

## 1. Account holder details

Existing CBAM client reference  
(if applicable)

Title

First name(s)

Surname

Date of birth

National Insurance number

Please tick this box if you have  
not been issued with a National  
Insurance number

Permanent residential address  
(UK mainland and Northern  
Ireland only. C/o and PO Box not  
accepted.)

Postcode

Please note any sections that  
are not completed correctly may  
incur delays or may have to be  
returned to you.

## 2. Joint account holder details

Title

First name(s)

Surname

Date of birth

National Insurance number

Please tick this box if you have  
not been issued with a National  
Insurance number

Permanent residential address  
(UK mainland and Northern  
Ireland only. C/o and PO Box not  
accepted.)

Postcode


### 3. Details of plan to be transferred

Name of existing plan manager

Account number with existing plan manager

Address of existing plan manager

Postcode

Do you want to transfer all or part of your investment account? 

All

£


approximately

Part

£

Approximately

Exactly

 Please state value of transfer.

I would like any investments held within my Investment Account that are not listed on the Alternative Investment Market or NEX Exchange Growth Market to be sold. I would then like any remaining investments and cash (including the sale proceeds) held in my Investment Account to be transferred (in specie where applicable) to Close Asset Management Limited within 30 days of the date of receipt of this authority.

**If I have requested a partial transfer, please apply this proportionately.**

#### 4. Declaration and signature

By completing this form and signing below, I/we authorise the plan manager named above to:

##### If transferring in cash

- Provide Close Brothers Asset Management with any information they require in respect of the investment accounts managed by them on my/our behalf.
- Sell the holdings and transfer the proceeds directly to Close Brothers Asset Management in the form of cash with immediate effect. If you are unable to pay the proceeds directly to Close Brothers Asset Management please send me/us a cheque for the proceeds.
- Request that any monthly savings plans cease with immediate effect.
- Forward any dividends received following the closure of my/our account to Close Brothers Asset Management.

##### If re-registering assets

- Provide Close Brothers Asset Management with any information they require in respect of the investment accounts managed by them on my/our behalf.
- Re-register all eligible holdings.
- For any ineligible holdings please accept Close Brothers Asset Management's authority to sell the holdings and transfer the proceeds as cash.
- Request that any monthly savings plans cease with immediate effect.
- Forward any dividends received following the closure of my/our account to Close Brothers Asset Management.

Signature

Print name (in BLOCK CAPITALS)

Date of signature

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature

Print name (in BLOCK CAPITALS)

Date of signature

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

#### 5. New Plan Manager Information

Please send any transfer documentation to

Close Brothers Asset Management  
PO Box 607  
Nelson House  
Gadbrook Business Centre  
Gadbrook Road  
Northwich  
CW9 9HR