

Please return the completed and signed transfer form by post to ISA Transfers, Triple Point Investment Management LLP, 1 King William Street, London, EC4N 7AF.

**YOUR PERSONAL DETAILS:**

Title

Surname

Forename

Date of birth

Date

Month

Year

Email address

Permanent address

Postcode

National insurance number

Phone number

**YOUR CURRENT ISA MANAGER'S DETAILS:**

We will contact your existing ISA Manager on your behalf and arrange transfer of the requested balance.

Name of existing ISA Manager

Address of existing ISA Manager

Account number of existing ISA

**PLEASE CHOOSE FROM THE FOLLOWING: (TICK AS APPROPRIATE)**

- I want to close this ISA and transfer the entire balance, including any accrued interest
- I want to transfer the current year's ISA subscription
- I want to transfer the ISA subscriptions from previous years

Amount to transfer from existing ISA

## TRANSFER AUTHORITY:

I authorise my existing ISA manager (as specified above) to transfer the ISA (account number above) to Triple Point Investment Management LLP.

I authorise my existing ISA manager to provide Triple Point Investment Management LLP with any information, written or non-written, concerning the ISA and to accept any instructions from them relating to the ISA being transferred,

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

1. Serve the full notice period before this instruction can be processed.  
OR  
 2. Proceed immediately with the transfer and bearing any consequential penalty which may be applied.

I confirm that I understand that Triple Point Investment Management LLP only accept cash transfers. I confirm I understand that if I am transferring a Stocks and Shares ISA then my holdings must be sold before transferring funds.

Name

Signature

Date

Date

Month

Year