

Portal ISA/GIA/Bond

Top up form

Regular/single payments to an existing Portal product on a non-advised basis

Countrywide Assured plc ("Countrywide Assured") is the provider of the Portal referred to as "Portal" throughout this application form.

CASFS Ltd ("CASFS") is the ISA Manager and Administrator of the Portal and in this application, 'we', 'us' means CASFS.

Where we refer to Countrywide Assured in this document, this includes CASFS where appropriate.

Important notes:

- For the Portal **ISA** if a full tax year has passed since you last subscribed to your Portal **ISA** you will need to complete a full Portal **ISA** application form instead of this top up form.
- For the Portal **Bond** and **GIA**, this form should not be used to add additional money where the Portal product is held under a Trust.
- This form should not be used if you are looking to transfer an **ISA** with another manager to your Portal **ISA**.

Section 1. Personal details

Your existing account number

First or sole applicant

Title (Mr/Mrs/Miss/Ms/other)

Surname

Forename(s) (in full)

For GIA/Bond

First or sole applicant

Are you a US citizen, resident or passport holder?

Yes No

Are you a resident outside the UK for tax purposes?

Yes No

If yes to either of the above, please complete the following:

Country of tax residence

Tax identification number

Second applicant

Title (Mr/Mrs/Miss/Ms/other)

Surname

Forename(s) (in full)

Are you a US citizen, resident or passport holder?

Yes No

Are you a resident outside the UK for tax purposes?

Yes No

If yes to either of the above, please complete the following:

Country of tax residence

Tax identification number

Section 2. Payments and withdrawals

Note: For an ISA you must not exceed the annual **ISA** limit in any tax year. The **ISA** limit for the 2023/24 tax year is £20,000. The limit includes any amounts you pay to a cash **ISA**, a Lifetime **ISA** or an innovative finance **ISA** with another **ISA** manager. **Any subscriptions to an ISA must come from your own bank account.**

1) Lump sum top-up

£

Please make any cheques payable to 'CASFS Ltd Client Account' or for an electronic transfer please instruct your bank/building society to send the payment to:

Account Name: CASFS Ltd Client Account

Sort Code: 20-13-42

Account Number: 70514543

For Bank or Building Society cheques, please ask the Bank/Building Society to print your name on the cheque to confirm the source of funds.

2) New Regular Payment (or new total amount if increasing existing regular payment) **not available for Bond**

£

If increasing existing regular payment we will collect your revised payment on the same date and at the same frequency as your existing payment.

If new regular payment

Frequency of regular payments:

Monthly Quarterly Half-yearly Annually

Please select the date you would like your direct debit to collect on:

 (1st to 28th)

Please note that if no date is specified we will collect on the anniversary of the commencement date.

If you are topping up your **ISA**, regular subscriptions received up to and including the next 5th April will be applied to the **ISA** established for the current tax year. Subscriptions will continue to be collected for each subsequent tax year until we are advised otherwise.

For new regular payments please complete a Direct Debit Instruction form (these can be found on our website - www.countrywideassured.co.uk).

3) If you are taking regular withdrawals expressed as a percentage of your fund value, or using the income sweep option, under your existing Portal product please confirm you wish to take withdrawals in the same way from any increase in the fund value or income generated by the further payment you are making by ticking here

Section 3. Investment options

Section 3a: Payment information

Any new payments will be invested as per the investment choice on your existing Portal Product.

Section 3b: Source of funds

Please provide details of the bank/building society account used to make your investment. If your investment is being provided by a bank or building society transfer/cheque, please provide details of the personal account/other investment from which the money was drawn.

Name(s) of Account Holder(s)	<input type="text"/>		
	<input type="text"/>		
Sort code	<input type="text"/>	Account/roll number	<input type="text"/>
Bank/Building Society Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>

Section 3c: Source of investments

What is the source of wealth in relation to your investment? This section only applies to the applicants funding the investment. Tick all boxes which may apply:

	1st or Sole Applicant	2nd Applicant
Accumulated savings from employment	<input type="checkbox"/>	<input type="checkbox"/>
Retirement fund	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Sale of property/asset	<input type="checkbox"/>	<input type="checkbox"/>
Company sale	<input type="checkbox"/>	<input type="checkbox"/>
Sale/maturity of existing investments	<input type="checkbox"/>	<input type="checkbox"/>
Gift	<input type="checkbox"/>	<input type="checkbox"/>
Divorce settlement	<input type="checkbox"/>	<input type="checkbox"/>
Compensation payment	<input type="checkbox"/>	<input type="checkbox"/>
Lottery or betting win	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please specify further details on how the funds were accumulated.

If the investment amount is greater than £250,000 we may require further information. If source of investments is from a third party or originates overseas, please explain the circumstances:

Section 4. Ongoing adviser fees

Where you have previously agreed for an ongoing advice fee to be facilitated under your product and this fee is expressed as a percentage of your fund value, the fees we pay to your adviser will increase proportionately in line with the increase in your fund value resulting from the top up payment(s) you are agreeing to by completing this form.

Section 5a. Declaration

Your declaration to Countrywide Assured:

- I/we apply to pay the payments detailed in Section 2 of this application by way of a top-up to my/our existing **Portal Product**.

Your non-advised Portal Declaration

You have chosen to make an additional payment(s) into your Portal Product on a non-advised basis. This means:

- you have not asked for or received advice;
- it is your decision alone to proceed with the payment(s); and
- Countrywide Assured is not taking any responsibility for whether the transaction is suitable for you.
- I/we confirm that I/we have neither sought, nor have been given advice regarding the additional payment(s) into my/our existing Portal Product. I/we therefore understand that Countrywide Assured are not responsible for the decision to undertake this transaction.
- I/we confirm that I/we have read and retained or have access to the Key Features Document, Guide to Charges, the Terms & Conditions and this Declaration (together the "Terms") relating to my/our Portal Product and I/we have been given the opportunity to raise any questions I/we may have concerning their contents. I/we further acknowledge the Terms will apply to any additional payment(s) and my/our Portal Product.
- I/we acknowledge Countrywide Assured shall not be responsible for any losses, claims and expenses which may arise from additional payments made or in respect of my/our Portal Product except where this is due to their negligence or wilful default.
- I/we am aware that because Countrywide Assured have not provided me/ us with advice regarding this transaction, any rights to redress relating to the suitability of this transaction may be affected.
- I/we confirm that the additional payment will be invested in line with my/our existing Portal Product and that if I/we wish to alter my/our investment choice I/we will need to speak to my/our appointed Financial Adviser.
- I/we confirm that if I/we receive an ongoing service from my/our appointed Financial Adviser this additional payment(s) will form part of this ongoing service and the previously agreed ongoing fee will reflect any additional investment(s), unless I/we advise otherwise.
- I/we confirm that where I/we am making an additional payment to the Portal Onshore Bond and I/we currently pay a fixed ongoing adviser fee, this fee will not increase but may be reviewed when I/we meet with my/our appointed Financial Adviser.

When topping up a Portal ISA:

- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash **ISA**, a stocks and shares **ISA**, a Lifetime **ISA** and an innovative finance **ISA** in the same tax year;
- I have not subscribed and will not subscribe to another stocks and shares **ISA** in the same tax year that I subscribe to this stocks and shares **ISA**;
- All subscriptions made, and to be made, belong to me.

I/We confirm that:

- I/we understand taxation law can change and I that CASFS Ltd can provide no guarantee as to the taxation treatment of any product in the future and that future tax changes may be retrospective.
- I/we declare that this application form has been completed to the best of my/our knowledge and belief and where any answers are not filled in by me/us in my/our own writing I/we have read them and confirm that they are correct and I/we agree that this application shall form the basis of the contract.

Section 5b. Data protection

Countrywide Assured and CASFS take the security of your personal data very seriously and as data controllers we will only use your personal data in accordance with applicable data protection laws. Our Privacy Statement explains how we use your personal data and can be obtained via our website at: www.countrywideassured.co.uk, or by email at: enq@countrywide-assured.co.uk or by telephone on 03330 155 600, Monday to Friday between 9am and 5pm (excluding bank holidays).

By completing and submitting this form you acknowledge you have received and read the Privacy Statement

Signature of first/sole applicant:

Date

Signature of second applicant:

Date

A copy of the completed application form is available on request.

An application and declaration may be signed by a person legally appointed or authorised to act on behalf of the applicant only if the applicant is: (please tick which is applicable)

incapable by reason of mental disorder of managing and administering his/her property or affairs; or

suffering from a physical disability, illness or old age by reason of which he/she has difficulty executing documents in respect of the management and administration of his/her property and affairs.

Where you are signing this form in the capacity of the applicant's Attorney we will require either the original Power of Attorney, or a certified true copy, if this has not been previously given to us.

The person signing declares that, to the best of his/her knowledge and belief, all the information provided in Section 1 is accurate and complete, all other information given and statements made in the application are correct and complete, and all of the declarations made in the application are correct, whether in my/our hand writing or not, and undertakes the obligations falling to the applicant. I/we understand that I/we may be required to provide further information relating to my/our status in completing this application. I/We confirm I/we are authorised to provide the information in this form, including personal data and sensitive personal data (such as health information), in respect of the applicant(s), and further confirm I/we have read the Privacy Statement which explains how personal data is processed.