

## CT Child Trust Fund (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/](http://ctinvest.co.uk/) documents. Paper copies can be provided on request.

Please email our Investor Services Team at [invest@columbiathreadneedle.com](mailto:invest@columbiathreadneedle.com) or call 0800 136 420 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**

22DLU/1  
07/22

### Part 1 Child's details

#### Child 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		Child's date of birth	
<input type="text"/>		<input type="text"/>	
Postcode		Nationality	
<input type="text"/>		<input type="text"/>	
Child's unique reference number <sup>1</sup>			
<input type="text"/>			

<sup>1</sup> The child's unique reference number was included in the original Government CTF voucher and should also be found on the annual CTF statement from your existing plan manager.

### Part 2 Personal details (Registered Contact)

Please ensure the existing Registered Contact completes this form or your application will be rejected. Please ensure you supply your address, date of birth, Nationality and National Insurance number – all are required to open your plan.

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

I wish to invest in a CT Child Trust Fund – stakeholder account  Go to part 3b, 3c, then parts 4, 5 and part 6 if applicable

### Part 3a Shares account

Please complete the percentage investment split ensuring that the overall total adds up to 100%.

The minimum transfer value is £100.

Please note we are unable to accept any additional subscriptions until the transfer has been completed.

Trust name	SEDOL Code (for office use only)	% Amount
European Assets Trust (ordinary shares)	BHJVQ59	<input type="text"/> %
CT UK Capital & Income Investment Trust (ordinary shares)	0346328	<input type="text"/> %
Balanced Commercial Property Trust (ordinary shares)	B4ZPCJ0	<input type="text"/> %
The Global Smaller Companies Trust (ordinary shares)	BKLDX97	<input type="text"/> %
CT Global Managed Portfolio Trust (growth shares)	B2PP252	<input type="text"/> %
CT Global Managed Portfolio Trust (income shares)	B2PP3J3	<input type="text"/> %
CT Private Equity Trust (ordinary shares)	3073827	<input type="text"/> %
F&C Investment Trust (ordinary shares)	0346607	<input type="text"/> %
CT UK High Income Trust (ordinary shares)	B1N4G29	<input type="text"/> %
CT UK High Income Trust (B shares)	B1N4H59	<input type="text"/> %
CT UK High Income Trust (units)	B1N4H93	<input type="text"/> %
TR Property Investment Trust (ordinary shares)	0906409	<input type="text"/> %
<b>Total amount</b>		<input type="text"/> <b>100 %</b>

### 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 shares account annual management charge of £25+VAT is applied in two equal instalments in April and October each year and collected shortly thereafter.

If you are investing into the Stakeholder Account there is an annual management charge of 0.7% of the value of the account which is applied on 31 December each year and collected shortly thereafter. If you would like to pay this charge by Direct Debit please tick the box below and complete the Direct Debit Form in Part 6.

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

If you do not select this option or Part 6 is not completed your annual management charge will be paid out of any available cash on your account. If there is insufficient cash in the plan the outstanding management charge will be settled by the sale of shares.

## 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 Her 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

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## Part 5 Transfer details - instruction form

Please complete the details of the CTF plan manager you are transferring from and sign the box below.

Name of existing plan manager (company)

CTF account number

Existing plan manager's address

Postcode

Child's name

Date of birth

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Child's unique reference number (from voucher)

Child's address

Postcode

Registered contact

Title (Mr/Mrs/Miss/Ms/Other)

First name(s) in full

Surname

Registered contact's address

Postcode

- I hereby instruct you to sell any investments within my plan immediately and transfer the proceeds, together with any interest, dividends, rights and any other cash within my plan (less any amount you are entitled to keep under the terms of the account), to Columbia Threadneedle Management Limited, PO Box 11114, Chelmsford, CM99 2DG.
- I also authorise you to provide Columbia Threadneedle Management Limited with all such relevant information relating to my account as it may require.

Signature

Date

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