

# Investment Account Transfer Authority

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							
National Insurance number								
	Please tick this box if you have <b>not</b> 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								
Surname  Date of birth	D D / M M / Y Y Y							
	D D / M M / Y Y Y							
Date of birth	D D / M M / Y Y Y Y  Please tick this box if you have <b>not</b> been issued with a National Insurance number.							
Date of birth	Please tick this box if you have <b>not</b> been issued with							

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									
Name of existing plan manager									
Account number with existing plan manager									
Address of existing plan manager									
	Posto	code							
Do you want to transfer all or part of your investment account? 1									
		All	£		approximately				
		Part	£						
				Approximately					
				Exactly					

1 Please state value 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	
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg
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			£	Sell	Re-reg
			£	Sell	Re-reg
			£	Sell	Re-reg

### Declaration and signature

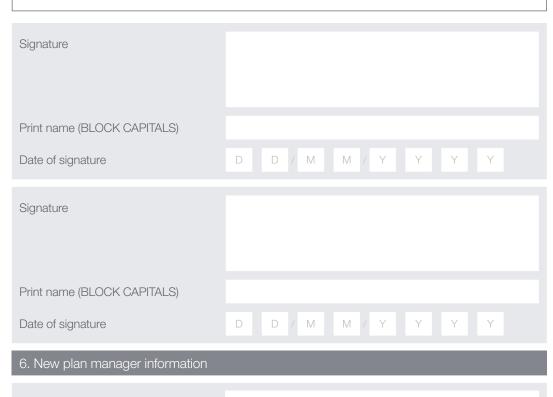
By completing this form and signing below, I / we authorise the plan manager named above to:

## 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.



Please send any transfer documentation to

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