

Baby Bond® Child Trust Fund Transfer-in Form

Please complete this form in BLOCK CAPITALS using a ballpoint pen and return to Freeport RLRZ-ZAZZ-GACY, PO Box 2067, Gloucester GL4 3YU.

110010

LCW5543

Step 1 – Registered Contact's Details

Title Mr Mrs Miss Ms Dr Other (please specify)

First Name Middle Name(s)

Surname

Gender M F Date of Birth Telephone Number (home)

Telephone Number (work) House Number/Name

Address

Postcode

Your relationship to the child Mother Father Grandparent Other (please specify)

Email

Only provide your email address if you are happy to receive email communications from The Children's Mutual and Lloyds TSB.

Step 2 – Child's Details I apply to transfer a CTF for:

First Name Surname

Address

Postcode

Date of Birth Child Trust Fund URN

Step 3 – Declaration

I declare that:

- I have parental responsibility for the child.
- I am 16 years of age or over.
- I am the Registered Contact for the Child Trust Fund (CTF).
- I agree to the CTF terms and conditions.
- I authorise The Children's Mutual to hold HM Revenue & Customs contributions, subscriptions, CTF investments, interest dividends and any other rights or proceeds in respect of those investments and cash, and to make on the child's behalf any claims to relief from tax in respect of CTF investments.

I also declare that I enter into an agreement with The Children's Mutual authorising it, once the account is open, to:

- collect and accept payments into the account from me or any other person; and subject to my instructions from time to time
- invest such payments as stated in this form; and
- switch money between different sub-funds of any fund in which the account is invested; and I understand that it may not offer cancellation rights in response of any such action.

For contractual purposes The Children's Mutual means Tunbridge Wells Equitable Investments Company Limited.

Applicant's signature

Date

Data Protection Act 1998 (the Act)

The information on this form will be used to process your payments to the CTF account and for marketing analysis purposes. This information will be available to members of the Tunbridge Wells Equitable Group, members of the Lloyds TSB group, and their respective associates and agents and (for marketing purposes only) selected third parties, but will not be passed to any other party without your consent, unless we are required to do so by law or regulation. It may also be shared with other financial services companies to help fraud prevention. The data may be used to provide you with details of other products or services. If you do not wish to receive these, please cross the box below. We will not keep your details after the CTF account ends or is transferred to another CTF manager. The Act confers rights of access to information we hold. Details are available on request.

Please do not provide details of other products/services to me .

Money Laundering and Fraud Prevention

International regulations require that we sometimes check certain details about customers. To do this we may use an agency to carry out a search to verify a customer's identity. These details may be used by the agency to check against other databases (public or otherwise) that are available. The details may also be used in the future to help other organisations to verify the customer's identity and confidential records would be retained. By signing this form, you give us authority to do this.

The Children's Mutual is a trading name of The Tunbridge Wells Equitable Group. Members of the group are authorised and regulated by the Financial Services Authority.

Step 4 – Current Child Trust Fund Provider

Provider name

Address

Postcode

Current CTF Acc No. or URN

Instruction
I hereby instruct the child's CTF manager to transfer the above CTF in cash to The Children's Mutual. I also authorise you to provide The Children's Mutual, FREEPOST RLRZ-ZAZZ-GACY, PO Box 2067, GLOUCESTER GL4 3YU, with any information concerning the above CTF and to accept from it any instruction relating to the CTF. This is subject to The Children's Mutual's acceptance of the transfer application.

Signature Date