

Use this form to transfer a Junior ISA or Child Trust Fund from another provider.

PLEASE USE BLOCK CAPITALS TO COMPLETE THIS FORM. ALL FIELDS WITH* ARE REQUIRED

User name _____ User no. | | | | |

Customer no. | | | | | | | | | | Account no. | | | | | | | | | |

Title*	Forename*	Middle name(s)	Surname*
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Address*

Postcode*

Date of birth* / / National Insurance number (if they have one)
or Child Trust Fund unique reference*

Title*	Forename*	Middle name(s)	Surname*
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Address*

Postcode*

Date of birth* | | | | |

Current Provider*

Current Provider's address*

Account Reference*

I wish to close the above Junior ISA or Child Trust Fund and transfer the closing balance (please tick) ☐

If the transfer from the CTF is not successful, any JISA or CTF that has been opened on a provisional basis to accept the transfer will be invalid, and any subscriptions to the provisional JISA or CTF will be returned. The CTF status will remain intact.

☐ **Close and transfer the full balance** - I authorise my provider to sell the investments held in the above Junior ISA

or Child Trust Fund and convert them to cash to transfer the closing balance (please tick)

If the transfer is not successful, any JISA or CTF that has been opened on a provisional basis to accept the transfer will be invalid, and any subscriptions will be returned.

Partially transfer a Junior ISA - you can choose to transfer part of the balance into a new Junior ISA (Cash) if your current provider allows partial transfers.

I authorise the partial sum of £ to be transferred (please tick) ☐

I authorise my existing provider to supply Suffolk Building Society with any information concerning the account and to accept any instructions from them in relation to the account being transferred. Where a period of notice is required for closure I give my consent to either:

Serve the full notice period before this instruction can be processed ☐ Maturity date (if applicable) | | | | | | | |

OR

Proceed immediately with the transfer and bearing any consequential penalty which may be applied

I declare that I am the registered contact on the above account

Signature _____ Date _____

Transfer Acceptance (to be completed by Suffolk Building Society)

I, on behalf of Suffolk Building Society, am willing to accept this investor's Junior ISA/Child Trust Fund

Signed on behalf of Suffolk Building Society Date | | | | | | | | | |

Please send the funds by cheque, payable to the account holder, and a Transfer History form to the Savings Team to the address below.