











## External ISA provider details

Please use this page to provide details of ISAs your spouse/civil partner held with **another ISA provider**.

ISA Provider Name	<input type="text"/>		
ISA Provider Address	<input type="text"/>		
Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>
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Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>
Account/Policy Number	<input type="text"/>	Sort Code	<input type="text"/>

This section must be completed to confirm that you are eligible to transfer an additional permitted allowance to an ISA in respect of your spouse/civil partner named on this application.

I declare that:

1. I am the surviving spouse/civil partner of the deceased.
2. I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down).
3. I have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased named on this application.
4. I intend to make an additional permitted subscription application to Ulster Bank.

I authorise the existing ISA provider of my spouse/civil partner as specified above to provide Ulster Bank with any information, written or non-written, concerning the APS allowance and former ISA in respect of myself (the investor) and the deceased and to accept any instruction from them relating to the APS allowance being transferred.

I declare that this APS transfer application form has been completed to the best of my knowledge and belief.

## Customer signature

Date (DD/MM/YYYY) \_\_\_\_\_

## Transfer Acceptance

We Ulster Bank are willing to accept this APS allowance transfer in line with the investors instructions above. We confirm that, subject to relevant checks, we are willing to accept an additional permitted subscription application from the investor.

Signed,  
Ulster Bank ISA Team

**Please ensure that your signature is inside the box as it will be stored electronically and may be used for verification purposes.**

If you are signing this application under a Power of Attorney or other Authority for a customer who is incapacitated, please indicate the nature of the incapacity:

- Mental incapacity – a copy of the Enduring or Lasting Power of Attorney documentation, which has been registered at the Court of Protection, must be provided (or, in Scotland, please provide a copy of the Continuing Power of Attorney, or the court order granted under the Adults with Incapacity (Scotland) Act 2000, or other authorising documentation, together with any certificate of registration of such documents with the Office of the Public Guardian (as appropriate)).
- Physical incapacity – a copy of the General or Enduring Power of Attorney documentation, or Lasting Power of Attorney documentation, which has been registered at the Court of Protection, must be provided (or, in Scotland, please provide a copy of the Continuing Power of Attorney, or the court order granted under the Adults with Incapacity (Scotland) Act 2000, or other authorising documentation, together with any certificate of registration of such documents with the Office of the Public Guardian (as appropriate)).

Ulster Bank, a business name of National Westminster Bank Plc ("NatWest"), registered in England and Wales (Registered Number 929027). Registered Office: 250 Bishopsgate, London, EC2M 4AA.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, and entered on the Financial Services Register (Registration Number 121878) except in respect of our consumer credit products for which Ulster Bank is licensed and regulated by the Office of Fair Trading. Calls may be recorded.