

Elson transfer form



Please make sure you:

- Provide a recent statement for each company and/or platform you are transferring to us.
- Complete all missing fields in BLOCK CAPITALS using BLACK INK. PLEASE NOTE: Any applications received that are not completed correctly may incur delays or may have to be returned to you.
- Return this application form to: Elson Associates plc, 5 Queen Street, Kings Hill, West Malling, Kent, ME19 4DA

1. Personal Details and Legal Requirements

Title	Surname
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First Name(s) in Full	Client No.
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Address ("Care of" and PO Box are not acceptable. Only UK addresses are eligible)

House Number and/or Name, Street, City, County Details	Postcode
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Other Personal Details Required

Date of Birth DD / MM / YYYY	Gender Male / Female	Country of Birth
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Nationality <input type="checkbox"/> UK <input type="checkbox"/> Other (please specify)	Town of Birth if NOT Born in UK
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Email Address	Daytime Phone No.
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Crown Employee/Spouse of Crown Employee

If your address is outside of the UK and you are a Crown Employee or the spouse/civil partner of a Crown Employee please tick the box.

I confirm that I am not a US citizen, I am not resident in the US and do not have an obligation to pay tax to the US tax authorities on their worldwide income.

Tax Residency

UK Tax Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Tax Residencies	Tax I.D.
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N.I. Number	<input type="checkbox"/> Tick the box if you have never been issued with a National Insurance Number.
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Employment Details

<input type="checkbox"/> Employed/Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Full-Time Education	<input type="checkbox"/> Pensioner
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2. Do you wish to re-register your existing Aegon funds to Fidelity FundsNetwork?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Monthly Contributions?

Are you investing on a monthly basis in any of your selected funds? Yes No (if yes, please call us on 0800 096 1111)

4. Bank Account Details for Income Payments

Any bank account details given in this section will override existing bank details that Fidelity may hold for you.

- This section must be completed if any of the following are applicable and will be used for:
- Monthly contributions
 - Paying dividends
 - Any future redemption payments

Bank/Building Society Name

Bank/Building Society Address	Postcode
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Branch Sort Code	Bank/Building Society Account Number
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Building Society Roll Number (if applicable)
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Name(s) of Account Holder(s)

5. Declaration and Signature

I confirm that all the information provided on this form is correct and that I am happy for Elson Associates to begin the process of re-registering my selected funds as per the attached sheet. I understand that any incorrect or missing information may result in my re-registration being delayed and/or cancelled.

Signature	Date DD / MM / YYYY
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