# Transfer form



## **CT Child Trust Fund (CT CTF)**

Please use this form if you would like to transfer a Child Trust Fund (CTF) you hold with another plan manager to the CT CTF. If your CTF has already matured, or is due to mature shortly, you should not complete this form but should complete a Columbia Threadneedle ISA Transfer form.

Please note, this form can only be completed by the Registered Contact.

Also, please note we are unable to accept any top-up payments to your CTF until your transfer is complete. We will send you confirmation once we have received the money from the previous CTF plan manager.

Before making your investments, please ensure that you have read the latest Key Information Documents (KIDs) or Key Investor Information Document (KIID) for your preferred investment(s), and the Pre-Sales Cost & Charges Disclosure for your savings plan and selected

investment(s). These documents can be found at ctinvest.co.uk/documents. Paper copies can be provided on request.

Please email our Investor Services Team at invest@columbiathreadneedle.com or call 0345 600 3030\* if you have any queries.

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

24DLU/1 04/24

Part 1 Child's details					
Child details					
Master Miss Child's first name(s) in full		Child's surname			
Child's home address		Child's date of birth			
		Nationality			
Postcode					
Child's unique reference number¹					
$^{\rm 1}$ The child's unique reference number was included in the original your existing plan manager.	Government CTF voucher and sl	nould also be found on the annual CTF statement from			
Part 2 Personal details (Registered Contact)					
Please ensure the existing Registered Contact completes this form birth, nationality and National Insurance number – all are required t		ted. Please ensure you supply your address, date of			
Title (Mr/Mrs/Miss/Ms/Other) First name(s) in full		Surname			
Permanent residential address		Date of birth			
Termanent residential address					
		Nationality			
Postcode					
Telephone*	National Insurance number				
Email address					

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

You should be able to find your National Insurance number on a payslip, form P45 or P60, a letter from HM Revenue & Customs, a letter from the DWP, or pension order book.

#### **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. 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.

Part 3 Investment details			
You can transfer to either a shares account or a stakeholder account.			
I wish to invest in a CT Child Trust Fund – shares account Go to	part 3a, 3c, then parts 4, 5 and part 6 if a	pplicable	
I wish to invest in a CT Child Trust Fund – stakeholder account G	o to part 3b, 3c, then parts 4, 5 and part 6	S if applicable	
Part 3a Shares account			
Please complete the percentage investment split ensuring that the overall total	l adds up to 100%.		
The minimum transfer value is £100.	hunnafau haa haan aanuulahad		
Please note we are unable to accept any additional subscriptions until the	transfer has been completed.		
Trust name	% Amount	SEDOL Code (for office use only)	
European Assets Trust (ordinary shares)	%	BHJVQ59	
CT UK Capital & Income Investment Trust (ordinary shares)	%	0346328	
Balanced Commercial Property Trust (ordinary shares)	%	B4ZPCJ0	
The Global Smaller Companies Trust (ordinary shares)	%	BKLXD97	
CT Global Managed Portfolio Trust (growth shares)	%	B2PP252	
CT Global Managed Portfolio Trust (income shares)	%	B2PP3J3	
CT Private Equity Trust (ordinary shares)	%	3073827	
F&C Investment Trust (ordinary shares)	%	0346607	
CT UK High Income Trust (ordinary shares)	%	B1N4G29	
CT UK High Income Trust (B shares)	%	B1N4H59	
TR Property Investment Trust (ordinary shares)	%	0906409	
Total a	mount 100 %		
Part 3b Stakeholder account			
Transfers into the stakeholder account will be invested in the CT FTSE	All-Share Tracker Fund. Please tick here to	confirm.	
Part 3c Annual management charge			
The annual management charge payable to Columbia Threadneedle Ma			
two equal instalments in April and October each year. This means that  If you would like to pay this charge by Direct Debit please tick the box I	·		
If you do not opt to pay the annual management charge via Direct Debit, the management charge will be paid out of any available cash in your account.			
If your account does not have enough available cash to cover the management charge.	agement charge, we may need to sell your	investments to cover the annual	

I would like to pay my management charge by Direct Debit (please complete Part 6).

#### Part 4 Declaration

- I declare that the information on this completed application form is correct to the best of my knowledge and belief.
- I confirm that I have read the Key Features of the CT CTF.
- I understand and accept that this transfer application is made on the basis of and subject to the current CT CTF Terms & Conditions.
- I am 16 years of age or over.
- I have full parental responsibility for the child or I am the child (aged 16 or over).
- I confirm that I am the Registered Contact with the existing plan manager and I will be the Registered Contact for this CTF.
- I authorise Columbia Threadneedle to hold the child's contribution, subscriptions, CTF investments, interest, dividends and any other rights or proceeds from His Majesty's Revenue & Customs (HMRC) in respect of those investments and cash and to make on behalf of the child any claims to relief from tax in respect of CTF investments.
- I confirm that I have read the latest Key Information Documents for the selected investment trust(s) and in the case of an application for a Stakeholder CTF account I have seen the current Key Investor Information Document for the CT FTSE All-Share Tracker Fund (Share Class 2 Accumulation).
- I have read and understood the Pre-Sales Cost & Charges Disclosure(s) for the savings plan and selected investment(s).

Signature								
			Date					
Part 5 Transfer details - ins	truction form							
Please complete the details of the CT	F plan manager you are transferring fr	om and sign the box	below.					
Name of existing plan manager (	company)	C	TF account numbe	r				
Existing plan manager's address								
			Postcode					
Child's name			_					
			Date of birth			<u> </u>		
Child's unique reference number	(from voucher)		$\neg$					
Child's address								
			Dootoodo					
			Postcode					
Registered contact								
Title (Mr/Mrs/Miss/Ms/Other)	First name(s) in full		Surname					
Registered contact's address								
			Postcode					
	nvestments within my plan immediate ss any amount you are entitled to kee ord, CM99 2DG.	•	_	-			_	
	lumbia Threadneedle Management Lim	nited with all such rel	evant information rel	ating to m	y account	as it n	nay rec	quire.
Signature								
			Date	1				

#### Part 6 Instruction to your bank/building society to pay your annual management charge by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Columbia Threadneedle Management Limited PO Box 11114

Chelmsford

CM99 2DG



Name(s) of account holder(s)	Service User Number					
	2 7 8 6 0 1					
	Reference number (for office use only)					
Bank/building society account number						
	Please pay Columbia Threadneedle Management Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the					
Branch sort code	Direct Debit Guarantee.					
	I understand that this instruction may remain with Columbia Threadneedle Management Limited and, if so, details will be passed electronically to my bank/building society.					
	Signature					
Address						
	Date					
Postcode						
Panks and Building Societies may not accent Direct Debit instructions for						

## To be detached and retained by the payer

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Columbia Threadneedle Management Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Columbia Threadneedle Management Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Columbia Threadneedle Management Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Columbia Threadneedle Management Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required.
   Please also notify us.



#### Columbia Threadneedle Management Limited

\* 0345 600 3030, 9.00am - 5.00pm, weekdays, calls may be recorded or monitored for training and quality purposes.