



TRANSFER APPLICATION FORM

Stocks & Shares ISA

All information given will be treated in strictest confidence

Details of Policy Holder

1. Title: (Mr/Mrs/Miss/Other) 2. Forename(s): 3. Surname: 4. Sex: 5. Date of Birth: 6. Do you have a National Insurance Number :- Yes [] No [] If so you must enter it here :- [][][][][][][][][][] 7. Permanent Residential Address: Postcode: 7. Telephone (Home): 8. Mobile: 9. E-mail Address: 10. Occupation 11. Are you already a member of this Society? If YES, please give details If NO, Where did you hear about us ?

I apply to transfer my existing ISA :- Account Number []

From (old manager) [] To (new manager.) Sheffield Mutual Friendly Society

Current ISA Managers Address : [] []

Postcode : Telephone Number :

Transfer amount £ [] or All []

Tax Years [] to [] or All []

[and subscribe to this stocks and shares ISA for the tax year 2011/2012 and each subsequent year until further notice]. Delete the words in the brackets if you will not be subscribing to this ISA or complete section below if you will be subscribing to this ISA.

Contribution Details

I apply to subscribe £ Annually / £ Monthly/ £ Single premium for a Stocks & Shares Isa for the tax year 2011/2012 and each subsequent year until further notice.

When would you like the Direct Debit date to start? (please tick) 15th of the month [] Last working day in month []



TRANSFER APPLICATION FORM

Stocks & Shares ISA

All information given will be treated in strictest confidence

I declare that

- all subscriptions made, and to be made, belong to me; (delete if you will not be subscribing to this ISA)
 - I am 18 years of age or over;
 - I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA and a Stocks & Shares ISA in the same tax year ; And
 - I have not subscribed and will not subscribe to another stocks and shares ISA in the same tax year that I subscribe to this stocks and shares ISA; (delete if you will not be subscribing to this ISA) ; And
 - I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties.
- I will inform Sheffield Mutual if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties. (delete if you will not be subscribing to this ISA)

I authorise Sheffield Mutual

- to hold my cash subscriptions, any other proceeds in respect of my ISA investments and any other cash, and
- to make on my behalf any claims to relief from tax in respect of ISA investments

I agree to the ISA terms and conditions.

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

I agree that this declaration shall be the basis of the contract between me and the Sheffield Mutual Friendly Society and that any policy issued on the basis of this application shall be subject to the rules of the Society, from time to time in force, to which I will abide and conform.

You also agree that we may use the information we hold to contact you from time to time and advise you of other products or services offered by the Society which we feel may be of interest to you. If you do not wish to receive this information please tick the following box.

Signed Date

If this application has been submitted by an Independent Financial Adviser please confirm your wish for us to supply information to them on request by signing below.

I hereby agree to Sheffield Mutual providing information about this policy to the named company below at their request

Signature of Policyholder/Proposer..... Date

Name of Advisor:

Telephone:

Email:

For Financial Adviser / Introducer use only

Enclosures:

Money Laundering Verification

Direct Debit mandate

Copy of Birth Certificate (if p/holder under 16)

Cheque for Initial payment

Company name and address or stamp:

Where do you want the documentation to go to? (Please tick):

Client IFA Original to client & Copy to IFA

For Office use only

Introducer Code:

Policy Number:

A COPY OF THE POLICY CONDITIONS ARE AVAILABLE ON REQUEST FROM THE SOCIETY

Published by:

**SHEFFIELD MUTUAL FRIENDLY SOCIETY, 3 MAPLE PARK, MAPLE COURT, WENTWORTH BUSINESS PARK
TANKERSLEY, BARNESLEY, SOUTH YORKSHIRE, S75 3DP, TEL: 01226 741000, FAX: 01226 741222**

AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY Updated 07/04/2011