

APS Allowance Transfer Declaration

Investor Details

Title (Mr/Mrs/Etc.)											
Forename(s) in full											
Surname											
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Do you have a National Insurance (NI) Number? (Y/N)				If Yes, you must enter it here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of the Deceased

Title (Mr/Mrs/Etc.)																					
Forename(s) in full																					
Surname																					
Permanent residential address of the deceased at their date of death:																					
											Postcode										
Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Date of Death	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Did the Deceased have a National Insurance (NI) Number? (Y/N)				If Yes, you must enter it here	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aggregated value of APS allowances in respect of ISAs held by the deceased at their date of death (APS value):	£																				
Notes to aggregation (if relevant)																					

I declare the information to be correct and confirm that the APS allowance transferred has not previously been subscribed to or transferred from or to another provider and that I, Swansea Building Society, will not accept such subscriptions and will not transfer this APS allowance to another provider in the future.

Date of completion of declaration:	<input type="text" value="D"/>	<input type="text" value="D"/>	/	<input type="text" value="M"/>	<input type="text" value="M"/>	/	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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