

PRIMA GROWTH PLAN 19 TRANSFER APPLICATION FORM



You need to use a separate application form for each ISA you want to transfer.
You may photocopy this form for your husband, wife, partner, friend to use, or for further ISA transfers.

1. YOUR DETAILS

Title (Mr, Mrs, Miss, Ms):

Surname:

Full first names: Date of birth:

Permanent home address:

Postcode: Country:

Phone number: E-mail address:

Approximate transfer value £:

2. NATIONAL INSURANCE NUMBER

Do you have a National Insurance (NI) number?: Yes No

If 'Yes', you must write it here. You should be able to find your NI number on a payslip, form P45 or P60, letter from the Inland Revenue, letter from the Benefits Agency, or pension order book.

3. PROVISION OF INFORMATION

For security purposes, please provide us with a password so we can give you information over the phone:

Please indicate if you would like access to our web-based services (if so, please make sure you have provided your e-mail address in 1. above) Yes No

4. HAVE YOU RECEIVED FINANCIAL ADVICE?

We recommend that all customers seek financial advice to help establish whether this investment fits with their circumstances and financial objectives.

Have you received financial advice relating to this investment?

Yes, I have received advice from (name of firm)

No, I haven't received financial advice.

If you have received advice, please proceed to Section 5. If not, please answer questions overleaf.

EXISTING ISA TRANSFER REQUEST

Title (Mr, Mrs, Miss, Ms): ISA Number:

Surname: Type of account: stocks and shares cash

Full first names: Sort Code: (Cash ISA only)

Date of birth: Name of investment:

N.I. number

Permanent home address:

Postcode:

1. Have you subscribed to your current ISA in the current tax year? Yes No

2. Do you wish to:
Close your account and transfer the balance plus interest? Yes No

if no
Transfer your current year subscription as part of the transfer? Yes No

Transfer your current year subscription only? Yes No

N.B. Under ISA Regulations only whole transfers of current year subscriptions and interest can be accepted.

For partial transfers indicate the amount to be transferred
£

Meteor Asset Management Limited, 55 King William Street, London EC4R 9AD.

Tel: +44 (0)20 7904 1010 Fax: +44 (0)20 7283 1355 Web: www.meteoram.com. Authorised and regulated by the Financial Services Authority.
FSA No: 459325.

If you have not taken financial advice please answer the following questions so that we can assess whether the plan is appropriate for you.

1. Please indicate if you have ever held

Any investment where the capital and investment returns are variable and are based on the performance the underlying securities, such as equities, commodities, Index, corporate bonds

A structured product (a fixed term investment such as the one you are applying for)

2. Do you understand that that the amount of any investment return and the return of capital at maturity will depend on the performance of your investment and you may get back less than your original investment at maturity? Yes No

3. Do you understand that the plan is designed to be held for the full investment term and if you were to cash in early the amount you receive would depend on the value of the investment at the date of sale and that this value could be less than the amount you invested? Yes No

4. Have you re-read the 'Is this product right for me' page of the brochure to make sure that you are happy that all of the 'yes' statements relating to the nature of the investment are appropriate to you? Yes No

5. DECLARATION AND AUTHORITY

1. I instruct the ISA Manager to sell my existing ISA assets in accordance with the ISA transfer request forms, and transfer the amounts realised to Meteor Asset Management Limited to invest in the Prima Growth Plan 19.

2. I authorise the ISA Manager to hold my cash subscriptions, Plan investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash and to make on my behalf any claims to relief from tax in respect of Plan investments, and on my written request to transfer or pay to me, as the case may be, Plan investments, interest, dividend rights or other proceeds in respect of such investments or any cash.

3. I declare that the information given in this declaration is true and correct to the best of my knowledge and belief and that I will inform the ISA Manager without delay of any change in my circumstances affecting any of the information in this form.

4. I declare that I have read the brochure and Terms and Conditions and I agree to the Terms and Conditions under which my investment will be managed.

I understand that Meteor Asset Management Limited does not provide investment advice and confirm that I either do not require such advice or have received advice on this investment from an independent Financial Adviser as shown above.

Signature: Date:

Note: When you have filled in and signed this application form, please return it to your Financial Adviser or to **Meteor Asset Management Limited, 55 King William Street, London EC4R 9AD.**

FOR FINANCIAL ADVISER'S USE ONLY

Financial Adviser:

FSA number:

Name of adviser:

Special instructions re investment:

Prevention of money laundering

I can confirm that I have carried out the appropriate identity checks and attached the 'Verification of Identity Certificate'. I have enclosed signed copies of the documentary evidence with this certificate. I have seen the original documents and any that needed a signature were already signed.

Signed on behalf of the above:

EXISTING ISA TRANSFER REQUEST *continued*

Name of existing ISA Manager:

Address:

Postcode:

Telephone No:

Any special instructions:

In respect of the ISA Account detailed overleaf I authorise my existing ISA Manager (as specified opposite) to

1. Transfer the cash value of the ISA together with any interest, dividends, rights and cash within the account, or the amount specified, as appropriate, to **Meteor Asset Management Limited**.
2. Provide Meteor Asset Management Limited with any information, written or non-written, and to accept any instructions from them relating to the transfer.
3. Ensure that all dividends, interest & tax credits arising after the transfer are paid to me
4. a) Proceed immediately with the transfer and, where a period of notice is required for closure/part transfer, apply any consequential penalty (*delete as appropriate*); OR
b) Proceed with the transfer only after the full notice period has expired (*delete as appropriate*)

Signature:

Date: