

Transfer Authority Form - Cash ISA (UK individuals only)



The Stafford
Building Society

Customer ID:

(Office Use Only)

Account No:

Please note:

ISA transfers should take no longer than:

- **15 working days** for a cash ISA and a cash Lifetime ISA
- **30 working days** for a stocks and shares ISA, investments held in an innovative finance ISA and stocks and shares in a Lifetime ISA

These timescales may be impacted if any information provided is incorrect or missing.

Account Holder(s) Details

ACCOUNT HOLDER

*Title													
*First name(s)													
*Surname													
*Address													
*Date of birth	D		D		M		M		Y		Y		
*National Insurance Number													
*Telephone													
*Email													
*Existing ISA account number (please leave blank if transferring to a new ISA with us)													

Information About the ISA You Want to Transfer

*Name of existing provider													
*Account Number													
*Sort code													
*Address of existing provider													
Please note that the terms and conditions of some ISA products do not allow only part of an ISA to be transferred. Your existing provider may need you to give them specific instruction before the transfer can go ahead. Please check with your existing provider if you are not sure about this.													
*Do you want to transfer all or part of this Cash ISA? (tick appropriate box)	All ☐ Part ☐												
*Have you subscribed to your ISA in the current tax year? (tick appropriate box)	Yes ☐ No ☐ If YES, please indicate total subscriptions made in the current tax year £_____												
If you answered YES to previous question, and are transferring part of your ISA, do you want to include the subscription from the current tax year? (tick appropriate box)	Yes ☐ No ☐ N/A ☐ Please note that the amount in your account representing current tax year subscriptions can only be transferred in full and not in part.												
What is the value you wish to transfer (If transferring the full amount, give an approximate value)	£_____												

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Transfer Authority

I authorise my existing ISA provider to transfer the ISA numbered:

(account number) _____ to The Stafford Building Society.

I authorise my existing ISA provider to provide The Stafford Building Society with any information about the Cash ISA and to accept any instructions from them relating to the Cash ISA being transferred.

Where I must give notice to close or transfer part of the existing cash ISA, or the existing Cash ISA contains a fixed-term deposit that has not reached its maturity date, I instruct my existing ISA provider to either (please tick only one)	1. Wait for the full notice period to end or wait until the maturity date (whichever is relevant) before going ahead with this transfer;	☐
	Or 2. Depending on the terms & conditions, carry out the transfer as soon as possible - I will accept any consequential loss of interest or charges that may be applied	☐

I agree to the Society's ISA terms & conditions and declare that this application has been completed to the best of my knowledge and belief.

Signed - Account holder

*Signature	
*Date	

Transfer acceptance (The Stafford Building Society use only)

The Society is willing to accept this ISA transfer in line with your customer's instructions above as long as the following conditions are met:

- The transfer proceeds are made up of cash deposits only
- These funds are received no later than (if applicable) _____
- Where subscriptions from the current tax year are to be transferred, these must not exceed the annual ISA allowance.

For the purposes of the transfer of the ISA wrapper under the ISA regulations, the date shown below will be the transfer date. Signed for and on behalf to The Stafford Building Society

Signed - The Stafford Building Society

*Colleague Name	
*Signature	
*Date	