

ISA - ADDITIONAL PERMITTED SUBSCRIPTION (APS)

TRANSFER OUT DECLARATION

For internal use only

1. PERSONAL DETAILS

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

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)

National Insurance number (if known)

Date of death (DD MM YYYY)

Deceased ISA account number(s)

2. DECEASED CUSTOMER DETAILS (CONT'D)

Aggregated value of APS in respect of ISAs held by the deceased at their date of death (APS value)

Notes to aggregation (if relevant)

I declare the information to be correct and confirm that the APS transferred has not previously been subscribed to, or transferred from, or to another provider. Scottish Widows Bank will not accept such subscriptions and will not transfer this APS to another provider in the future.

Signed

Date of completion of declaration:

(DD MM YYYY)

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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