



If you have any questions, please call our Customer Services Team on

01382 573737

Calls may be recorded for training and monitoring purposes. Lines are open 8am – 5pm Monday to Friday.



Investment Dealing Account

Transfer In Request Form for Advised Clients

Section A – Instructions to Alliance Trust Savings

Please complete both Sections A and B and return to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP. This form should be used if you have a Financial Adviser and you wish to transfer investments into an existing Alliance Trust Savings Investment Dealing Account. If you do not already have an IDA with us, you will need to open one. Your Financial Adviser can do this for you online at www.alliancetrustsavings.co.uk/adviser, or by completing an Application Form. Before completing this form it is important that you read the *IDA Guide*, *Charges Guide* and the *Terms and Conditions* document. These documents can be requested from your Financial Adviser. Please note dealing by post will incur a higher charge than online. If you require any assistance in completing this form, you should speak with your Financial Adviser

1. Transfer details

If you are already an Alliance Trust Savings Investment Dealing Account customer please provide your eight digit Account Reference Number.
Account Reference Number: | | | | | | | |

Please accept the transfer of the following Investment Dealing Account to be held in an Alliance Trust Savings Investment Dealing Account.
Name of the Investment Dealing Account manager of the IDA you are transferring to Alliance Trust Savings: _____

2. Investment instructions

When we receive your cash we will hold it in your Account as cash. Your Financial Adviser can then make your investment instructions online. If you require online access you can request this form from your Financial Adviser. By investing online, our lower online dealing charges will apply. Please consult the *Charges Guide for Advised Clients* for details on the rates relevant to your product. This is available from your Financial Adviser. Please note if you fail to pay charges related to your Account we will reserve the right to disinvest any assets in order to pay any outstanding charges. We offer a wide range of investments, your Adviser can provide you with a list of the investments we offer.

3. Fund conversion – applicable to holders of retail share class funds only

Alliance Trust Savings will automatically convert retail share classes to new clean share class equivalents. A small proportion of funds do not have a clean share class equivalent. In this instance you will remain within the retail share class.

4. Account holder declaration and signature

- Please accept the transfer of the investments listed on this form. I/we agree to pay the relevant charges.
- I confirm that this form relates to a proposed transfer to my Alliance Trust Savings Investment Dealing Account.
 - I authorise and instruct you to transfer and hold sums and assets from the plan(s) as listed in Section B directly to Alliance Trust Savings and to provide any instructions and/or discharge required by any relevant third party to do so.
 - I authorise Alliance Trust Savings, the current provider/s and any financial intermediary named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Alliance Trust Savings.
 - I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Alliance Trust Savings and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application. This includes where I have been asked to provide any original policy document(s) in return for the transfer of funds and I am unable to do so.
 - I understand that any cash transferred will remain in the Deposit Account until such time as I ask you to arrange for it to be invested.
 - I undertake to ensure that sufficient cash is available in my Account to pay any instalment which may be due on investments transferred in as and when you require payment to be made.
 - To the best of my knowledge and belief all information given on this form is true, correct and complete.

Account holder Signature: **X**
Joint Account holder 1 signature: **X**
Joint Account holder 2 signature: **X**
Joint Account holder 3 signature: **X**

Date: | D | D | M | M | Y | Y |
Date: | D | D | M | M | Y | Y |
Date: | D | D | M | M | Y | Y |
Date: | D | D | M | M | Y | Y |

5. Investment Dealing Account statement

Please ensure you enclose a recent statement for the Investment Dealing Account you are transferring. Please tick to confirm you have enclosed a statement.

Please now complete Section B.

Alliance Trust Savings

PO Box 164, 8 West Marketgait, Dundee DD1 9YP

T +44 (0)1382 573737 F +44 (0)1382 321183 E contact@alliancetrustsavings.co.uk alliancetrustsavings.co.uk

Alliance Trust Savings Limited is registered in Scotland No. SC 98767, registered office, PO Box 164, 8 West Marketgait, Dundee DD1 9YP; is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, firm reference number 116115. Alliance Trust Savings Limited gives no financial or investment advice. 'Alliance Trust Savings', 'ATS' and 'AT Savings' are all brand names of Alliance Trust Savings Limited together with the 'Alliance Trust Savings' logo are owned by and used with the permission of Alliance Trust PLC, the previous owner of Alliance Trust Savings Limited.



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Investment Dealing Account

Transfer In Request Form for Advised Clients

Section B – Instructions to the manager of the Investment Dealing Account you are transferring

Section A has been retained by Alliance Trust Savings.

Please complete in block capitals and black ink and return to Alliance Trust Savings Limited, PO Box 164, 8 West Marketgait, Dundee DD1 9YP.

1. Personal details

Account number: _____	Title: _____
First names(s): _____	Permanent residential address: _____
Surname: _____	Postcode: _____
Daytime number: _____	Mobile number: _____
Account designation (if applicable) _____	Email address: _____

2. Ownership of investments

Are you the beneficial owner of the investments which are being transferred in? (Please tick) Yes No

If you answered no, the investments must be a gift into the Account and you must provide the following information about the donor and documentation relevant to them. The donor must also sign the declaration below.

Donor/Joint holder name: _____	Donor/Joint holder address: _____
Phone number: _____	Postcode: _____

3. Transfer of investments from another manager

Before you return this form to us, you (or the donor) must tell the other provider/fund manager that you are intending to transfer investments into your Investment Dealing Account with us. Please check the terms on which the investments will be released, particularly any charges involved.

We will contact the other provider/fund manager to arrange the transfer. Please provide the following information:

Name of other provider/fund manager: _____	Your Account number with the other provider/fund manager: _____
Address: _____	Phone number: _____
Postcode: _____	Contact name: _____

4. Transferring an Investment Dealing Account

Do you wish to transfer the full value of the Investment Dealing Account? If 'Yes', go to Section 4a [] If 'No', go to Section 4b []

4(a) Transfer my Investment Dealing Account in full

Indicate below how you wish to transfer your Investment Dealing Account to Alliance Trust Savings.

Cash only [] Investments or a mix of Investments and Cash []

Confirm in declaration in Section 5 that you are authorising your provider to sell your Investments to Cash prior to transfer, please note that your provider might apply a charge for the sales.

Complete the Investment details in Section 4c.

4(b) Transfer only part of my Investment Dealing Account

Amount to be transferred (This is the approximate value and will depend on share prices at the time of sale): £

Indicate below how you wish to transfer your Investment Dealing Account amount to Alliance Trust Savings.

Cash only [] Investments or a mix of Investments and Cash []

Confirm in declaration in Section 5 that you are authorising your provider to sell your Investments to Cash prior to transfer, please note that your provider might apply a charge for the sales.

Complete the Investment details in Section 4c.

4(c) Investments to be transferred in-specie or sold to cash

Investments to be transferred

Table with 4 columns: Investment name, ISIN/TIDM (if known), Transfer in-specie, Sell and transfer as cash. Multiple empty rows for data entry.

4. Transferring an Investment Dealing Account (continued)

To be completed by Alliance Trust Savings

Investments not available on Alliance Trust Savings platform.

5. Account holder declaration and signature

- I authorise you to make such arrangements as are required to transfer the investments in my Account to Alliance Trust Savings.
- I promise to accept responsibility in respect of any claims, losses and expenses that you may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
- I undertake to ensure that sufficient cash is available in my Account to pay any instalment which may be due on investments transferred as and when you require payment to be made.
- I authorise you to confirm to Alliance Trust Savings that you have received these instructions and are processing them.
- I authorise you to supply Alliance Trust Savings with any information they require about my Account and comply with instructions given to you by Alliance Trust Savings regarding this transfer.
- I confirm that any investments which are not held on the Alliance Trust Savings' platform can be sold and transferred as cash.

Signature: 

Date: | D | D | M | M | Y | Y |

Any joint holders on the account you are transferring from must insert their details in Section 6.

6. Joint holders sign and date

Joint holder 1

Signature: **X**

Full name: _____

Date: | D | D | M | M | Y | Y |

Joint holder 2

Signature: **X**

Full name: _____

Date: | D | D | M | M | Y | Y |

Joint holder 3

Signature: **X**

Full name: _____

Date: | D | D | M | M | Y | Y |

7. Checklist

Please enclose the following:

Most recent valuation/statement

Investment Dealing Account Application Form
(if you are not already an Account holder)

Alliance Trust Savings

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