

Transfer Authority Form - Cash ISA Transfer - Easy Access ONLY

3673

For previous tax year cash ISAs (please complete a separate Transfer Authority Form per Cash ISA account.)

- For existing ING Direct savings customers **opening a Cash ISA Transfer - Easy Access**
- For previous tax year cash ISAs only (with other providers), minimum transfer amount £1,000
- Please write in BLOCK CAPITALS using black ink, **complete all sections** and remember to sign and date at the end of the form
- For more forms visit ingdirect.co.uk/home/tandc/ISA_transfer_form.pdf or call the number above.

Application for the Cash ISA Transfer - Easy Access

(Easy access account with a guaranteed rate for 12 months after which the standard variable Cash ISA Transfer rate applies)

Your details

Title (indicate with an X) Mr Mrs Ms Miss Other

First Name (please use your legal name and not a nickname for identification purposes)

Middle Name

Surname

Home Telephone

Mobile

Date of Birth (DD/MM/YY)

Permanent residential address

House/Flat Number

House/Flat Name (if applicable)

Street

Town

County

Postcode

National Insurance Number

If we need to check anything, phoning you helps us do it as quickly as possible

Information about the existing cash ISA you are transferring to ING Direct

Name of your current cash ISA provider

Account number of the cash ISA you are transferring from the provider above

Sort code (if applicable)

Would you like to close this cash ISA and transfer the full balance? (indicate with an X) Yes No

If 'no' please advise the amount you would like to transfer **£** (Please note there is a minimum transfer amount of £1,000)

Transfer authority, use of your information and signature

I authorise my existing ISA Manager (as specified above) to transfer the ISA (account number above) to ING Direct. I authorise my existing ISA Manager to provide ING Direct with any information, written or non-written, concerning the cash ISA and to accept any instructions from them relating to the cash ISA being transferred.

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

- serve the full notice period before this instruction can be processed; or proceed immediately with the transfer and I will bear any consequential penalty which may be applied

ING Direct's Cash ISA Transfer – Easy Access terms and conditions are available on our website (ingdirect.co.uk/savings/cash_isa/transfer_in/transfer_terms.asp) or on request. For your own benefit and protection you should ensure that you read these terms and conditions. If you do not understand any point please ask for further information. By signing below you are confirming you have read this statement and acknowledging these terms and conditions form part of the agreement.

The personal information provided on this form will be used in accordance with ING Direct's Privacy Policy which includes the ING Direct Savings and Your Personal Information statement which are available on our website (ingdirect.co.uk/home/privacypolicy.asp).

Signature

Date (DD/MM/YY)

For office use only

In circumstances where the funds to be transferred are not cash deposits, please notify us as we may not be able to accept the transfer. Otherwise we (ING Direct) are willing to accept this investor's cash ISA funds, subject to HMRC rules (the ISA Regulations). We deem the date shown below to be the transfer date of this cash ISA.

Transfer date Application number

Transfer Instruction

Why are you required to complete this form?

Her Majesty's Revenue and Customs (HMRC) requires us to hold your authorisation for ING Direct to manage your ISA.

- **Note** - If you have completed a Transfer Instruction form on a previous occasion, you only need to complete and return the Transfer Authority Form(s) to: **ING DIRECT, FREEPOST NATW1784, READING, BERKSHIRE, RG6 1BR**
- Please write in BLOCK CAPITALS using black ink, complete all sections and remember to sign and date at the end of the form.

Your details		Permanent residential address	
Customer Number <input type="text"/>		House/Flat Number <input type="text"/>	
Title (indicate with an X) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="text"/> Other		House/Flat Name (if applicable) <input type="text"/>	
First Name (please use your legal name and not a nickname for identification purposes) <input type="text"/>		Street <input type="text"/>	
Middle Name <input type="text"/>		Town <input type="text"/>	
Surname <input type="text"/>		County <input type="text"/>	
		Postcode <input type="text"/>	
Transfer authority, use of your information and signature			
<p>I authorise ING Direct N.V. to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of ISA investments.</p> <p>ING Direct's Cash ISA Transfer – Easy Access terms and conditions are available on our website (ingdirect.co.uk/savings/cash_isa/transfer_in/transfer_terms.asp) or on request. For your own benefit and protection you should ensure that you read these terms and conditions. If you do not understand any point please ask for further information. By signing below you are confirming you have read this statement and acknowledging these terms and conditions form part of the agreement.</p> <p>The personal information provided on this form will be used in accordance with ING Direct's Privacy Policy which includes the ING Direct Savings and Your Personal Information statement which are available on our website (ingdirect.co.uk/home/privacypolicy.asp).</p> <p>I declare that this transfer instruction has been completed to the best of my knowledge and belief.</p>			
<input type="text"/> X Signature		<input type="text"/> Date (DD/MM/YY)	