



Foresight
group

**FORESIGHT
INHERITANCE
TAX SOLUTION**

TRANSFER FORM

DECEASED

Transfer Form

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

The form should be completed and signed by the Executor(s) of the Estate and the new investor(s).

Before you submit this form, please make sure:

- You have read the Investor Guide and Customer Agreement marked October 2018
- You have completed all sections of this Transfer Form
- The Transfer Form is signed and dated
- You have sought advice from your financial adviser

The following documents are required to transfer all or part of this investment:

- Original or certified* copy of the Death Certificate
- Original or certified* copy of the Grant of Probate
- Completed Transfer Form for each new investor, signed by the Executor(s) of the Estate

*Certification Guidelines

By “certified copies” we mean that the copy documents requested must be certified by a person such as solicitor/notary public/accountant/banker/local police officer or other professional person. Documents cannot be certified by the Applicant. The person certifying the documents must:

- (i) Mark the copy document as a “true” and “exact copy of the original, which I have seen”, and
- (ii) Where the document concerned contains a photo as proof of identity, confirm that “the photograph is a true likeness of the person named in the document”, and sign and date the copy document, stating in what capacity they are acting.

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**

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: ORIGINAL 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: - -

Date of Death: - -

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: - -

Date of Death: - -

Section 2a: AMOUNT TO BE TRANSFERRED

The Executor(s) should complete the box 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: EXECUTOR CONFIRMATION

The Executor(s) of the Estate should sign below to confirm the transfer of shares stated in section 2a to the Investor stated in section 3.

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

Executor 1 Signature:

Name:

Date:

Executor 3 Signature: (if applicable)

Name:

Date:

Executor 2 Signature: (if applicable)

Name:

Date:

Executor 4 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:

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

Forename(s):

Surname:

Address:

County:

Postcode:

National Insurance number:

Date of Birth: - -

Tel No (Day):

Tel No (Evening):

Email:

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

Applicant 2: (for joint applications only)

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

Forename(s):

Surname:

Address:

County:

Postcode:

National Insurance number:

Date of Birth: - -

Tel No (Day):

Tel No (Evening):

Email:

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:

TIN/Equivalent:

Country:

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 the 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. To backdate ongoing fees and pay them to your adviser we will require a signed letter from the Executors of the Estate.

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 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 ITS;
- I/we confirm that I/we are applying on my/our own behalf;
- 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?

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GROUP

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