

Tesco Bank ISA Transfer Authority Form

Customer Details

Title: _____ Forename(s): _____ Surname: _____

Permanent Residential Address: _____

 _____ Postcode: _____

Contact Telephone Number (including area code): _____

Date of Birth: _____

National Insurance Number:

Tesco Bank Sort Code: - - Account Number:

Please quote on all correspondence

Current ISA Provider Name and Address

Name: _____

Address: _____

Postcode: _____

Type of ISA Transfer (please tick what type of ISA you would like to transfer)

Cash ISA

Stocks and Shares ISA

Innovative Finance ISA

Information About The ISA To Be Transferred

Sort Code: - - Account Number:

Roll/Holding Number:

*Complete as applicable

Please complete EITHER section 1 or 2.

1. Full Transfer

Please close and transfer all of my ISA

Also

Where a period of notice is required for closure/part transfer of the existing ISA, I give my consent to either:

Serve the full notice period before this instruction can be processed

or

Proceed immediately with the transfer and bear any consequential penalty which may be applied.

If you are transferring a flexible ISA and have made withdrawals on the account this tax year and would like to replace those funds, you will need to do so before transferring your account to Tesco Bank. Any funds that you have withdrawn before transferring cannot be replaced once transferred to Tesco Bank.

2. Part Transfer (please check with your ISA provider if this is possible)

Please transfer £ _____ from my ISA

The above amount includes subscriptions from this tax year

Note: Subscriptions from this tax year must be transferred in full.

Transfer Authority (to be completed by the ISA investor)

I authorise my current ISA provider (as specified above) to transfer the ISA (account number above) to Tesco Bank. I authorise my existing ISA provider to provide Tesco Bank with any information, written or non-written, concerning the ISA and to accept any instructions from them relating to the ISA being transferred.

If further evidence of my investment (e.g. passbook) is required please contact me direct at my home address.

Customer Signature: _____ Date: _____

Holdings to be transferred (Please complete if you are transferring a Stocks and Shares ISA or Innovative Finance ISA)

Description of Investment	Investment Indicator e.g. ISIN, Sedol, Cuip etc. (If known)	Number or Value of Stocks, Shares, Units or specify "All" to sell the entire holding

TO BE COMPLETED BY TESCO BANK ONLY

ISA Transfer Acceptance

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 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 £ _____

Name: _____ Date: _____

Please make the cheque payable to: **Tesco Bank, please also include the name of customer**

Please forward the cheque to the following address: **Tesco Bank, PO Box 27039, Glasgow G2 9GB**