

# Fixed Rate Cash ISA Deposit Application Form

Provided by OneFamily



2017/18 tax year

Deposit up to £20,000 into a cash ISA this tax year (subject to your combined overall ISA allowance).

Debit card subscriptions only available if applying in a Post Office branch. Please complete this form in **BLOCK CAPITALS** using **BLACK INK**, making sure that **ALL** boxes inside the **RED** borders are completed, otherwise we might not be able to accept your application. All amendments must be initialed.

Please print this form, complete and return by post to: Post Office Money Savings, PO Box 5179, Brighton, BN50 9UY

## Section 1 – Personal details

If applying under Power of Attorney please tick here

Title (Mr, Mrs, Miss, etc.)  Date of birth

First name

Middle name(s) / Initial(s) (if applicable)

Last name

House / flat number and/or house name

Street

Town

County

Postcode

Occupation

Your place of birth

Your nationality

Do you have a National Insurance (NI) number? Yes  No

If yes, enter it here

You should be able to find your NI number on a payslip, P45 form or P60, a letter from HM Revenue & Customs, or a letter from DWP.

**Keeping you informed** Post Office and their trusted partners would like to contact you about products, services and offers that might be of interest to you. By submitting this application form you will be indicating your consent to receiving marketing communications by post, phone and email unless you have indicated an objection to receiving such communications by ticking the relevant box(es) below:

Post  Telephone  Email

I understand that the customer contact method(s) I have chosen for this application will apply to all the products I hold that are distributed by Post Office. At any time, I can ask them to stop sending me marketing material or to change the method(s) by which I would like them to contact me, by writing to Post Office Customer Care, FREEPOST, PO Box 740, Barnsley, S73 0ZJ. I understand that restricting the ways in which they contact me may limit the information they can provide and the services they can offer me.

### Office Use Only

Campaign code: 10087

Receipt number

Home phone number

Mobile phone number

Email address

## Section 2 – Fixed Rate Term (See Summary Box for terms currently available)

Choose term (please tick one box) 1 year  2 years  3 years

If you do not select a fixed rate term above then we will open an ISA with a 1 year fixed rate term for you.

## Section 3 – Where did you hear about this account?

Please tell us where you first heard about this account (e.g. in branch, press, direct mail, online)

## Under 18 or applying with a Power of Attorney?

If you are under 18 or applying with a Power of Attorney, you will need to provide documents, including proof of your identity, with your application. For a list of acceptable documents please see the FAQ section online, or phone 0800 169 7500 before applying.

## Section 4 – Funding your Fixed Rate Cash ISA

**Subscription:** I apply to subscribe to a cash ISA for the tax year beginning 6 April 2017 only.

I would like to make a subscription now of £  ,  .  paid by **one** of the following:

**Cheque** (please make the cheque payable to yourself (e.g. Mrs J Smith) and write your address on the back.  
Please also provide the sort code and account number in the boxes below).

Sort code  -  -

Account number

**Payment from my existing Post Office Money Easy Access Savings Account**

Post Office Money Account number

To help us meet anti-money laundering requirements, please detail the source of your subscription above e.g. salary, savings, sale of property, gift etc.

## Section 5 – Interest Payments

Your interest will automatically be added to your ISA. If you would like this to be paid into a Nominated Account instead, please provide your account details below.

(You must be named on the account you nominate)

Account holder's name (e.g. John Smith)

Sort code  -  -

Account number

## Section 6 – Declaration and your signature

This ISA will be managed under the terms outlined in the Key Features and the Terms and Conditions. Before signing your application, you should read these terms carefully and contact us if there is anything you do not understand.

### I authorise Family Equity Plan Limited:

- to hold my cash subscriptions, and any interest earned on those subscriptions;
- to make on my behalf any claims to relief from tax in respect of ISA investments.


### And I declare that:

- All subscriptions made, and to be made, belong to me;
- I am 16 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to any combination of permitted ISAs in the same tax year;
- I have not subscribed and will not subscribe to another cash ISA in the same tax year that I subscribe to this cash ISA;
- I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a registered civil partnership with, a person who performs such duties. I will inform Family Equity Plan Limited if I cease to be so resident or to perform such duties or be married to, or in a registered civil partnership with, a person who performs such duties.

**I declare that this application form has been completed to the best of my knowledge and belief and I confirm that I have received the Deposit Information Sheet.**

Signature

Date

 **Data Protection:** The information that you provide on this form will be held by Family Equity Plan Limited and used for general business purposes and, in particular, to administer your Fixed Rate Cash ISA. The information will also be shared with selected third parties, but only for the purposes described in the section headed 'Data Protection' in the Terms and Conditions.

**Anti-money laundering:** Family Equity Plan Limited may need to verify the name and address of the applicant to comply with anti-money laundering legislation. We may use credit reference agencies to help us do this and by signing the application form you are agreeing to these checks taking place.

# Fixed Rate Cash ISA Transfer Application Form

Provided by OneFamily



## 2017/18 tax year

Use this form if you want to open a Fixed Rate Cash ISA with a transfer of another ISA you hold. Please complete this form in **BLOCK CAPITALS** using **BLACK INK**, making sure that **ALL** boxes inside the **RED** borders are completed, otherwise we might not be able to accept your application. All amendments must be initialised.

Please print this form, complete and return by post to: Post Office Money Savings, PO Box 5179, Brighton, BN50 9UY

### Section 1 – Personal details

If applying under Power of Attorney please tick here

Title (Mr, Mrs, Miss, etc.)

Date of birth

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Last name

House/flat number/house name

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Home phone number

Mobile phone number

Email address

Occupation

Your place of birth

Your nationality

Do you have a National Insurance (NI) number?

Yes  No

If yes, enter it here

You should be able to find your NI number on a payslip, P45 form or P60, a letter from HM Revenue & Customs, or a letter from DWP.

**Keeping you informed** Post Office and their trusted partners would like to contact you about products, services and offers that might be of interest to you. By submitting this application form you will be indicating your consent to receiving marketing communications by post, phone and email unless you have indicated an objection to receiving such communications by ticking the relevant box(es) below:

Post  Telephone  Email

I understand that the customer contact method(s) I have chosen for this application will apply to all the products I hold that are distributed by Post Office. At any time, I can ask them to stop sending me marketing material or to change the method(s) by which I would like them to contact me, by writing to Post Office Customer Care, FREEPOST, PO Box 740, Barnsley S73 0ZJ. I understand that restricting the ways in which they contact me may limit the information they can provide and the services they can offer me.

#### Office Use Only

Campaign code: 10092

### Section 2 – Fixed Rate Term

(see Summary Box for terms currently available)

Choose term (please tick one box) 1 year  2 years  3 years

If you do not select a fixed rate term above then we will open an ISA with a 1 year fixed rate term for you.

### Section 3 – Where did you hear about this account?

Please tell us where you first heard about this account (e.g. in branch, press, direct mail, online)

### Section 4 – Interest Payments

Your interest will automatically be added to your ISA. If you would like this to be paid into a Nominated Account instead, please provide your account details below.

(You must be named on the account you nominate)

Account holder's name (e.g. John Smith)

Sort code  -  -

Account number

### Under 18 or applying with a Power of Attorney?

If you are under 18 or applying with a Power of Attorney, you will need to provide documents, including proof of your identity, with your application. For a list of acceptable documents, please phone 0800 169 7500 or see the "How to Apply" section before applying.

## Section 5 – Declaration and your signature

This ISA will be managed under the terms outlined in the Key Features and the Terms and Conditions. Before signing your application, you should read these terms carefully and contact us if there is anything that you do not understand.

### I apply to transfer an existing ISA and I authorise Family Equity Plan Limited:

- to hold my cash subscriptions and any interest earned on those subscriptions;
- to make on my behalf any claims to relief from tax in respect of ISA investments.

**I declare that this application form has been completed to the best of my knowledge and belief and I confirm that I have received the Deposit Information Sheet.**

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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**Data Protection:** The information that you provide on this form will be held by Family Equity Plan Limited and used for general business purposes and, in particular, to administer your Fixed Rate Cash ISA. The information will also be shared with selected third parties, but only for the purposes described in the section headed 'Data Protection' in the Terms and Conditions.

**Anti-money laundering:** Family Equity Plan Limited may need to verify the name and address of the applicant to comply with anti-money laundering legislation. We may use credit reference agencies to help us do this and by signing the application form you are agreeing to these checks taking place.

## Section 6 – Authority to transfer into a Fixed Rate Cash ISA

This section will be sent to your existing ISA Manager as evidence of your wish to transfer.

### Information about you

Title (Mr, Mrs, Miss, etc.)	<input type="text"/>	Date of birth	<table border="1" style="border-collapse: collapse; text-align: center;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
First name	<input type="text"/>										
Last name	<input type="text"/>										
House/flat number and/or house name	<input type="text"/>										
Street	<input type="text"/>										
Town	<input type="text"/>										
County	<input type="text"/>										
Postcode	<input type="text"/>										

Home phone number

National Insurance number (if you have one)

### Information about the ISA to be transferred

What type of ISA are you transferring?    Cash     Stocks and shares

Name of existing ISA provider

Account number

Sort code (if applicable)  -  -

Roll number (if applicable)

Have you paid money into your ISA in the current tax year (e.g. on or after 6 April 2017)?    Yes     No

### Transfer details

What would you like to transfer (tick all the boxes below that apply):

- The total value of my ISA (if you choose to transfer the total value of your ISA, it will close).
- All my current tax year subscriptions (you'll need to transfer these in full, including any interest or growth on those subscriptions).
- All my previous tax years' subscriptions (including the interest or growth on those subscriptions).
- A partial amount of £  ,  .  from my previous tax years' subscriptions.

What's the estimated value of your transfer?

£  ,  .

Do you have a notice or maturity period on your existing ISA?

Yes     No

If you do, would you like your existing ISA provider to (please tick one of the following boxes):

- Wait for the full notice or maturity period to end before going ahead with this transfer.
- Go ahead immediately with this transfer; I accept any loss of interest or charges as a result of this.

### Transfer authority

- I authorise my existing ISA provider as specified above to transfer this ISA to Family Equity Plan Ltd.
- I authorise my existing ISA provider to provide Family Equity Plan Ltd with any information, written or non-written, concerning this ISA and to accept any instructions from them relating to this ISA transfer.

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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