

Additional Permitted Subscription (APS) Payment Instruction



To make a subscription to an APS Allowance, please complete this form every time a payment is made. You will need to include the details of your EQi Flexible Stocks & Shares ISA where the subscription should be made to, or return together with a EQi Flexible Stocks & Shares ISA Application if an account is not held.

If you have any questions about completing this form, please contact our Customer Experience Centre on **0345 0700 720**.

Please complete all the fields in this form (where applicable).

Section A: Personal Details

Full name

Postal address

Date of birth

Day Month Year

National Insurance number

I have no National Insurance number

Do you have an existing
EQi Flexible Stocks & Shares
ISA?

Yes

No

If so, what is the account number?

Section B: Details of the Deceased

Only complete this section when making your first APS Subscription

Deceased full name

Postal address of the
deceased at their date of
death

Deceased date of birth

Day Month Year

Deceased National
Insurance number (if known):

Date of death

Day Month Year

Date of marriage or civil
partnership between the
investor and the deceased

Day Month Year

Deceased existing EQi
account number

If multiple ISAs were held by the deceased with the ISA manager, their value will be combined to form one APS allowance.

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Section C: APS Allowance Subscription Information

I wish to subscribe £ _____ from my APS allowance in respect of the deceased and wish to make my subscription to a EQi Flexible Stocks & Shares ISA:

This payment is to be made by: (please tick) Cash (Payment can be made by cheque or CHAPS) Transfer of the deceased existing EQi ISA securities. These will include securities that were held only by EQi.

Which securities do you wish to transfer? (Listed in the order to be transferred) (e.g. Lloyds Banking Group Ord. 10p) and/or provide us with a recent statement	Quantity
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- A list/special instructions can be attached if the number of securities goes beyond the size of the table.
- If since the date of death, subscription or closure of the continuing account the value of the securities exceeds the APS Allowance limit, we will transfer the securities in the order they are shown in the table above (from top down). Any remaining securities can either be transferred, or liquidated and paid as cash, into a EQi Dealing Account.

Once a subscription to an APS allowance has been made, any future subscriptions under that APS allowance must be made to the same ISA Manager and be accompanied by an Additional Permitted Subscription form for each and every subscription.

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Section D: APS Eligibility Declaration

This section must be completed to confirm the investor named on this application is eligible to make an additional permitted subscription to an ISA in respect of the deceased named on this application.

I declare that:

- I am the surviving spouse / civil partner of the deceased
- 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)
- The subscription is made under the provisions of regulation 5DEA of the ISA regulations (additional permitted subscription)
- The subscription is being made
 - in the case of 'in specie' subscriptions, within 180 days of beneficial ownership passing to me (where the deceased died in the period beginning with 3 December 2014 and ending on 5 April 2015, this is treated as occurring on either 6 April 2015, or, the actual date of distribution, which ever is the later), and
 - in the case of cash subscriptions, within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate (where the deceased died in the period beginning with 3 December 2014 and ending on 5 April 2015, the deceased is treated as dying on 6 April 2015).
- I am aged 18 years of age or over
- All subscriptions made, and to be made, belong to me

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

Signed

Date

Day

Month

Year

Please remember to print and sign your form with a wet signature before submission.

Please return this form to: **EQi, PO BOX 4923, Worthing, BN99 6SF**