

Child Trust Fund to Aegon Junior ISA transfer authority

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio version of this document, please call 0345 604 4001 (call charges will vary) or visit aegon.co.uk/additionalsupport

In this form, 'I', 'me', 'you', 'your' or 'my' refers to you, the registered contact named in section 1 of the Child Trust Fund to Aegon Junior ISA transfer application form, and 'Aegon', 'we' or 'our' refers to Cofunds Limited.

Use this form to apply to make a transfer from a Child Trust Fund (CTF) with another account manager into an Aegon Junior Individual Savings Account (JISA).

Important

You must send this form along with a completed and signed Child Trust Fund to Aegon Junior ISA transfer application form.

Please ensure that you have signed both the application form and the transfer authority by typing in the signature box(es). All the details provided must match those held by the existing CTF account manager. Any differences could cause delays to the requested transfer.

Please complete this form by typing in the boxes, including the signatures box(es) and emailing to aegoncofundsadministration@aegon.co.uk

Our email system and the way we deal with data internally is secure. However, we're unable to ensure the security of emails before they reach us so please consider this and do not include any personally sensitive, financial or banking information that has not been appropriately secured. If you have access to our online services, you may be able to log in and complete your action securely.

Whenever you see this icon , you may have to send us additional information.

1. Registered contact details

1.1 Registered contact details

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Permanent residential address

Postcode

1.2 Child details

I apply to open an Aegon stocks and shares JISA for:

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Permanent residential address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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National Insurance number –
(if the child is over 16)

CTF unique reference number

For tax purposes, is the child resident
anywhere other than the UK?

<input type="checkbox"/>	No
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Yes – please download and complete the
Individual self-certification form on our
website and attach to this form. [✉](#)

1.3 Information about the CTF you are applying to transfer

Name of existing CTF provider

Existing CTF provider address

Postcode

CTF unique reference number

Please note that you must transfer the full
value of the CTF and may not transfer only
part of it, and if this transfer request relates to
a stakeholder CTF, the following features are
not included in the Aegon JISA:

- Lifestyling from age 15
- Minimum subscriptions of £10
- Annual charge cap of 1.5%

2. Investments that you wish to keep via re-registration (stock transfer)

Where investments held with the CTF account manager named on this authority are also available for investment within the Aegon JISA you can choose to transfer them by re-registration without selling the investments.

Please list all investments held with the CTF account manager named on this authority that you wish to re-register.

Full investment manager name and investment name	Sedol code (this is shown in your Key Investor Information Documents (KIID))

3. Investments that you wish to sell (stocks and shares cash transfer)

Where investments held with the CTF account manager named on this authority are not also available for investment within the Aegon JISA or you wish to transfer cash from the CTF to the Aegon JISA, you may instruct the CTF account manager to sell those investments into cash before transferring them into the Aegon JISA.

Please list all investments held with the CTF account manager named on this authority that you wish to sell into cash and transfer to Aegon.

Full investment manager name and investment name	Sedol code (this is shown in your KIID)

4. Declaration

4.1 Application and Declarations:

I apply to transfer a CTF for the above named child as detailed above.

I declare that:

- I am 16 years of age or over
- I have parental responsibility for the child **or** I am the above named child
- I am the registered contact for the CTF as detailed above
- I will be the registered contact for this Aegon stocks and shares JISA

4.2 Transfer authority

I authorise the CTF provider, as detailed above, to transfer the funds under that CTF to Aegon.

I authorise the CTF provider, as detailed above, to re-register all of the investments detailed in section 2 of this form and to transfer the cash from the sale of all of the investments detailed in section 3 of this form to Aegon with immediate effect or, where I so instruct, at the end of a notice period, and to forward the proceeds to the Aegon JISA account manager at: Aegon Cofunds Administration, Sunderland, SR43 4DN, and provide Aegon with any information required by them to enable them to accept this transfer.

Where I must give notice to close or transfer the CTF, or the CTF contains an investment which is designed and intended to be held for full term and has yet to reach redemption, I instruct the above detailed CTF provider to either (please tick one box):

Wait for the full notice period to end or wait until the redemption date (whichever is relevant) before going ahead with this transfer.

Or

Carry out the transfer as soon as possible, depending on the terms and conditions. I accept any consequential loss of interest, income, capital or charges which may be applied.

I agree that, if for any reason, the transfer from the CTF is not successful, any JISA that has been opened on a provisional basis to accept the transfer will be void and any subscriptions to the provisional JISA will be returned.

4.3 You should sign and date this form by typing your full name in the signature box below and typing the date in the date box or by using any other electronic signature method we have agreed, in writing with your adviser, to accept. Your typed name or agreed electronic signature method in the signature box will be your signature. When you sign the form, by typing your name in this box or using the agreed electronic signature method, you are making the declarations and confirming that you wish to proceed with the instructions in this form.

Print name

Registered contact signature (type name here)

Date

D	D	M	M	2	0	Y	Y
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5. Transfer acceptance (Aegon use only)

We are willing to accept this CTF transfer in line with the above instructions, as long as the following conditions are met:

- The transfer proceeds are made of cash deposits only
- We must receive the transfer proceeds no later than:

D	D	M	M	2	0	Y	Y
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The transfer date will be

D	D	M	M	2	0	Y	Y
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