Cash ISA Transfer Authority Form

Derbyshire Building Society

Please complete in BLOCK CAPITALS using black ink

This form will be sent to your current provider by Derbyshire Building Society to initiate the transfer

Please ensure that you complete one of these forms for **EACH** account you wish to transfer to us.

Important: Please complete **ALL** sections and remember to **SIGN** and **DATE** this form.
If you do not sign it, we cannot contact your current ISA provider to arrange the transfer.

Personal Details

Title Mr/Mrs/Other

Forenames

Surname

Date of birth (DD-MM-YYYY)

National Insurance Number
(Required for regulatory reasons) (Letters / Numbers / Letter)

If you do not know your NI number, see your form P60, notice of tax coding, or your tax return; alternatively your employer or tax office may be able to help.

If you have never been issued with a National Insurance number, please mark X in this box

Permanent Residential Address

Property No. and/or Property name

Street

Town

Postcode

Mobile telephone number

Email

We may use these contact details to contact you by text or e-mail for the purposes of opening and managing your accounts. If you do not wish to receive automated updates by text or e-mail please cross here

Current cash ISA provider's details

Name of current cash ISA provider

Sort code (if applicable)

Account number

Amount to transfer: Please mark X in ONE box only

Whole balance and close account

All previous years subscriptions

Part of previous years subscriptions

All current year subscriptions

Amount of transfer £ (estimated value if exact amount not known)

Transfer authority and signature

I authorise my existing ISA Manager to:

(i) transfer the ISA account detailed above to: Savings and Investment Team, Derbyshire Building Society, PO Box 5520, Wolverhampton, WV1 9PB; and

(ii) provide Derbyshire Building Society with any information concerning the above cash ISA; and

(iii) accept any instructions from Derbyshire Building Society relating to the cash ISA being transferred.

Where a period of notice is required for closure/part transfer of my existing cash ISA, I give my consent to either:

1. serve the full notice period before the transaction can be processed:

OR

2. proceed immediately with the transfer and pay any charge or loss of interest that may apply to my account

If further evidence of my investment is required please contact me with the details provided above in the 'Personal Details' section.

I request that you transfer the above mentioned cash ISA funds to: Savings and Investment Team, Derbyshire Building Society, PO Box 5520, Wolverhampton, WV1 9PB.

I give my authorisation for Nationwide Building Society, acting on behalf of Derbyshire Building Society, to transfer my existing ISA mentioned above. This will be confirmed by a letter of authority sent by the society.

Signature

Date

08456 004 005

Savings and Investment Team, Derbyshire Building Society,
PO Box 5520, Wolverhampton, WV1 9PB

Derbyshire Building Society

FOR OFFICE USE ONLY	Date received	Employee initial & Surname	Branch	Account number

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