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## Declaration and authority

I hereby authorise you to supply Wesleyan Assurance Society with any information regarding my Individual Savings Account(s) which they may require from time to time. I also authorise you to transfer my accounts to Wesleyan upon its instructions to proceed. I understand that where I am transferring subscriptions from the current tax year, I must transfer the whole of that year's subscriptions and I cannot transfer between components.

Signature ..... Date .....

## OFFICE USE ONLY

Public business <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Policy commences <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Non contact agency <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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A Money Laundering Certificate from CDS must be included with this application form	
Signed	RAT

### Storing and using your information

The Wesleyan Group will use the personal information you provide for servicing, marketing and regulatory purposes. We may also need to disclose this information to other service providers for these purposes.

By submitting this information to us, you consent to our processing sensitive personal information about you where this is necessary or appropriate. 'Sensitive' personal data may include, for example, information relating to medical health or criminal convictions, which we may use for assessment and servicing purposes.

We would like to contact you by telephone, post or e-mail, from time to time, about financial and other products and services offered by the Wesleyan Assurance Society and selected third parties whom we feel may be of interest to you. By not ticking the box you are providing consent to be contacted. If you do not wish to be contacted, please tick the box .

### ISA authority and declaration

I hereby apply to transfer my current and/or previous tax year ISA subscriptions as indicated above to the Wesleyan With Profits ISA, subject to the Terms and Conditions.

I authorise Wesleyan Assurance Society:

- To hold my cash subscriptions and any other proceeds in respect of my ISA investments and any other cash
- To make on my behalf any claims to relief from tax in respect of ISA investments

I declare that:

- I am 18 years of age or over
- I am currently a UK resident
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a cash ISA and a stocks and shares ISA in the same tax year
- I understand that various terms and conditions, upon which Wesleyan Assurance Society will rely, apply to the contract for which I am applying. I also understand that for my benefit and protection I should read these carefully, and that I have been able to request a copy of the terms and conditions, before making this application.
- I understand that a separate With Profits policy will be issued for each tax year

**I declare that the information given in this Application Form is true and correct to the best of my knowledge and belief, and I will inform Wesleyan Assurance Society without any delay of any changes in circumstances affecting any of the information given on this form.**

Signature..... Date.....

A copy of the policy terms and conditions are available on request.

**Wesleyan Assurance Society**

Wesleyan Assurance Society is authorised and regulated by the Financial Services Authority. Incorporated by Private Act of Parliament (No. ZC145).  
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Telephone calls may be recorded for monitoring and training purposes.