Cash ISA Transfer Authority Form

Information about you

Title First name and mid	dle name	Surname						
Date of Birth (dd/mm/yyyy)	National Insura Number?	ance						
Permanent home address								
		Postcode						
Contact phone number								
Information about the	ISA you want to transfer							
Name of existing ISA provider								
Sort Code								
Account Number								
Roll Number (if applicable)								
Please note								
	of some ISA products do not allow only part of tion before the transfer can go ahead. Please							
Please answer either Quest	tion 1 or Question 2:							
1 If you have not subscribed to this Cash ISA in the current tax year, please indicate here how much of your Cash ISA you want to transfer.								
Either if you want to transfer the whole Cash ISA, tick here (estimate balance £)								
or , if less, indicate the amount you wish to transfer here £ \square \square \square \square								
2 If you have subscribed to	this Cash ISA in the current tax year,							
Please indicate the total	subscriptions made in current tax year £							
	nt representing current tax year subscriptions w much of your Cash ISA you want to transfer		d in whole and not in part.					
Either if you want to transfer the whole Cash ISA, tick here (estimate balance £								
or other amount £		r subscriptions as state vear subscriptions, tick						
au if you called the last								
	nsfer your subscriptions from the current tax nsfer your subscriptions from previous tax yea							



Previous Address - If you have lived at your current address for less than 6 months, please provide full details of your previous address										
					, μ					
							Postcode			
Preferred Contact Method	Email	Post		Telephone						
Transfer authority										
								rthorise my existing ISA provider nem relating to the Cash ISA		
Where I must give reached its maturi							ntains a fixed-t	term deposit that has not		
1 wait for the full	notice period to	end or wait u	ntil the ma	turity date (whic	hever is relev	ant) before g	going ahead w	rith this transfer; \Box		
Maturity Date:										
(The maturity d	late needs to be v	vithin 14 cale	ndar days (of us receiving yo	our applicatio	on)				
2 depending on t which may be a		ditions, carr	y out the tr	ansfer as soon a	s possible – I	will accept a	iny consequen	tial loss of interest or charges		
Signed:						Date:				
Transfer acceptanc	e (to be complete	d by Furness	Building So	ociety)						
We are willing to a	ccept this ISA trar	nsfer in line v	ith the cus	tomer's instructi	ons above, as	s long as the	following cond	ditions are met.		
• The transfer proce	eeds are made up	of cash dep	osits only.							
• We must receive t	the transfer proce	eds no later	than							
Where the customethe current year's s			want to tro	ınsfer subscriptic	ons from the	current tax y	ear, these mus	st not be more than that		
For the purposes o	f the transfer of th	ne ISA wrapp	er under th	ne ISA regulation	s, the date sh	nown below v	vill be the tran	sfer date.		
Date:										
Name of new prov	ider: Furness Build	ling Society								

Furness Building Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Furness Building Society is on the Financial Services Register under registration number 159624.