

APPENDIX 8A - ADDITIONAL PERMITTED SUBSCRIPTION (APS) TRANSFER DECLARATION

Investor Details:

Full name:

Date of birth:

National Insurance Number:

Details of the deceased:

Deceased's full name:

Permanent residential address of the deceased at their date of death:

Postcode:

Deceased's date of birth:

Deceased's National Insurance Number:

Deceased's date of death:

Deceased's ISA account number:

Aggregated value of APS allowances in respect of ISA's held by the deceased at their date of death (APS value): £

Notes to aggregation (if relevant)

I declare the information to be correct and confirm that the APS allowance transferred has not previously been subscribed to or transferred from or to another provider and that R. C. Brown Investment Management plc will not accept such subscriptions and will not transfer this APS allowance to another provider in the future.

Signed:

Date:

Head Office:

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