



# Reinvesting an ISA into Investment Funds (in the event of a death)

Internal Ref: Form A

## How to fill in this form

- This should be completed by all Executor(s) or Administrator(s) and be sent to us with a sealed Grant of Representation.
- If you are reinvesting offshore holdings originally held in an ISA by the deceased, please complete the Fidelity Funds/Fidelity Funds II (SICAV) application form and submit with this form.
- Please note the entire ISA holding will be sold.
- Please use black ink and write clearly inside the boxes using capital letters.
- Mark your answers with a cross in the appropriate box like this:

**Please Note:** A small number of funds may require us to switch assets into an alternative share class of the same fund as soon as the transfer into the beneficiary account is complete. For guidance on how to confirm which funds are

eligible for stock transfers and which will be switched to an alternative share class, please refer to our supporting document '**Stock Transfers: What you need to know**'.

- Any applications that are not completed correctly may incur delays or could be returned to you.
- If you make a mistake, please correct it but don't use correction fluid.
- If you have any queries about this form, please call our Customer Services Team on **0800 41 41 16**.
- Applications can only be accepted on original forms. Photocopies or faxed copies cannot be accepted.

## What's next?

Please send your completed application form to:

**Fidelity  
PO Box 391  
Tadworth KT20 9FU**

## 1 About the late account holder

ISA account number

Date of death (DDMMYYYY)

## 2 Estate information

I/We the Executor(s)/Administrator(s) of the Estate of

 DECEASED

request that the above mentioned ISA, currently registered in the name of the deceased, may be sold and the proceeds reinvested outside the ISA wrapper in the name of the recipient.

## 3 Executor(s) or Administrator(s)

Executor or Administrator 1

Title

 Mr  Mrs  Ms Other 

Gender

 Male  Female

Surname

First and other names in full

Address

House number/name

Street, city, county and country

 Postcode

### 3 Executor or Administrator(s) (continued)

Are you a UK National only? (Please mark an X in the box)

Are you a UK National and National of one or more other countries? (tick box and list all other countries below)

Are you a National of Non-UK countries only? (tick box and list all other countries below)

Nationality 1

Nationality 2

Nationality 3

Nationality 4

Signature

Print name

Date signed

 (DDMMYYYY)

Executor or Administrator 2

Title

 Mr  Mrs  Ms Other: 

Gender

 Male  Female

Surname

First and other names in full

Address - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee

House number/name

Street, city, county and country

 Postcode 

Are you a UK National only? (Please mark an X in the box)

Are you a UK National and National of one or more other countries? (tick box and list all other countries below)

Are you a National of Non-UK countries only? (tick box and list all other countries below)

Nationality 1

Nationality 2

Nationality 3

Nationality 4

Signature

Print name

Date signed

 (DDMMYYYY)

### 3 Executor or Administrator(s) (continued)

#### Executor or Administrator 3

Title

Mr  Mrs  Ms Other:

Gender

Male  Female

Surname

First and other names in full

Address - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee

House number/name

Street, city, county and country

Postcode

Are you a UK National only? (Please mark an X in the box)

Are you a UK National and National of one or more other countries? (tick box and list all other countries below)

Are you a National of Non-UK countries only? (tick box and list all other countries below)

Nationality 1

Nationality 2

Nationality 3

Nationality 4

Signature

Print name

Date signed

(DDMMYYYY)

#### Executor or Administrator 4

Title

Mr  Mrs  Ms Other:

Gender

Male  Female

Surname

First and other names in full

Address - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee

House number/name

Street, city, county and country

Postcode

### 3 Executor or Administrator(s) (continued)

Are you a UK National only? (Please mark an X in the box)

Are you a UK National and National of one or more other countries? (tick box and list all other countries below)

Are you a National of Non-UK countries only? (tick box and list all other countries below)

Nationality 1

Nationality 2

Nationality 3

Nationality 4

Signature

Print name

Date signed

 (DDMMYYYY)

### 4 Transferee details (new holder)

Note: If you are dividing the holdings between multiple beneficiaries, please print a copy of sections 4-6 for each recipient and provide a percentage split of holdings. Please ensure that the percentage across all beneficiaries totals 100%.

Percentage of holdings

   %

Title

 Mr  Ms Other 

Surname

First and other names in full

Gender

  Female

Date of birth

National Insurance Number

(This can be found on a payslip or a letter from HMRC)

No National Insurance Number?

If you have never been issued with a National Insurance Number please mark an X in the box.

Account number (existing client only)

This must be the account number you wish to transfer to.

Email

If you hold an existing Investment Funds Account, this reinvestment will be treated as a top up. If you would like the holdings to go into a new Investment Funds Account, please enter a designation of your choice below to differentiate the holdings. The maximum number of characters is 18, but we are unable to accept the word 'trust'. If transferring into a new account, complete section 5 if an intermediary/adviser is to be linked to the account.

Account Designation

## 4 Transferee details (new holder) (continued)

**Your address** - 'Care of' and PO Box are not acceptable. Only UK addresses are eligible unless you are a Crown Employee or the spouse/civil partner of a Crown Employee.

House number/name

Street, city, county and country

 Postcode 

Are you a resident in the UK for tax purposes? If yes please mark this box

Are you also a resident in any other country for tax purposes? If so, please complete the following fields

First country

First country tax identifier

Additional country

Additional country tax identifier

Would you like Joint Holders on this account?  If yes please mark this box

All holders must sign Section 6 (Declaration and signature). The Joint Holder Supplement Form must also be completed and returned with this application form.

## 5 Intermediary details (Recipient Account)

Company stamp

Unique Adviser Number

Office Use Only   
Please ignore

FCA number

I confirm that I am registered with the FCA to conduct business and my authorisation number is:

Remuneration details

Have you provided a personal recommendation?

(You must mark either the Yes or No box)

Yes

No

Please note these assets will be added to your client's fee account and if an Adviser Ongoing Fee has previously been setup this will be automatically applied. An Initial Fee cannot be applied to this type of instruction.

An Adviser Ongoing Fee cannot be applied to this type of investment using an application form. If you would like to setup an Adviser Ongoing Fee, it must be done online once the assets have been received.

Verification of identity

I/We confirm and consent to your reliance upon the fact that I/we have verified the identity of the client named in section 4 in accordance with the Money Laundering Regulations and standards set in Guidance issued by the JMLSG. Please mark an X in this box.

This confirmation must carry an original signature or electronic equivalent.

I/We confirm that I/we have provided the client with the appropriate documentation for their investment:

- The Key Features Document - Doing Business with FundsNetwork.
- The key information document applicable to the client's investment.
- The illustration document.
- The FundsNetwork Client Terms.

Your signature

Intermediary signature

Date signed

(DDMMYYYY)

## 6 Declaration and signature(s)

The underlying funds are to be transferred (outside the ISA wrapper). This will be done by selling the account and investing the proceeds in an Investment Funds Account in the name of the beneficiary. These transactions only reflect the administrative transfer of legal ownership from the estate to the beneficiary, not the vesting of beneficial ownership, which occurs separately under the estate and therefore generally will not count as a disposal and acquisition for CGT purposes.

- Where we offer the same share class of the fund that the deceased held in an ISA, we will purchase the same number of units in the beneficiary's Investment Funds Account
- Where we do not offer the same share class of the fund that the deceased held in an ISA, we will invest the monetary proceeds in the clean share class version of the funds which will therefore be subject to market movements
- I/We understand that the information I/we provide on this application form will be processed in accordance with Fidelity's data protection statement contained in the FundsNetwork Client Terms.
- I/We hereby accept the transfer of the shares, detailed in Section 4, into my/our account.

I/We declare that:

- **By signing this form I/we confirm that I am not/we are not a US citizen, that I am not/we are not resident in the US, and that I do not/we do not have an obligation to pay tax to the US tax authorities on my/our worldwide income.**
- My adviser has provided me with the following documents either as an electronic version, which I/we have saved or printed, or as a paper copy and I/we have read:
  - Key Features Document (Doing Business with FundsNetwork)
  - the key information document
  - the illustration document
- and accept the FundsNetwork Client Terms. For your own benefit and protection you should read the FundsNetwork Client Terms carefully before signing them.
- I/We have read the Stock Transfer document - Stock Transfers: What you need to know
- Where I/we have elected to move the holdings into an alternative share class, I/We understand that the charges (and possibly income options) of the new share class may differ from the existing share class and that for a dual-priced fund, a bid-offer spread may be charged.

- All subscriptions made, and to be made, belong to me/us, and I am/we are 18 years of age or over.
- The information given by me/us is correct to the best of my/our knowledge, and I/we will inform Fidelity immediately of any changes to the information provided.

### Signatures of all applicants

#### Primary account signature

#### Print name

#### Second account signature

#### Print name

#### Third account signature

#### Print name

#### Fourth account signature

#### Print name

#### Date signed

 (DDMMYYYY)

**Note: for applications with joint holders the Joint Holder Supplement Form must also be completed and returned with this application form.**

## 7 Checklist before submission

- Grant of Representation (Please refer to the guide for Executors and Administrators).
- Fidelity Funds/Fidelity Funds II (SiCAV) Application form – for NEW Fidelity account holder for transfer of offshore holdings. This must be completed for each recipient. Offshore holdings can be identified on the Statement and Valuation at the date of death.
- Written instruction for non-eligible funds. Please refer to the Stock Transfers: What you need to know document.
- Copies of this form, if there are multiple recipients, showing the percentage splits for investment.
- Joint Holder Supplement Form to be included where new account has joint holders.