

# PHILIP J MILTON & COMPANY PLC

## ISA RE-REGISTRATION CLAIM FORM

Please complete and return this form to  
Philip J Milton & Company Plc, Choweree House, 21 Boutport Street, Barnstaple, Devon EX31 1RP.  
All sections should be completed

### Section One – Investor Details

If the Investor holds an existing Philip J Milton & Company Plc ISA, please quote the account number here:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Mr/Mrs/Miss/Other)

--

Forenames

--

Surname

--

Permanent Residential

--

Address

--

Do you have a Post Code?

Yes

No

**This information is mandatory**

Post Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

National Insurance Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DOB:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Section Two – Details of the Deceased

Existing Philip J Milton & Company Plc ISA number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Title (Mr/Mrs/Miss/Other)

--

Forenames

--

Surname

--

Last Permanent Residential

--

Address (not Care Home or

--

Do you have a Post Code?

Yes

No

**This information is mandatory**

Post Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

National Insurance Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DOB:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Section Three - APS Allowance Subscription Information

The investor wishes to subscribe

£
---

(the full value of the account is to be transferred unless noted) from their APS allowance in respect of the deceased and wishes to make the subscription to a **Stocks & Shares** ISA:

Model  
(Please  
Select)

A	B	C	D
---	---	---	---

**In cash, Or;**

Where the APS allowance has not been transferred, **in specie** (by the transfer of existing ISA investments that have remained with the ISA manager or his nominee) up to the full value of the Deceased's ISA at the time of transfer.

**Please be aware that once a subscription to an APS allowance has been made, any future subscriptions under that APS allowance MUST be made to this ISA manager and be accompanied by an APS Subscription Eligibility Declaration.**

**Not all ISA managers allow for multiple subscriptions to an APS allowance and where only a one-off APS allowance subscription is allowed any unused balance will be lost.**

*Authorised & Regulated by the Financial Conduct Authority*

Registered in England No 3233275

VAT Number 682.2544.28

**Section Four - APS Eligibility Declaration**

This section must be completed to confirm the Investor named on this application is eligible to make an Additional Permitted Subscription to an ISA in respect of the deceased named on this application.

**I, the Attorney for the Investor, declare that:**

- The Investor is the surviving spouse / civil partner of the deceased
- The Investor was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased’s death (they were not separated under a court order, under a deed of separation, or in circumstances where the marriage or civil partnership had broken down)
- the subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription)
- the subscription is being made
  - in the case of ‘in specie’ subscriptions, within 180 days of beneficial ownership passing to the Investor, and
  - in the case of cash subscriptions, within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate.
- The Investor is aged 18 years of age or over
- All subscriptions made, and to be made, belong to the Investor.

**I authorise Philip J Milton & Company PLC**

- to hold the Investor’s cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash **and**
- to make on the Investor’s behalf any claims to relief from tax in respect of ISA investments.

**I agree to the ISA terms and conditions.**

I declare that this APS application form has been completed to the best of my knowledge and belief.

Authorised Signatory on behalf of the Applicant

Date

**PRINT NAME:**

**CAPACITY:**

The personal information given on this form will be held by Philip J Milton & Company Plc within computer or manual systems and will assist in providing the service for which you have applied. The use of your personal information is covered by Philip J Milton & Company Plc's registration under the Data Protection Acts 1984 and/or 1998, as applicable. Under the terms of the Act you have the right, upon payment of the appropriate fee, to obtain a copy of the information held.