

# FundZone

## Investment Funds Transfer Form



Consultant Code – For Standard Life use only

### FZMF31

This form is only for use by applicants whose principal home is in the UK and who are habitually resident in the UK.

When we mention 'Standard Life', 'we' or 'us', we mean 'Standard Life Savings Limited'.

If you need any help completing this form, please contact us on 0845 279 2002. (Call charges may vary)

### Parts 1-3 to be completed by Transferor only.

The transferor is the existing holder of the investment. Please provide your permanent address, care of addresses are not acceptable.

#### Who this form is for

This form is for anyone wishing to transfer Investment Fund holdings from their FundZone account with Standard Life Savings Limited to another FundZone account held by someone else.

#### Filling in this form

- Before completing this form, please read the Key Features and Terms and Conditions (FZMF17) and the Fund Factsheet for your chosen fund or funds.
- All sections must be completed; missing information will prevent us from accepting your application.
- If you are receiving advice from a financial adviser, you should remember that the financial adviser is acting on your behalf not only by giving you advice, but also regarding completing this form.

**Please use BLOCK CAPITALS to fill in this form. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.**

A copy of this completed application form is available on request.

#### Part 1 – Transferor details

##### First shareholder

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	Surname	First name(s) (in full)
<b>UK Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Permanent UK residential address		
Postcode		
E-mail address		Telephone Home (include area dialling code)
Telephone Work (include area dialling code)		Mobile
Date of birth (DD/MM/YYYY)		<input type="checkbox"/> Male <input type="checkbox"/> Female
FundZone Account Number		Designation
S P <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"/>

(Please note that a separate authority form will be required for each designation).

You only need to complete the remainder of Part 1 here if the Investment Funds you are transferring are held in more than one name.

### Part 1 – Transferor details (continued)

#### Second Shareholder

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Surname First name(s) (in full)

UK Resident?  Yes  No

Permanent UK residential address

Postcode

E-mail address

Telephone Home (include area dialling code)

Telephone Work (include area dialling code)

Mobile

Date of birth (DD/MM/YYYY)

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Male

Female

#### Third Shareholder – Please supply the name of any additional shareholders (maximum 2).

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Surname First name(s) (in full)

Date of birth (DD/MM/YYYY)

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#### Fourth Shareholder – Please supply the name of any additional shareholders (maximum 2).

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Surname First name(s) (in full)

Date of birth (DD/MM/YYYY)

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#### Important:

Please note that the fund Citicode and the full fund name must be included on this form, as shown in the example opposite, in order for us to process your application. For a full list of Citicodes, please see document FZMF22a (Mutual Funds List including Charges and Commission).

Please also make sure you tell us whether the Investments being transferred are in income (Inc) or accumulation (Acc) share classes.

Your adviser can help you to complete this section.

Please note, the minimum single transfer amount is £500.

### Part 2 – Funds to be Transferred

Fund Citicode				Fund Name	% of fund holding	Inc/Acc
X	X	O	O	Standard Life Investments Managed (EXAMPLE)	eg. 50.00	eg. Inc

### Part 3 – Declaration by Transferors

I hereby instruct Standard Life Savings Limited to transfer the holding detailed in Part 2 (Details of Funds to be Transferred) to the persons described as the Transferees in Part 4 (Personal details of Transferees).

#### First Shareholder

Signature \_\_\_\_\_ Date (DD/MM/YYYY)

#### Second Shareholder

Signature \_\_\_\_\_ Date (DD/MM/YYYY)

#### Third Shareholder

Signature \_\_\_\_\_ Date (DD/MM/YYYY)

#### Fourth Shareholder

Signature \_\_\_\_\_ Date (DD/MM/YYYY)

### Parts 4-10 to be completed by Transferees only

Transferees are the new holders of an investment.

### Adviser details

Adviser code – Adviser to complete  Transferee client type  New  Existing

Existing account number of transferee (if applicable)  S  P

### Part 4 – Personal details of Transferees

#### First shareholder

National Insurance Number            I do not have a National Insurance Number

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) \_\_\_\_\_ Surname \_\_\_\_\_ First name(s) (in full) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone - home (inc. STD code) \_\_\_\_\_ Telephone - work (inc. STD code) \_\_\_\_\_

Date of birth (DD/MM/YYYY)

#### If you are setting up a FundZone account for the first time now, please provide the following details:

National Insurance Number            I do not have a National Insurance Number

Telephone - home (inc. STD code) \_\_\_\_\_ Telephone - work (inc. STD code) \_\_\_\_\_

E-mail address \_\_\_\_\_

#### If you are an existing FundZone account holder, please provide us with your account details.

FundZone Account Number  S  P       Designation

If you are investing for a child under 18 years of age and wish to reflect this on correspondence, please use the designation to provide their initials, or how you wish this to be shown.

Please provide your permanent address, care of addresses are not acceptable.

Please provide your National Insurance Number. This is a HM Revenue & Customs requirement and must be completed. If you do not have one please tick the box to declare this.

**IMPORTANT NOTE FOR ADVISERS** - If you want your client to receive online access to FundZone, please provide your client's email address.

You only need to complete the remainder of Part 4 here if the Investment Funds being transferred to you are to be held in an account in more than one name.

## Part 4 – Personal details of Transferees (continued)

### Second Shareholder

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Surname First name(s) (in full)

Address

Postcode

Telephone - home (inc. STD code)

Telephone - work (inc. STD code)

Date of birth (DD/MM/YYYY)

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**If you are setting up a FundZone account for the first time now, please provide the following details for the Second Shareholder too:**

National Insurance Number

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I do not have a National Insurance Number

Telephone - home (inc. STD code)

Telephone - work (inc. STD code)

E-mail address

### Third Shareholder – Please supply the name of any additional shareholders (maximum 2).

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Surname First name(s) (in full)

Date of birth (DD/MM/YYYY)

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### Fourth Shareholder – Please supply the name of any additional shareholders (maximum 2).

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Surname First name(s) (in full)

Date of birth (DD/MM/YYYY)

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If you choose to receive an income, please ensure that you complete Part 7.

## Part 5 – Income share classes – Important

Are you investing in Income Shares?  Yes  No

If you invest in an income share class we can either pay all the distribution income automatically to your nominated bank account as soon as it is received in your FundZone account, or pay a minimum monetary payment amount, or reinvest your income to buy extra shares.

If you choose to take an income, you can choose how often to take this income.

If you wish to be paid the full distribution income as soon as it is received, please indicate the minimum payment amount as £0.00

Minimum payment amount

£

How often do you want income to be paid?

Monthly

Quarterly

Half-Yearly

Yearly

Please leave frequency blank if you would like a payment to be made to us as and when your minimum level is reached.

However, if your aim is capital growth and an accumulation share class is not available for your chosen fund(s), the distribution income can be automatically reinvested for you to buy extra shares.

Please cross this box to instruct us to reinvest your income to buy extra shares.



All parties named on this form have a right to know that Standard Life holds personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

## Part 9 – Data Protection

### Data Protection Notice – important, please read

We will collect personal information about you in order to consider your application and, if your application is successful, to provide our services to you and manage our relationship and Standard Life's business and services.

If your application does not proceed, the information will be held on our records for 6 years before it is deleted.

We may disclose the information collected to your professional advisers, to other Standard Life group companies, to our third party service providers and, where we consider it appropriate and lawful to do so, to other organisations.

Your information may be held or disclosed in countries outside the European Economic Area which may not have the same standard of data protection laws. Where this occurs, we will take appropriate steps to adequately protect it.

We and other subsidiaries of Standard Life plc would like to contact you from time to time to keep you up to date with special offers, new products and services, newsletters and other promotions. We will never pass your details to companies that are not subsidiaries of Standard Life plc for marketing purposes.

If you do not want to be kept informed, please cross this box.

If you would like to request a copy of the personal data we hold about you, please write to the Data Protection Co-ordinator at our Registered Office. We may charge a fee for providing the information.

## Part 10 – Declaration and client signature(s)

### I declare that:

- I am aged 18 years or over. In the case of joint applications all parties must sign;
- I declare that the information given is correct to the best of my knowledge and belief and that I will inform, Standard Life Savings Limited of any change in the information given;
- I have read and understood the Data Protection Notice. I agree that my personal information may be used for the purposes described (subject to me exercising my right not to be contacted with details of other products and services).

I confirm that I have read the Key Features Documents and have read and agree to the Terms and Conditions of this investment. I confirm that I have received the Fund Factsheet(s) for my chosen fund or funds.

I authorise you to carry out electronic identification checks if required. My financial advisers (as detailed at Part 13 of the application form) have my authority to notify you, on my behalf, of any switches in investment funds. My financial advisers also have my authority to notify you, on my behalf, of partial encashments of my investment, full encashment of my investment or to set up a regular withdrawal from my investment. The proceeds of these are to be paid into my nominated account. Any notification received from my financial advisers should be acted on as if it had been direct instruction from me.

My financial advisers will continue to have this authority until I have notified you in writing that this authority has ended. I declare that the information given is correct to the best of my knowledge and belief and that I will inform Standard Life Savings Limited of any change in the information given.

- I hereby transfer the above units/shares out of the name(s) aforesaid to the person(s) named in part 4 and request that such entries be made in the register as are necessary give to effect to this transfer.
- I hereby certify, if the box to the right is ticked, that this transfer is not for consideration in money or money's worth and is exempt from SDRT by virtue of paragraph 6(2) of Schedule 19 to the Finance Act 1999.
- I hereby certify, if the box to the right is ticked, that this transfer is exempt from SDRT by virtue of paragraphs 6(3) - 6(5) of Schedule 19 to the Finance Act 1999 (charities, intra-group transfers etc.) and attach evidence as to facts of the transfer, which give rise to such exemption.

Read the declaration and important information in Parts 8 and 9 of this application form.

Check that you have completed ALL sections of the application form.

Sign that you agree to the declaration and important information.

Please ensure you sign here or we will have to return your application.

Part 10 – Declaration and client signature(s) (continued)	
<b>First Shareholder</b>	
Signature	Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Second Shareholder</b>	
Signature	Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Third Shareholder</b>	
Signature	Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Fourth Shareholder</b>	
Signature	Date (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Following sections to be completed by the financial adviser only.

Please refer to the Guide to Commission and Charges (FZMF21), should you require more detailed information.

Part 11 – Charges and Commission
<b>Please choose one of the two Renewal Commission options below.</b>
<input type="checkbox"/> i. Full standard Renewal Commission, OR
<input type="checkbox"/> ii. Nil Renewal Commission, OR
How often do you want Renewal Commission to be paid? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly
<b>Please note if you do not select a frequency, a default of 'Quarterly' will be selected for you.</b>

Part 12 – Advice given
<input type="checkbox"/> If you have not given advice in respect of this investment, please cross here. Otherwise we will assume that advice has been given.
Basis of Sale <input type="checkbox"/> Whole of Market <input type="checkbox"/> Other
If other please specify
Adviser FSA or Authorisation Number

Please enter Name and Address of regulated firm. These are your financial advisers.

Part 13 – Name of regulated firm
<input type="text"/>
<input type="text"/>
<input type="text"/> Postcode
Intermediary Reference Number

You need only complete this section if the Transferees will be opening a FundZone account for the first time.

Please complete the First Shareholder details from Part 4 here. If the investments are to be held in the name of more than one shareholder, please photocopy this section and supply separate Confirmation of Verification of Identity for each additional shareholder.

This section must be signed by an officer of the Firm, who is authorised to confirm the accuracy and effectiveness of the Firm's customer identification verification records, to which this section relates.

## Part 14 – Confirmation of Verification of Identity

### 1. Name of Applicant

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	First name(s) (in full)	Surname
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Previous Address (if changed in last three months)		Postcode

### 2. Confirmation

I confirm that:

(a) The information in section 1 above was obtained by me in relation to the customer and

(b) The evidence I have obtained to verify the identity of the customer:

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;

**OR**

Exceeds the standard evidence (written detail of further verification evidence taken is attached to this confirmation).

Signature	Name
Position	Date (DD/MM/YYYY) <input type="text"/>
First Name of Regulated Firm:	Name of Regulator:
Regulator Reference Number:	OR Standard Life Department/Branch:

When this application form has been fully completed and signed, please send it to the address below, together with any additional Confirmation of Verification of Identity forms (Part 14) required.

Standard Life, FundZone Customer Centre, Dundas House, 20 Brandon Street, Edinburgh, EH3 5PP