



**Foresight**  
group

**FORESIGHT  
ACCELERATED  
INHERITANCE  
TAX SOLUTION**

**TRANSFER FORM**

# Transfer Form

**This form can be used to transfer all or part of a holding in the Foresight Accelerated Inheritance Tax Solution (Foresight Accelerated ITS).**

**The form should be completed and signed by the original investor(s) and the new investor(s).**

**Before you submit this form, please make sure:**

- You have read the Investor Guide and Customer Agreement marked February 2019
- You have completed all sections of this Transfer Form
- The Transfer Form is signed and dated
- You have sought advice from your independent financial adviser

**Once completed, return this form to:**

**Investor Relations, Foresight Group, The Shard, 32 London Bridge St, London, SE1 9SG**

## What you need to know

- **Investments can be transferred to one or more beneficiaries at any time**
- **The new investor(s) will receive a biannual update on the portfolio of underlying investments and a valuation statement**
- **Foresight will endeavour to effect transfers within 20 business days**
- **Original documents will be returned to the sender by recorded delivery**
- **This will terminate your cover under the Insurance Policy and you will lose your IHT shelter**

## Have a question?

We are available and happy to help with any questions that you may have regarding this form. Please get in touch using the details below.



**+44 (0)20 3667 8181**



**investorrelations@foresightgroup.eu**

## Section 1: INVESTMENT AND INVESTOR DETAILS

Complete the fields below with the original investment and investor(s) details.

### Investment Details:

Policy no.:

Investment date:

Net investment amount:

### Investor 1:

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

County:

Postcode:

Date of Birth:   -   -

### Investor 2: (if applicable)

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

County:

Postcode:

Date of Birth:   -   -

## Section 2a: AMOUNT TO BE TRANSFERRED

The original investor(s) should complete the field below with the percentage of the investment in Section 1 to be transferred to the new investor(s).

I/We request for \_\_\_\_\_ %

of the above policy to be transferred to the applicant(s) named in Section 3.

## Section 2b: INVESTOR CONFIRMATION

The original investor(s) should sign below to confirm the transfer of shares stated in 2a.

Please print your name(s) beneath your signature(s) in BLOCK CAPITALS.

### Investor 1 Signature:

Name:

Date:

### Investor 2 Signature: (if applicable)

Name:

Date:

## Section 3: NEW INVESTOR DETAILS

Complete the fields below with the details of the new investor(s).

**Note: Please only complete one form per investment.**

### Applicant 1:

### Applicant 2: (for joint applications only)

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Forename(s):

Surname:

Surname:

Address:

Address:

County:

County:

Postcode:

Postcode:

National Insurance number:

National Insurance number:

Date of Birth:   -   -

Date of Birth:   -   -

Tel No (Day):

Tel No (Day):

Tel No (Evening):

Tel No (Evening):

Email:

Email:

Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK

Please tick this box if you are resident for tax purposes in any jurisdiction other than the UK

**Where applicable, please provide confirmation of the non-UK jurisdictions in which you are resident for tax purposes, along with your corresponding tax payer identification number (TIN) or equivalent:**

Country:

Country:

TIN/Equivalent:

TIN/Equivalent:

## Section 4: POWER OF ATTORNEY (if applicable)

When sending your form, please include a certified copy of the Power of Attorney document.

**Note: Foresight will need to verify the identity of all attorneys who sign this form for money laundering purposes and run online verification checks.**

### POA 1:

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

\_\_\_\_\_

\_\_\_\_\_

County:

Postcode:

Date of Birth:   -   -

### POA 2:

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

Forename(s):

Surname:

Address:

\_\_\_\_\_

\_\_\_\_\_

County:

Postcode:

Date of Birth:   -   -

## Section 5: CORRESPONDENCE

How would you like to be updated about your investment? Please tick one box only.

**Note: Copies of all correspondence will be sent to your financial adviser.**

Directly  POA 1  POA 2  or your Adviser only

## Section 6: REGULAR WITHDRAWALS

Complete the relevant box below confirming whether or not you would like to take regular withdrawals.

**Note: Regular withdrawals are only possible after 12 months from the original investment date.**

I/We would like the returns to remain within the investment (growth option) OR

I/We would like to make cash withdrawals of \_\_\_\_\_ % of the amount invested each year

I/We would like cash withdrawals paid:  Monthly  Quarterly  Semi-annually  Annually

Please nominate your bank account into which withdrawals should be paid below: (if applicable)

Account Name:

Bank/Building Society:

Sort Code:

Account Number:

## Section 7a: ADVISER DETAILS AND DECLARATION (if applicable)

Complete all fields below with the details of the financial adviser looking after this investment.

Firm name:

Directly authorised by FCA  OR Authorised by Network  Name of Network: \_\_\_\_\_

Title: Mr/Mrs/Miss/Ms/Dr/Other (please specify):  
*Circle as appropriate*

FCA Partner reference number: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Network Partner Ref no: \_\_\_\_\_

Surname: \_\_\_\_\_

Adviser email: \_\_\_\_\_

Correspondent contact name: \_\_\_\_\_

Correspondence email: \_\_\_\_\_

Firm address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No (Day): \_\_\_\_\_

Email: \_\_\_\_\_

### Adviser Signature:

Please print your name beneath your signature in BLOCK CAPITALS.

\_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Section 7b: ONGOING ADVISER CHARGES

If you would like Foresight to facilitate an ongoing adviser charge for this investment, please state the annual percentage and the duration in years.

**Note: Ongoing fees will be paid to your adviser on a quarterly basis and will reduce the value of your investment.**

I would like Foresight to facilitate an ongoing adviser charge of \_\_\_\_\_ % for \_\_\_\_\_ years.

OR for the duration of my investment

## Section 7c: ADVISER BANK ACCOUNT DETAILS (if applicable)

Complete the fields below with your adviser's bank account details so that any agreed adviser charges can be paid.  
(Leave blank if no ongoing adviser charges apply)

Bank name: \_\_\_\_\_

Bank branch: \_\_\_\_\_

Sort Code:

Account Number:

## Section 8: INVESTOR DECLARATION

The new investor(s) named in Section 3 must sign and date to confirm that the information below is correct.

- I/we confirm I/we wish to invest the amount shown in Section 2a in the Foresight Accelerated ITS;
- I/we confirm I am/we have read and understood the Investor Guide and Customer Agreement marked 'February 2019';
- I/we understand I/we have read and understood the investment objectives of Foresight Accelerated ITS;
- I/we confirm that I/we are applying on my/our own behalf;
- I/we confirm that I/we understand that this will terminate my/our cover under the Insurance Policy and I/we will lose my/our IHT shelter;
- I/we request that Foresight makes facilitation payments in respect of the charges set out in Section 7b above, as detailed in the Investor Guide and Customer Agreement, to the financial adviser identified in Section 7a;
- I/we give the declarations set out in Section 8.

In the case of an attorney under the POA by signing this form on behalf of the investor(s) whose details are shown above, I/we, the attorney make a declaration (on behalf of such investor(s)) on the terms of the sub paragraphs above.

Please print your name(s) beneath your signature(s) in **BLOCK CAPITALS**.

**Investor 1 Signature:**

**Investor 2 Signature:** (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant 1 or Attorney Signature:** (if applicable)

**Applicant 2 or Attorney Signature:** (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## Have a question?

We are available and happy to help with any questions that you may have regarding this form. Please get in touch using the details below.

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**Foresight**  
GROUP

**Foresight Group LLP**

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