

# ISA - ADDITIONAL PERMITTED SUBSCRIPTION (APS)

## TRANSFER IN DECLARATION

Please complete this form in BLOCK CAPITALS and in ink.

### 1. PERSONAL DETAILS

Your existing ISA account number  
(if applicable)

Title

Mr  Mrs  Miss  Ms  Other  (please specify)

Surname

First name(s)

Permanent residential address:

Postcode

Date of birth (DD MM YYYY)

Your National Insurance number  
(or confirmation that you don't have one)

### 2. DECEASED CUSTOMER DETAILS

Surname

First name(s)

Permanent residential address  
of the deceased at their  
date of death:

Postcode

Date of birth (DD MM YYYY)

Date of death (DD MM YYYY)

Date of marriage  
or civil partnership (DD MM YYYY)

National Insurance number  
(if known)

## 2. DECEASED CUSTOMER DETAILS (CONT'D)

Existing ISA account number(s)

  

(please note if multiple ISAs were held by the deceased with the ISA manager their value will be combined to form one APS)

## 3. ADDITIONAL PERMITTED SUBSCRIPTION TRANSFER INFORMATION

Name of deceased  
customer's ISA Manager

Address of deceased  
customer's ISA Manager

Postcode

Please be aware that an APS can only be transferred once and only where no subscriptions have been made under that APS.  
Once transferred subscriptions may only be made in cash.

## 4. ADDITIONAL PERMITTED SUBSCRIPTION ELIGIBILITY DECLARATION

This section must be completed to confirm the investor named on this Declaration is eligible to transfer an APS in respect of the deceased named on this Declaration.

I (the investor) declare that:

- I am the surviving spouse / civil partner of the deceased;
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down);
- I have not subscribed to and will not subscribe to the APS with the existing ISA provider of the deceased in respect of the deceased named on this Declaration;
- I intend to make an APS application to Scottish Widows Bank.

I authorise the existing ISA provider of the deceased as specified above to provide Scottish Widows Bank with any information, written or non-written, concerning the APS and former ISA in respect of myself (the investor) and the deceased and to accept any instruction from them relating to the APS being transferred;

I declare that this APS transfer Declaration form has been completed to the best of my knowledge and belief.

Signed

Date (DD MM YYYY)

## 5. TRANSFER ACCEPTANCE

We, Scottish Widows Bank are willing to accept this APS transfer in line with the investor's instructions above.

We confirm that, subject to relevant checks, we are willing to accept an APS Declaration from the investor.

Copies of our literature can be provided in large print or in Braille and additional assistance is available to any customer upon request.

If you have any special requirements please contact our customer service team on **0345 845 0829**.

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