Cash ISA Transfer In Form

For use by private individuals based in Wales only.

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 in black ink using BLOCK CAPITALS and then read and sign the declaration below. If you require any assistance in completing this form, please contact your local branch office – contact details available at www.swansea-bs.co.uk.



www.swansea-bs.co.uk

For Society use only	Acco	unt Number							
Account Holder									
Applicant/Operator of account									
Title (Mr/Mrs/Etc.)									
Forename(s) in full									
Surname									
Date of Birth DD / MM / YYYY	7								
National Insurance number (if you have one)									
Permanent home address									
				Po	ostcode				
Contact phone number									
Information about the ISA y Please note: The terms and conditions of some ISA products do no them specific information before the transfer can go ahead. Please	t allow only part	of an ISA to b	e transfe	rred. Yo	our exist		vider ma		
							this.	y need	ou to give
Name of existing ISA provider							this.	y need	ou to give
Name of existing ISA provider Account number							this.	y need	you to give
							this.	y need	you to give
Account number							this.	y need	you to give
Account number Sort code			All				this.	y need	
Account number Sort code Roll number (if applicable)	y in the current tax	x year?	All Yes				this.	,	
Account number Sort code Roll number (if applicable) Do you want to transfer all or part of this cash ISA?	:	x year?				No	this.	Par	t
Account number Sort code Roll number (if applicable) Do you want to transfer all or part of this cash ISA? Have you subscribed to the Cash ISA you wish to transfer to the Society 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 y Please note that the amount in your account r	; ; ;ear?		Yes					Par No	1. A
Account number Sort code Roll number (if applicable) Do you want to transfer all or part of this cash ISA? Have you subscribed to the Cash ISA you wish to transfer to the Society If you answered yes to the above question and are transferring part of	representinç	g current	Yes Yes tax ye					Par No	1. A

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: Wait for the full notice period to end or wait until the maturity date	
or: 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
Signed	Date DD / MM / Y Y Y

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:	
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:	DDIMMIYYYY

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

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Account Title	Customer Number(s)		
Account Number		Scanned	
Initials		Date	DDIMMIYYYY