

1. Account holder details

Existing CBAM client reference
(if applicable)

Title

First name(s)

Surname

Date of birth

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

National Insurance number

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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

2. Joint account holder details

Title

First name(s)

Surname

Date of birth

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

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.

3. Details of plan to be transferred

1 Please state value of transfer.

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? **1**

All

£

approximately

Part

£

Approximately

Exactly

4. Method of transfer

How would you like the transfer to proceed? Select one option from the following:

Full transfers only:

Sell all holdings and transfer in cash

Re-register all holdings and transfer in specie

Partial transfers or split instructions:

Sell part and / or re-register part – complete section 4a

4a. Instructions for partial transfers or split instructions

Holding name	Sedol Code	Quantity	Value	Method			
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg
			£	<input type="checkbox"/>	Sell	<input type="checkbox"/>	Re-reg

5. 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 to 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 (BLOCK CAPITALS)

Date of signature

D	D	/	M	M	/	Y	Y	Y	Y
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Signature

Print name (BLOCK CAPITALS)

Date of signature

D	D	/	M	M	/	Y	Y	Y	Y
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6. 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