

CASH ISA Transfer In Form

For use by private individuals based in Wales only.

SWANSEA
BUILDING SOCIETY

www.swansea-bs.co.uk

Important: Before completing this form please read the specific conditions for each and every account you are opening and the 'General Terms and Conditions for the operation of Savings Accounts' leaflet. These provide important information about your account with the Society. In addition please read the form 'Proving Your Identity'. Please complete this form using BLOCK CAPITALS and then read and sign the declaration below. If you require any assistance in completing this form, please call our savings department on 01792 739100.

For Society use only

Account Number

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Account Holder

Applicant/Operator of account

Title (Mr/Mrs/Etc.)	
Forename(s) in full	
Surname	
Date of Birth	DD / MM / YYYY
National Insurance number (if you have one)	
Permanent home address	
	Postcode
Contact phone number	

Information about the ISA you want to transfer

Please note: 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 information before the transfer can go ahead. Please check with your existing provider if you are not sure about this.

Name of existing ISA provider		
Account number		
Sort code		
Roll number (if applicable)		
Do you want to transfer all or part of this cash ISA?		
<input type="checkbox"/> All	<input type="checkbox"/> Part	
Have you subscribed to your current cash ISA in the current tax year?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you answered yes to the above question and are transferring part of your ISA, do you want to include the subscription from the current tax year?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Please note that the amount in your account representing current tax year subscriptions can only be transferred in whole and not in part.

If you are asking to transfer part of your ISA, please say how much of your cash ISA you want to transfer? £	
Or if you only want to transfer your subscription from the current tax year, tick here	<input type="checkbox"/> I only want to transfer my subscription from the current tax year

Transfer authority

I authorise my existing ISA provider to transfer the ISA [account number above] to Swansea Building Society. I authorise my existing ISA provider to provide Swansea 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: <input type="checkbox"/> Wait for the full notice period to end or wait until the maturity date	DD / MM / YYYY	before going ahead with this transfer
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or: <input type="checkbox"/> Depending on the terms and conditions, carry out the transfer as soon as possible - I will accept any consequential loss of interest or charges which may be applied
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Signed		Date	DD / MM / YYYY
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Transfer acceptance by Swansea Building Society

We are willing to accept this ISA transfer in line with the customer's instructions above, as long as the following conditions are met.

The transfer proceeds are made up of cash deposits only.	
We must receive the transfer proceeds no later than:	DD / MM / YYYY
Where the customer has shown that they want to transfer subscriptions from the current tax year, these must be no more than:	£
For the purposes of the transfer of the ISA wrapper under the ISA regulations, the date shown will be the transfer date:	DD / MM / YYYY

Name of new provider: Swansea Building Society, 11-12 Cradock Street, Swansea SA1 3EW

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Account Title		Scanned	
Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Customer Number(s)		Initials	