

Child Trust Fund Transfer in Form

Please complete this form in BLOCK CAPITALS using a ballpoint pen and return to FREEPOST (RLRZ-ZAZZ-GACY), PO Box 2067, Gloucester GL4 3YU.

Step 1 – Registered Contact Details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (please specify) <input type="text"/>
First Name	<input type="text"/>		Middle Name(s)	<input type="text"/>		
Surname	<input type="text"/>					
Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Date of Birth	<input type="text"/>	<input type="text"/>	Telephone Number (home) <input type="text"/>
Telephone	<input type="text"/>			House Number/Name	<input type="text"/>	
Address	<input type="text"/>					
	<input type="text"/>					Postcode <input type="text"/>
Your relationship to the child	Mother <input type="checkbox"/>	Father <input type="checkbox"/>	Grandparent <input type="checkbox"/>	Other (please specify) <input type="text"/>		
Email	<input type="text"/>					

Step 2 – Child's Details I apply to transfer a CTF for:

First Name	<input type="text"/>		Surname	<input type="text"/>		
Address	<input type="text"/>					
	<input type="text"/>					Postcode <input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child Trust Fund URN <input type="text"/>

Step 3 – Declaration Please turn over for Data Protection Act and Money Laundering information.

I declare that:

- I have parental responsibility for the child.
- I am 16 years of age or over.
- I am the registered contact for the Child Trust Fund (CTF).
- I agree to the CTF terms and conditions.
- I authorise The Children's Mutual to hold 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 also declare that I enter into an agreement with The Children's Mutual under which I authorise it, once the account is open, to:

- collect and accept (subject to the Regulations) future payments from me or any other person; and subject to my instructions from time to time
- invest such payments in the manner stated in this application form; and
- switch money between different sub-funds of any particular fund in which the account is invested;

and I understand that it may not offer cancellation rights in respect of any such action.

APPLICANT'S SIGNATURE

X

Date

Step 4 – Current Child Trust Fund Provider

Provider Name	<input type="text"/>					
Address	<input type="text"/>					
	<input type="text"/>					Postcode <input type="text"/>
Current CTF Acc No. or URN	<input type="text"/>					

Instruction
I hereby instruct the child's CTF manager to transfer the above CTF in cash to The Children's Mutual. I also authorise you to provide The Children's Mutual, FREEPOST (RLRZ-ZAZZ-GACY), PO Box 2067, Gloucester GL4 3YU, with any information concerning the above CTF and to accept from it any instruction relating to the CTF. This is subject to The Children's Mutual's acceptance of the transfer application.

Signature

Date

Step 5 – Investment Details

Account type (please mark below which type of Child Trust Fund you are applying for)

Baby Bond® Stakeholder Baby Bond® Choice Non-Stakeholder

Is this plan part of a new Children's Portfolio? Yes

Is this plan being added to an existing Children's Portfolio? Yes

(If yes, please complete The Children's Portfolio Add/Remove form)

Only to be completed by Financial Adviser (if relevant)

Agency Reference Number:

R 4 2 9 7

Commission Rebate¹ (tick one box only)

1% 2% 3%

¹This does not apply to the Insight Investment Foundation Growth Fund.

IFA stamp/details – to be completed by the IFA

Chelsea Fin Services Ltd
St. James' Hall
Moore Park Road
London
SW6 2JS

Step 6 – Investment Choice (for Baby Bond® Choice only)

If you have chosen the Baby Bond® Stakeholder account, all of the money will be invested in the Insight Investment Foundation Growth Fund. The minimum payment amount into this fund is £10. If you have chosen the Baby Bond® Choice Non-Stakeholder account please use the table below to show us how you'd like to split the value of your existing Child Trust Fund Account. Please refer to page 7 of the Baby Bond® and Baby Bond® Choice brochure for details on minimum payment amounts for each fund.

Name of fund	%
GARTMORE Cautious Managed Fund	<input type="text"/>
GARTMORE European Growth Fund	<input type="text"/>
GARTMORE US Growth Fund	<input type="text"/>
INSIGHT INVESTMENT Foundation Growth Fund	<input type="text"/>
INSIGHT INVESTMENT Evergreen Fund	<input type="text"/>
INVESCO PERPETUAL Income Fund	<input type="text"/>
INVESCO PERPETUAL UK Smaller Companies Equity Fund	<input type="text"/>
INVESCO PERPETUAL World Growth Portfolio	<input type="text"/>
UBS Medium Term Fixed Interest Fund	<input type="text"/>
UBS UK Select Fund	<input type="text"/>
UBS Global Allocation Fund (UK)	<input type="text"/>
Total amount to be invested	<input type="text"/>

Please note

Data Protection Act 1998 (the Act)

We will use the information on this form to process the application, and to administer the CTF account once it has been set up. This information will be available to members of the Tunbridge Wells Equitable Marketing Group and associate companies and agents, but will not be passed to any other party without your consent, unless we are required to do so by law or regulation. The data may also be shared with other financial services companies to help fraud prevention. We may also use it to provide you, or the child, with details of other products or services we can offer or promote. If you do not wish us to do this, please cross the box(es) below as appropriate.

Please do not provide details of other products/services to me to the child .

The Act confers rights of access to information we hold. Details are available on request.

If you would like to receive further product information offers from us by email please cross this box .

Money Laundering and Fraud Prevention

International regulations require that we sometimes check certain details about customers. To do this we may use an agency to carry out a search to verify a customer's identity. The details on the application form may be used by the agency to check against other databases (public or otherwise) that are available. The details may also be used in the future to help other organisations to verify the customer's identity and confidential records would be retained. By signing the application form as the registered contact, you give us authority to do this.

By signing the declaration you agree that information about the current and projected value of the CTF account may be included in any summary information or progress check relating to The Children's Portfolio. I consent to the issue of such information to the person named for this purpose on The Children's Portfolio application form (whose identity I confirm I have been informed of), or to any subsequent person as agreed by all owners (or, in the case of a child owner, agreed by their parent or guardian) of plans forming part of that portfolio. I also agree that any changes to the target date, target amount, child or portfolio name may be effected on the sole authority of the person named for this purpose on The Children's Portfolio application form, or by any subsequent person as agreed by all owners (or in the case of a child owner, agreed by their parent or guardian) of plans forming part of that portfolio.

PLEASE LEAVE THIS AREA BLANK