

Application Form 2024/25

Transfer of Child Trust Fund to Junior ISA

Once you have decided to transfer your child's Child Trust Fund to a Healthy Investment Junior ISA please complete this application form and return it to us or your financial adviser. If you have any questions about completing this form please telephone us on 0161 762 5790 or speak to your financial adviser.

PLEASE USE BLOCK CAPITALS TO COMPLETE THE FORM

THIS FORM IS DOUBLE SIDED, PLEASE SIGN THE DECLARATION ON THE REVERSE

YOUR DETAILS the registered contact.

Only the registered contact can apply to transfer a CTF to a Junior ISA unless the child is 16 or over when they can transfer it themselves. Once opened contributions can be made by anyone.

Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Address:
Forename(s):	
Surname:	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode:
Telephone number:	Email address:

THE CHILD OR YOUNG PERSON'S DETAILS

Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Address:
Forename(s):	
Surname:	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode:

If a National Insurance number has been issued to the young person, you must state the number. If not leave blank.

THE INVESTMENT HMRC limit the amount you can invest in a Junior ISA each tax year. From 6 April 2024 the Junior ISA limit is £9,000.

I apply to Healthy Investment to transfer my existing CTF _____ (Unique Ref No.) with _____ (company) to a Healthy Investment stocks and shares Junior ISA.

In addition to the transfer I wish to make the following investment.

<input type="checkbox"/> Initial single investment Minimum £500	£ <input type="text"/>	Amount of cheque and/or	<input type="checkbox"/> Regular monthly investment Minimum £10	£ <input type="text"/>	Please complete the Direct Debit mandate attached
	£ <input type="text"/>	Initial adviser remuneration to be taken prior to the investment			
	£ <input type="text"/>	Initial investment			

The child will be the beneficial owner of the investments held in the Junior ISA.

GENERAL DATA PROTECTION REGULATION

The General Data Protection Regulation (GDPR) requires us to provide you with a Privacy Notice. You can obtain a copy from our website at www.healthyinvestment.co.uk/privacy-notices or you can request a copy to be sent by post by telephoning the office on 0161 762 5790.

The information you provide us with will be held by Healthy Investment. It will be used for setting up and administering your policy. Some information from credit reference agencies may be used to establish your identity in accordance with anti-money laundering rules. We may be required by law to disclose information regarding you or your policy to the regulatory authorities.

As you have arranged this policy through your financial adviser, we will continue to share information with them to enable them to give you advice, until you tell us otherwise. If you have provided your email address, Healthy Investment will send you information regarding this investment and the governance of the Society by email. If you do not want to receive this information by email then please let us know.

You can stop receiving these emails at any time by clicking the unsubscribe link at the bottom of the emails we send or by contacting the office. We will only send you occasional emails and we will not share your data with any other companies to market their products to you. We may record your telephone calls with us for training and compliance purposes.

Healthy Investment

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society	Service User Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address:	Reference Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postcode:	Please pay Healthy Investment Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Healthy Investment and if so, details will be passed electronically to my Bank/Building Society.
Name(s) of Account Holder(s):	SIGNATURE: X
Branch Sort Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bank/Building Society Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Banks and building societies may not accept Direct Debit instructions for some types of account

JUNIOR ISA DECLARATION

Please read the following statements carefully and only sign the declaration if you agree with them. If you have any questions regarding them please contact us.

I apply to transfer a Child Trust Fund for the child named overleaf.

I declare that:

I am over 16 years of age.

I have parental responsibility for the child / I am the child (delete as appropriate).

I am the registered contact for the Child Trust Fund.

The child is resident in the UK, or is a UK Crown servant, a dependant of a UK Crown servant or is married to/in a civil partnership with a UK Crown servant.

I am a UK resident for tax purposes (if you are not or at any time in the future you cease to be a UK resident for tax purposes you must notify us immediately).

I authorise Healthy Investment to hold the child's subscriptions, Junior ISA 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 Junior ISA investments.

I agree to the Healthy Investment Junior ISA Terms and Conditions and confirm that the personal details provided are true.

The following stakeholder CTF features might not be included in a Junior ISA

- Minimum subscriptions of £10 allowed
- Annual charge cap of 1.5%

If you are applying to transfer a stakeholder CTF by signing this declaration you are confirming that you understand this and wish to proceed.

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

HEALTHY INVESTMENT DECLARATION

I have been provided with a copy of the Key Information Document and Terms and Conditions and understand the importance of reading these as they contain the terms and conditions of the contract I am entering into with Healthy Investment.

I understand that this application and declaration and any additional information provided by me shall form the basis of the contract between myself and Healthy Investment and confirm that to the best of my knowledge all the information provided is accurate. I agree to advise Healthy Investment in writing of any changes to this information.

I understand that providing false information or failing to disclose a material fact, that is anything that an insurer would regard as likely to influence the assessment, underwriting or acceptance of this application, may result in Healthy Investment cancelling this policy or may affect the benefits payable under this policy. If you are in any doubt whether a fact is material, you should disclose it to us in writing.

A PARENT'S SIGNATURE FOR CHILDREN UNDER 16

X

THE CHILD'S SIGNATURE FOR CHILDREN 16 AND OVER

X

DATE

AGREED ADVISER REMUNERATION As a withdrawal from the investment

Please confirm the remuneration details which have been agreed with your financial adviser in respect of their fees, which will be deducted from your investment.

Initial fee £ and/or Regular fixed amount £ and/or Regular fund percentage % Frequency: Monthly Yearly

If your initial fee has been collected prior to the investment this should be left blank.

The above amounts in respect of the remuneration you have agreed with your financial adviser will be withdrawn from the investment and paid to the financial adviser until you notify us otherwise.

SIGNATURE

X

DATE

/ /

IFA SECTION For financial adviser use only

Name of adviser:

IFA Firm:

Advised Non-advised sale

Enclosed with this application: Cheque Direct Debit Mandate Money Laundering Verification

FOR OFFICE USE ONLY

Date received / / Compliance checked Money laundering checked Policy No: Member No:

Healthy Investment
2 The Old Court House, Tenterden Street, Bury, BL9 0AL.
Tel: 0161 762 5790 Fax: 0161 764 35 57
Email: enquiries@healthyinvestment.co.uk
www.healthyinvestment.co.uk

Healthy Investment is the trading name of The Rechabite Friendly Society Limited, an incorporated friendly society (register no. 218f). Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register no. 109994. ADV 11 01 03/24

A copy of the Guarantee will be sent to you with your letter giving you advanced notice of the first collection.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Healthy Investment will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Healthy Investment to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Healthy Investment or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Healthy Investment asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Healthy Investment

2 The Old Court House, Tenterden Street, Bury, BL9 0AL. Tel: 0161 762 5790 Fax: 0161 764 3557 Email: enquiries@healthyinvestment.co.uk www.healthyinvestment.co.uk
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