- The maturity date on this account is ____/____/____.

OR

2. Proceed immediately with the transfer and I consent to bear any consequential penalty loss of interest or charges which may be applied. ☐

Signed by customer:

Date:

Transfer Acceptance (to be completed by new ISA Manager)

We, the Buckinghamshire Building Society are willing to accept this investor's cash JISA funds, subject to HMRC rules (the ISA Regulations) and the following conditions:

- The transfer proceeds are made up of cash deposits only.
- We must receive the transfer proceeds no later than ____/____/____.

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

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 the Buckinghamshire Building Society :

Signature:

Date:

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

Tel: 01494 879500

Fax: 01494 876256

www.bucksbs.co.uk

E-mail: info@bucksbs.co.uk

A member of the Building Societies Association

Buckinghamshire Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration number 206022.