

Please complete in BLOCK CAPITALS using BLACK INK. **PLEASE NOTE:** Any applications received that are not completed correctly may incur delays or may have to be returned to you.

**This Letter of Authority MUST be submitted with a
Transfer to Stocks and Shares ISA Application Form.**

Please enter below the details held by your existing ISA Manager.

1 Client Details (As registered at the Existing ISA Manager)

TITLE	SURNAME
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
FIRST NAME(S) IN FULL	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
POSTCODE	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

2 ISA Manager Details

NAME OF EXISTING ISA MANAGER	POSTCODE
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACCOUNT NUMBER AS REGISTERED WITH THE EXISTING ISA MANAGER	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ADDRESS OF EXISTING ISA MANAGER	POSTCODE
<input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3 Current Tax Year Holdings to be Transferred

Note: Tax years run from 6th April - 5th April each year.

<input type="checkbox"/> I wish to transfer 100% of my current tax year Cash ISA.	<input type="checkbox"/> I wish to transfer 100% of my current tax year Stocks and Shares ISA.
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If you have an active Monthly Savings Plan in place for your current tax year ISA please refer to bullet point 3 in Section 5. Once your transfer is complete, if you wish to set up a Monthly Savings Plan on your Current Tax Year ISA, please call your Intermediary or one of our ServiceLine Account Executives on 0800 358 4060.

4 Previous Tax Year Holdings to be Transferred

Note: Tax years run from 6th April - 5th April each year.

<input type="checkbox"/> I wish to transfer 100% of my previous tax year Cash ISA(s).	OR	<input type="checkbox"/> I wish to transfer part of my previous tax year Cash ISA(s) and have indicated the amount or percentage here. —→ £	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OR	<input type="checkbox"/> <input type="checkbox"/>	%
<input type="checkbox"/> I wish to transfer 100% of my previous tax year Stocks and Shares ISA(s).	OR	<input type="checkbox"/> I wish to transfer part of my previous tax year Stocks and Shares ISA(s) and have indicated the amount or percentage here. —→ £	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	OR	<input type="checkbox"/> <input type="checkbox"/>	%

Please note that the holdings will be transferred to your account as Bundled Previous ISA Years.

5 Declaration and Signature

By completing this form and signing below, I authorise the ISA Manager named above to:

- Provide Fidelity with any information which Fidelity may require in respect of the Individual Savings Account(s) (including pre 1999 ISAs) managed by them on my behalf, including but not limited to, transaction and dividend histories and details of the current portfolio and its value.
- Liquidate the plans indicated above and transfer them to Fidelity in the form of CASH.
- Cease collections of my monthly savings plan with immediate effect, if I have chosen to have my current tax year ISA transferred.

SIGNATURE AND DATE (YOU MUST SIGN HERE - Please ensure all relevant sections are completed as per the instructions on this form)
If you are signing the application form by Power of Attorney, please call Fidelity for the details of documentation that is required for this to be acceptable.

X <input type="text"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 0 <input type="checkbox"/> <input type="checkbox"/>
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If you have any queries about this form please ask your Intermediary, or ring our ServiceLine on 0800 358 4060. Please send your completed ISA Transfer form (Stocks and Shares or Cash) together with your completed Letter(s) of Authority to your Intermediary or to Fidelity International (Transfers), PO Box 80, Tonbridge, TN11 9YA. Issued by Financial Administration Services Limited, authorised and regulated by the Financial Conduct Authority. FundsNetwork™ and its logo are trademarks of FIL Limited.

PLEASE DO NOT WRITE BELOW THIS LINE

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