

# it's easy to transfer your child's Child Trust Fund

## follow these simple steps

- 1 **First, read everything carefully.** We want you to be sure that you're perfectly happy with your decision. Remember, you must be the responsible person for the child to transfer – this is usually the Child Benefit claimant.
- 2 **When you are ready to apply:**
  - print off, then complete the Application To Transfer In Form and return it free to **engage** Mutual Assurance, FREEPOST NEA 4568, Harrogate, HG2 7BR

### completing the Application To Transfer In Form

If you choose to transfer your child's CTF using The Application To Transfer In Form, please remember to:

- Complete your child's details in **section 1**.
- Complete your details in **section 2**, entering your address if it's different from the child's address.
- Select a payment method in **section 3** – To set up a regular Direct Debit or Standing Order payment or make a one off payment by cheque, Direct Credit or Standing Order into your child's account:
  - **paying by Direct Debit?** When you choose this method, we will approach the designated bank on a pre-determined day each month or year to ask for payment. The person paying the Direct Debit must first state the amount and then choose a collection date in section 3. They must then complete their bank details on the Direct Debit instruction, completing their address in the darker green section.
  - **paying by cheque?** Please make cheques payable to **engage** Mutual Assurance. Write the child's name and address on the back of the cheque and attach to the form.
- **paying by Direct Credit or Standing Order?** These payment methods involve instructing your bank to make a one-off or regular payment from your current account to your child's Child Trust Fund on a pre-determined day. If payments are to be made in this way simply tick the box in section 3 and we'll send you the appropriate form.
- Let us know your current provider and child's Unique Reference Number in **section 4**, completing the details if you have.
- Indicate whether you want to opt out of our Lifestyling investment approach in **section 5** – see Key Features for an explanation of the alternative.
- Sign and date the declaration in **section 6**.

### Direct Debit makes paying in easy

Simply read the Direct Debit Guarantee and then fill in the Direct Debit instruction on the form. By completing the Direct Debit instruction your bank or building society can make monthly payments for you, direct from your account. This means that you don't have to worry about forgetting to make payments if you are busy or on holiday and you can check your payments on your bank/building society statement.

#### Direct Debit Instruction

All account details required to complete the Direct Debit instruction can be found in your cheque book.

1. Fill in the name and address of your bank/building society branch
2. Fill in the Account Name/s as printed on your cheques
3. You will find your branch sort code in the top right corner of your cheques
4. Fill in your Account Number - this is usually printed on the right at the bottom of your cheques.
5. Sign and date the Direct Debit instruction
6. Account Holder's Address: it is important that the address and postcode of the account holder is entered here.

If you have any questions please call 0800 028 6244.

# Important



## Please read these Client and Initial Services Agreements

### Client Agreement

I agree to be bound by this Client Agreement, which is a legal agreement, and defines our respective rights and obligations.

### Your Rights

You will be treated fairly in all of your dealings with **engage**, including.

- The product and associated services will be clearly described, so that you can decide whether it meets your needs
- Being provided with clear and accurate information, during and after the point of sale
- Being provided with a product and associated services that perform to an acceptable standard and as we have led you to expect
- Our dealing effectively with your queries and any complaints.

### Your Obligations

- To complete the application to the best of your knowledge and inform **engage** in writing immediately of any changes in your circumstances
- To read the documentation that we will send to you, particularly the Key Features Document.

### Our Obligations

- We will treat you fairly in all of your dealings with **engage**
- Our products and services will be designed to meet the needs of identified customer groups and will be targeted accordingly
- We will provide you with clear information and keep you appropriately informed before, during and after the point of sale
- We will ensure that you are provided with a product that performs as we have led you to believe, and the associated service will be both of an acceptable standard and as we have led you to expect
- We will deal effectively with your queries and any complaints.

### Our Rights

- We will rely on the application being completed to the best of your knowledge and you informing us immediately of any changes in your circumstances
- We will rely on you having read and understood the documentation that we will send to you, particularly the Key Features Document.

### Initial Services Agreement

I declare that I enter into an agreement with **engage** Mutual Assurance authorising it, once the contract has started, to:

- Collect and accept payments into the policy/account from me or any other person;
- Invest payments in the way described in the Key Features Document;
- To the extent that the investment is linked to units/shares, to invest payments into the fund described in the Key Features Document.

# Child Trust Fund

## Application To Transfer In



Transferring to **engage** is easy. First read the Key Features, then complete all white areas (where appropriate) in black ink. You will need:

- 1 Your child's Unique Reference Number (URN), this can be found on the documentation from your existing provider
- 2 Direct Debit details (if you want to set-up a regular payment)

**Please note: The person who applies must be the responsible person for the child (usually the Child Benefit claimant).**

**\* mandatory fields**

### 1 - your child's details

*Title	<input type="text"/>	*Surname	<input type="text"/>	*Address	<input type="text"/>
*Forename(s)	<input type="text"/>				<input type="text"/>
*Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			Town	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		County	<input type="text"/>
*Child's URN	<input type="text"/>			*Postcode	<input type="text"/>
	e.g (NZ 12 37 45 X)			Country	<input type="text"/>

### 2 - your details

*Title	<input type="text"/>	*Surname	<input type="text"/>	*Address	<input type="text" value="if different from above"/>
*Forename(s)	<input type="text"/>				<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>			Town	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		County	<input type="text"/>
Daytime tel no.	<input type="text"/>			*Postcode	<input type="text"/>
Evening tel no.	<input type="text"/>			Country	<input type="text"/>
Completing your phone number will minimise delays if we have any queries.				E-mail	<input type="text"/>
No. of children in household under 16	<input type="text"/>			Relationship to named child	<input type="text"/>

### 3 - payment method

#### How would you like to pay

The options are:  Direct Debit Monthly  Direct Credit<sup>^</sup>  Standing Order<sup>^</sup>

Direct Debit Annually  Cheque

Please make payable to: 'engage Mutual Assurance' (please write the child's name and date of birth on the back of the cheque and attach to this form)

#### How much would you like to pay

Amount  £100  £50  £30  £20  £10  £ other

**For Direct Debit payment you will also need to complete the instruction form overleaf.**

If someone else wants to set up a regular payment into your child's account, please ask them to complete their details in the section overleaf, including their address.

Please also select a collection date:  1st of the month  15th of the month (Direct Debit payments only)

<sup>^</sup>If you or someone else would like to pay by Direct Credit or Standing Order we'll send you a form in the post. For Direct Debits: confirmation of when your first payment will be taken will be in your welcome pack.

### 4 - current provider information

Current CTF Provider	<input type="text"/>	Provider Address	<input type="text"/>
Type of CTF with old provider (stakeholder or non-stakeholder)	<input type="text"/>		<input type="text"/>
			<input type="text"/>
			<input type="text"/>
			<input type="text"/>
		Postcode	<input type="text"/>

# instruction to your bank or building society to pay by Direct Debit

Please complete and return to: **engage** Mutual Funds Limited, Hornbeam Park Avenue, Harrogate HG2 8XE.

Name and full postal address of your Bank or Building Society

The Manager  Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Branch Sort Code

Bank/Building Society

Account Number

Banks/Building Societies may not accept Direct Debit Instructions for some types of account.

Originator's Identification Number

4 1 8 4 3 2

Reference Number (for office use only)

Instruction to your Bank/Building Society

Please pay **engage** Mutual Funds Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with **engage** Mutual Funds Limited, and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)  Date

For **engage** official use only. This is not part of the instruction to your Bank or Building Society

Account Holder's Address

Postcode



## 5 - investment details

Our Lifestyling investment approach will automatically apply to your child's account. However, if you wish, you can choose to opt out by ticking this box

You should read the Key Features for an explanation of Lifestyling and the alternative.

## 6 - declaration

### I declare that

- I am 16 years of age or over
- I have parental responsibility for the child
- I will be the registered contact for the Child Trust Fund

### I authorise **engage Mutual Funds Limited**

- To hold the child's HM Revenue and Customs contributions, subscriptions, Child Trust Fund 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 Child Trust Fund investments.
- To undertake successive operations, on my behalf, and that this will include the collecting of payments and the investing of those payments into the Child Trust Fund.

**I declare that this application has been completed to the best of my knowledge. I confirm I have read the Key Features.**

**I agree to be bound by the Terms and Conditions relating to the Child Trust Fund and to inform **engage Mutual Funds Limited** in writing immediately of any change in my circumstances.**

Signed:

Date:

## 7 - permission to keep you informed

Information about you will be held by **engage** to provide the products and services for which you apply. We would also like to keep you informed of other products and services. Please tick the appropriate boxes if you DO NOT wish to be sent information about other **engage** products and services by: mail  phone

Please tick this box if you do not wish to have your details passed to other approved companies

In addition please tick this box if you DO wish to be sent information by e-mail and other forms of electronic communication   
You can change any of your choices by calling us on 0800 169 4321.

A copy of the completed application form is available on request

**engage** Mutual Assurance, Hornbeam Park Avenue, Harrogate, HG2 8XE tel: 01423 855000 fax: 01423 855181

**engage** Mutual Assurance is a trading name of **engage Mutual Funds Limited (eMFL)**, Registered in England No 3224780.

Authorised and regulated by the Financial Services Authority (FSA). eMFL's FSA Register number is 181487. You can check this on the FSA's Register by visiting the FSA's website [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by contacting the FSA on 0845 606 1234.

**engage** Mutual Investment Funds ICVC is an investment company with variable capital, Registered in England No. IC0044

## To transfer your child's Child Trust Fund:

- make sure you have read all the information carefully
- complete and return the form to **engage** Mutual Assurance, FREEPOST NEA 4568, Harrogate. HG2 7BR
- if you need help completing this form call us on 0800 028 6244

(please note all calls may be recorded for security and training purposes)