

AGENT'S STAMP (IF APPLICABLE)

ISA TRANSFER APPLICATION FORM  
B CLASS SHARE

\*Commission %

Discount %

Agent number

\* if left blank, full commission will be paid

Please read the Cazenove Investment Fund Company's Simplified Prospectus for B Class Shares and Cazenove Investment Fund Management Limited ('CIFM') ISA Terms and Conditions before completing this application form.

This application form is if you wish to transfer a stocks and shares ISA or a cash ISA for investment into the Cazenove Investment Fund Management Limited Stock and Shares ISA (the 'CIFM ISA').

Personal Details

Please ensure that you give us your full name, address, date of birth and National Insurance Number.  
Please use BLOCK CAPITALS and ensure we have your forename(s) in full.

Title (Mr/Mrs/Miss/Other)

Surname

Forename(s)

Permanent Residential Address

Postcode

Daytime Telephone Number (Will only be used in case of queries)

If you already have an account with us please fill in the six digits of your Account Number (if known)

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Data Protection

Any personal data supplied by you and any further information received or obtained in connection with and for the performance of this ISA Agreement will be held, used and otherwise processed by us for the purpose of providing you with the services as described in the CIFM ISA Terms and Conditions.

This data will be passed to other associate companies of CIFM for the performance of the Agreement. We will not pass your personal data to other organisations unless it is necessary to fulfil our obligations under this Agreement or where required by any regulation or enactment, or with your consent.

## Investment Details

\*The minimum investment is £3,000 per fund.

Fund	Shares	Amount to be invested if known* <i>(if unknown use percentage figures which must total 100%)</i>
<b>UK and European Equities Funds</b>		
Cazenove UK Growth & Income Fund	Accumulation Shares	£
Cazenove UK Growth & Income Fund	Income Shares	£
Cazenove UK Dynamic Fund	Accumulation Shares	£
Cazenove UK Opportunities Fund	Accumulation Shares	£
Cazenove UK Smaller Companies Fund	Accumulation Shares	£
Cazenove UK Equity Income Fund	Income Shares	£
Cazenove European Fund	Accumulation Shares	£

### Global Funds

Cazenove Portfolio Fund	Accumulation Shares	£
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### Fixed Income Funds

Cazenove UK Corporate Bond Fund	Income Shares	£
Cazenove Strategic Bond Fund	Accumulation Shares	£
Cazenove Strategic Bond Fund	Income Shares	£

If you are purchasing income shares, please tick one of these boxes. I would like:  Income paid out to me  Income reinvested

## Income Payments *(for share holders of income shares only)*

If you purchase income shares you will be entitled to receive the income attributable to such shares at the relevant payment date.

Should you wish to receive the income payments, please supply the bank or building society details where income should be paid.

**If you do not complete these details your income will be automatically reinvested.**

Name of Bank/Building Society

Address of Branch

Postcode

Name of Account Holder(s)

Account Number

Sort Code

Building Society Roll Number *(if applicable)*

## Authorisation

This transfer form constitutes my request to Cazenove Investment Fund Management Limited ('CIFM') to accept the transfer of the ISA account and to act as my ISA Manager, subject to acceptance of my application. I authorise CIFM: to hold my cash subscription, ISA investments, interest dividends and any other rights or proceeds in respect of those investments and any cash; to make on my behalf any claims to relief from tax in respect of ISA investments; and on my written request to transfer or pay to me, as the case may be, ISA investments, interest, dividend rights or other proceeds in respect of such investments or any cash.

I have read and agree to be bound by the CIFM ISA Terms and Conditions from time to time in force and give the warranties contained therein. I have read and understood the Simplified Prospectus for B Class Shares. I declare that this application has been completed to the best of my knowledge and belief at the date of signature and will promptly inform CIFM of any changes to information herein.

Signature

Date

## PLEASE ENSURE THAT YOU SIGN BOTH AUTHORISATIONS

PLEASE DO NOT DETACH

Notification to existing ISA Plan Manager of intention to transfer an ISA to the CIFM ISA.

PLEASE COMPLETE THIS FORM AND RETURN IT TO:

**Cazenove Investment Fund Management Limited, PO Box 21072, London, E14 9GU.**

### Current ISA Manager *(Please use BLOCK CAPITALS)*

Account Manager Name

Address

Postcode

Account Number

### Personal Details *(Please use BLOCK CAPITALS)*

Title (Mr/Mrs/Miss/Other)

Surname

Forename(s)

Permanent Residential Address

Postcode

Daytime Telephone Number *(Will only be used in case of queries)*

Date of Birth

Please enter your National Insurance Number *(or the crossed declaration)*

*This can be found on: P60, tax return, notice of coding or pension book.*

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If you have never been issued with a National Insurance Number please tick here

If you are the spouse of, or in a civil partnership with, a Crown employee please tick here

Professional Financial Adviser Details (if applicable)

Company Name \_\_\_\_\_  
 Consultant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Email \_\_\_\_\_  
 Cazenove Agency Code (if known)

Completed Forms

Once completed, this form should be returned in whole to your Independent Financial Adviser or direct to:  
**Cazenove Investment Fund Management Limited, PO Box 21072, London E14 9GU**

Enquiries

Should you have any questions about completing this application form please contact your Independent Financial Adviser or our client services line below.

**Client Services Team 020 7155 5566.** Telephone calls may be recorded for your protection.

**Cazenove Investment Fund Management Limited**  
12 Moorgate London EC2R 6DA  
Telephone +44 (0)20 7155 5600 www.cazenovecapital.com

Registered Office 12 Moorgate London EC2R 6DA. Registered in England No 2134680.  
Cazenove Investment Fund Management Limited is authorised and regulated by the Financial Services Authority and is a member of IMA

**PLEASE ENSURE THAT YOU SIGN BOTH AUTHORISATIONS**

PLEASE DO NOT DETACH

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Details of Account(s) to be Transferred

Please tick each box as appropriate.

Transfer all ISA holdings in full

**or**

Transfer current year in its entirety

Transfer previous year(s) in their entirety; (enter tax year(s))

Transfer part of previous year(s); (enter tax year)

Enter fund(s)

Enter amount £

Information for the current ISA manager

Cheques should be made payable to Cazenove Investment Fund Management Limited (CIFM). Please forward this form together with the cheque, as soon as possible to: **Cazenove Investment Fund Management Limited, PO Box 21072, London E14 9GU.**

Authorisation for the current ISA manager

I hereby instruct you, as my current ISA Plan Manager, as detailed above, to liquidate any assets in my ISA and to transfer the proceeds to CIFM and to provide CIFM with any information it may request from you relating to my ISA. It is understood that you will be responsible for the collection of outstanding distributions unless alternative arrangements are agreed with you by CIFM. (NB. Deductions may be incurred relating to outstanding liabilities or charges according to the Terms and Conditions of the existing ISA.)

<b>Signature</b>	<b>Date</b>
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