

For ADVISOR Use Only
Pershing Fee Code

Application for APS ISA

1. Your Personal Information

Title Surname

First Name(s)

Date of Birth Nationality

Permanent Residential Address

Postcode

National Insurance Number I do not have a National Insurance Number

Telephone Number (Daytime) Telephone Number (Evening/Mobile)

Email Address

2. Details of the Deceased

Title Surname

First Name(s)

Date of Birth Date of Death

Permanent Residential Address at Time of Death

Postcode

National Insurance Number

Date of Marriage or Civil Partnership between the Investor and the Deceased

Deceased's ISA Account Number(s)

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3. Nominated Bank Account Details

This account is for payment of income and withdrawal requests must be in the name of the Investor

Name of Bank

Sort Code

Address of Bank

Account

Postcode

Account Name (account must be in the name of the Investor)

Please select one option from the

Income from my Investments should be paid monthly into the above bank account

Income from my Investments should be reinvested into my portfolio (where available)

Income from my Investments should be credited to my investment account(s)

4. Your APS Subscriptions

I wish to make subscription from my APS allowance in respect of the deceased to a Stocks and Shares ISA opened for the purpose:

Amount:

£

In Cash

In Specie*

*In Specie by the transfer of existing ISA investments that have remained with the ISA Manager or his nominee to the above amount.

Please note: Once a subscription from an APS allowance has been made, any future subscriptions under the APS allowance must be made to the same ISA manager and will be accompanied by an APS subscription eligibility declaration.

Subscriptions will only be made if funds are available at time of application. If we cannot proceed with the subscription, we will return the application to your Financial Advisor for resubmission when funds are available.

Subscriptions must draw on the investor's bank account; **we do not accept 3rd party payments.**

All cheques should be made payable to: **Pershing Securities Limited.**

5. ISA Initial Advisor Fees

New Investment

Rate

%

or

£

Value

6. ISA Annual Advisor Fees

If rates are tiered then specify the % rate applicable to lowest value band. If no rate is specified then 0% will be the default.

Annual

Rate

%

or

£

Value

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7. Pershing Fees

Pershing fees will be charged in accordance with the charges outlined in the Pershing Securities Limited Key Features Document & Pershing Securities Limited Investor Terms of Business.

8. Authorisation and Declaration

I authorise King & Shaxson Asset Management Limited, the ISA Manager, to open a Stocks & Shares ISA for the purpose of receiving additional permitted subscriptions in respect of the deceased named in this application. I 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 court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down).
- The subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription).
- The subscriptions is being made, in the case of in specie subscriptions, within 180 days of beneficial ownership passing to me, or for cash subscriptions, within three years of the date of death, or if later, 180 days of the completion of the administration of the estate.
- I am 18 years of age or over.
- All subscriptions to be made belong to me.
- The information given within this form has been completed to the best of my knowledge.

I authorise King & Shaxson Asset Management Limited:

- To hold my cash subscriptions, ISA Investments, interest, dividends and any other rights or proceeds in respect of these investments and any other cash.
- To make on my behalf any claims to relief from tax in respect of ISA Investments.

I understand that King & Shaxson Asset Management Limited will notify me if by reason of failing to meet the provisions of the ISA rules my account is or will become void.

I will inform King & Shaxson Asset Management Limited of any change of circumstances affecting the information given in this form without delay.

Signed

Date

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