

# Change of Registered Contact

## CT Child Trust Fund (CTF)

Please use this form if you would like to:

- Change the Registered Contact for a CT CTF to another person.

To become the Registered Contact, you must have parental responsibility for the child; you may be the child's natural parent, have legally adopted the child, or have been granted legal authority by the courts. The child can also take over the running of their CTF at age 16.

Please email our Investor Services Team at [investor.enquiries@columbiathreadneedle.com](mailto:investor.enquiries@columbiathreadneedle.com) or call 0345 600 3030 if you have any queries.

Please ensure you supply all information requested below. Without the full information your account may be restricted – all fields marked with an \* are required.

Please complete this form in block capitals and black ink.

Please return the form to:

Columbia Threadneedle Management Limited  
PO Box 11114  
Chelmsford  
CM99 2DG

22DLU/1  
07/22

### Part 1 Child's details

Master	Miss	Child's first name(s) in full	Child's surname
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Child's home address (including postcode)			Account number <input type="text"/>
<input type="text"/>			Country <input type="text"/>
Postcode			
Date of birth	<input type="text"/>	Nationality	<input type="text"/>
National Insurance Number if the child is over 16 years of age <input type="text"/>			

### Part 2 Personal details (current Registered Contact)

Title (Mr/Mrs/Miss/Ms/Other)*	First name(s) in full*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent residential address (including postcode)*		
<input type="text"/>		
Postcode		
Country		
<input type="text"/>		
Telephone	Email address	Nationality*
<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number*	<input type="text"/>	Date of birth* <input type="text"/>

I wish to relinquish my position as Registered Contact for the above child and pass the responsibility to the new Registered Contact as detailed below.

Signature

Date

### Part 3 Personal details (new Registered Contact)

Please ensure you supply all information requested below. Without the full information your account may be restricted - all fields marked with an \* are required.

Title (Mr/Mrs/Miss/Ms/Other)*	First name(s) in full*	Surname*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent residential address (including postcode)*		
<input type="text"/>		
		Postcode
Country	Date of birth*	Nationality*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to child	<input type="text"/>	National Insurance number*
<input type="text"/>		<input type="text"/>
Telephone	Email address	
<input type="text"/>	<input type="text"/>	

Providing your telephone number will help us contact you quickly if there are any queries with this form.

#### Data Protection

All personal information submitted with this application form will be treated in accordance with Columbia Threadneedle Management Limited's Privacy Policy, which is available at: [ctinvest.co.uk/privacy](https://ctinvest.co.uk/privacy). This privacy policy includes full details about the type of information we collect, what we use this information for, and your related rights.

In addition, the Key Features and Terms & Conditions document for the selected account contains a summary of the key information about how we process your personal information. Should you have any questions regarding how we process your personal information key contact information can be found both in the Privacy Policy and the Terms & Conditions document.

#### Marketing

We would like to provide you with details of financial services and products that we offer which we think you might find interesting. **If you would NOT like to receive such information, please tick this box** . If at any time you change your mind, please let us know by emailing us at [preferences@columbiathreadneedle.com](mailto:preferences@columbiathreadneedle.com).

### Part 4 Declaration and signature

I declare that:

- I understand and accept that this change in Registered Contact is made on the basis of and subject to the current CT Child Trust Fund Terms & Conditions.
- I am 16 years of age or over.
- I have full parental responsibility for the child indicated in Part 1.
- I agree to be the Registered Contact for the CT Child Trust Fund.
- I confirm I have read the Key Features of the CT Child Trust Fund and in the case of an application for a Stakeholder CTF account I have seen the current Key Investor Information Document (KIID) for the Shares of the CT FTSE All-Share Tracker Fund (Share Class 2 Accumulation).
- I authorise Columbia Threadneedle Management Limited to hold the child's 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 confirm that I have read and understood the Pre-Sales Cost & Charges Disclosure for the selected savings plan and investment(s).
- All existing Direct Debit arrangements will remain unless you are notified otherwise.
- The information given in this application is correct.

To be signed by person named in Part 3

Date



#### Columbia Threadneedle Management Limited

0345 600 3030, 9am - 5pm, weekdays, calls may be recorded or monitored for training and quality purposes.