

CTF TRANSFER FORM

I apply to transfer to a Pilling non-stakeholder CTF or a Pilling stakeholder CTF

Details of the person with parental responsibility for the child

Title First Names (in full)

Surname

Permanent Residential Address

Postcode

Tel (Home)

Tel (Work)

Fax

Tel (Mobile)

E-Mail

I apply to transfer a CTF for :-

Child's title First Names

Child's Surname

Child's Address

Post Code

Child's Date of Birth (as on voucher)

Child's unique reference number (as on voucher)

Current CTF providers details: - Name

Address

Telephone number

Account Number

(tick one box only)

Please transfer the above CTF immediately in its current form to Pilling & Co **OR**

Please liquidate the above CTF immediately and transfer the cash to Pilling & Co

Please deduct any charges for this service from the cash in the CTF

I declare that

- I am 16 years of age or over.
- I have parental responsibility for that child.
- I will be the registered contact for the CTF.
- I authorise Pilling & Co to hold the child's Inland Revenue contributions, subscriptions, CTF investments, interest, dividends and any other rights or proceeds in respect of those investments and cash, and to make on the child's behalf any claims to relief from tax in respect of CTF investments.
- I agree to the CTF terms and conditions.
- I agree to Pilling & Co's Terms & Conditions for this plan as set out in the "Introductory Guide" (enclosed or available on request) and that they may alter to comply with changes to CTF regulations.

Signed

Date

PLEASE NOTE :- For us to accept instructions on this account from someone other than the registered contact (eg. Spouse, partner etc.) please enclose a signed letter of authority with this form.