

## Additional Permitted Subscriptions (APS) Application Form



Please complete this application form in BLOCK CAPITALS and return to: IFSL (Trade Union Unit Trust), Marlborough House, 59 Chorley New Road, Bolton BL1 4QP.

1. Personal Details									
Existing Holder ID (if known)		National Ins	surance Number						
Title	Surname		If you do not know your National Insurance Number, see your P60, notice of coding, tax						
Forename(s) in full		return or see your employer or tax office who may be able to help. If you receive a pension, you can find the number on the front of your pension book.							
Address		IMPORTANT: Your National Insurance Number and Date of Birth are essential requirements for ISA investments. We cannot open your ISA without them. If, however a							
Postcode		National Insurance Number has never been issued to you, please tick here							
Email Address		Please detail any residency or citizenship you hold in any country other than the UK:							
Date of Birth D D M M C C Y Y T Telephone Number									
2. Details of the Deceas	ed								
Please note if multiple ISAs were	held by the deceased with the ISA Manager, their	value will be c	ombined to form one APS	allowance.					
Deceased's existing Holder ID (if known)		Date of Birth         D         D         M         M         C         C         Y         V         Date of Death         D         D         M         C         C         Y         Y							
Title	Surname	National Insurance Number							
Forename(s) in full			Date of marriage or civil partnership between the investor and the deceased party						
Address					D D I	M	CC	YY	
3. APS Allowance Trans  Please be aware that an APS allowa may only be made in cash.	fer Information  nce can only be transferred once and only where no s	subscriptions ha	ave been made under that A	PS allowance.	Once transfe	erred s	subscrip	otions	
Manager Name		Telephone Number(s)							
Manager Address		Account Number(s)							
		Approximate Value (if known) £							
Postcode		Signature Date							
4. Investment Details									
	nd is detailed in the volument Drasses-tire Day								
The minimum subscription for this ful	nd is detailed in the relevant Prospectus Document.				T				
Fund Name			L	ump Sum (£)	Regula Savings			of ng ISA	
IFSL Trade Union Unit Trust			_						
			Total						
If you require income to be paid out t	to you, please tick here								
	bank account detailed in Section 9. Otherwise, inconcharge (where only income units/shares are available		accumulated (where accum	nulation units/s	nares are av	ailable)	) or		

## 5. Client Identification

In order to comply with Money Laundering Regulations we are required to verify the identity and address of the applicant(s). We will do this by checking details against various databases via a credit reference agency. These checks will not have any impact on your credit rating.

In the event that we are unable to verify your identity in this way we may write to you to request additional documentation.

Overseas investors should contact us prior to investing to discuss documentation requirements.

6. Professional Adviser's Details (if applicable)							
Adviser Name	Agent Name and Address	or Stamp					
FCA Number							
Agent Code (if known)							
Tick here if advice has been given Tick here if cancellation rights apply							
7. APS Eligibility Declaration (please sign and date)							
This section must be completed to confirm the investor named on this authority is eligible on this authority.	transfer an additional permitte	ed subscription allowance in respect of the deceased named					
I (the investor) declare that:         I am the surviving spouse/civil partner of the deceased         I was living with the deceased within the meaning of Section 1101 of the Income order, under a deed of separation, or in circumstances where the marriage or civ         I have not subscribed to and will not subscribe the additional permitted subscript named on this application         I intend to make any additional permitted subscription application to Investment I am not resident in the United States of America.	partnership had broken down) in allowance with the existing Is	) · · ·					
I authorise the existing ISA provider of the deceased as specified above to provide Investicallowance and former ISA in respect of myself (the investor) and the deceased and to acc							
We are committed to processing the personal data that you provide to us in line with the lause your information in order to provide the services detailed in this Application Form, to a in the Terms and Conditions gives more information about our use of your personal data,	est data protection and data pr minister your investments and	rivacy legislation in force within the United Kingdom. We will for the purposes of fraud prevention. Our Privacy Statement					
Please tick this box if you would like us to use your personal data in order to keep you info							
Full Name	Signature	Date					
8. Completed Application Form							
<ul> <li>Provided full registration details - Sections 1 &amp; 2</li> <li>Completed, signed and dated the APS allowance transfer information - Section 3</li> <li>Stated your fund choice(s) and how much you wish to invest - Section 4</li> <li>Signed and dated the declaration - Section 7</li> <li>Completed and signed the mandate for income payments (if applicable - Section 9).</li> </ul>	form, please contact your Professional Adviser or contact us on the following:  Dealing: 0808 145 2501  Email: dealing@ifslfunds.com  Website: www.ifslfunds.com  Up to date Key Investor Information Documents, Prospectuses and Manager's Reports & Accounts for any fund within the Manager's range, can be requested by the investor at any time.  Your completed Application Form should be returned to your Professional Adviser or direct to: Investment Fund Services Limited (Trade Union Unit Trust) Marlborough House, 59 Chorley New Road, Bolton BL1 4QP.						
9. Mandate Details (any bank details given in this section will Applicant bank account details to be inserted for paying income	verride any existing ut from the fund and/o	bank details that we may hold for you) or regular savers (where applicable)					
Please fill in the whole form using a ball point pen and send to: Investment Fund Services Limited, Marlborough House, 59 Chorley New Road, Bolton BL1 4QP.	Service user number						
Name and full postal address of your bank or building society	9 7 0	6 1 6					
To: The Manager Bank/building society		Debit					
	Reference						
Address							
Postcode  Name(s) of account holder(s)	Instruction to your bank or building Society Please pay Investment Fund Services Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Investment Fund Services Limited and if so, details will be passed electronically to my bank/building society.						
Bank/building society account number	Signature	Date					
Broad and a	Signature	Date					
Branch sort code							
Banks and building societies may not accept D This Guarantee should be det The Direct D  This Guarantee is offered by all bank and building societies that accept instruct If there are any changes to the amount, date or frequency of your Direct Debit In in advance of your account being debited or as otherwise agreed. If you request	ched and retained by the partice.  In the particular of the partic	nayer.					

- in advance of your account being debited or as otherwise agreed. If you request Investment Fund Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request If an error is made in the payment of your Direct Debit, by Investment Fund Services Limited or your bank/building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society

  If you receive a refund you are not entitled to, you must pay it back when Investment Fund Services Limited asks you to You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

