



Additional
Permitted
Subscription for ISA

WHAT IS INCLUDED IN THIS APPLICATION

1. Information about the Additional Permitted Subscription (APS)
2. Completing your APS application: *instructions on completing your application*
3. Valuation request: *complete if you would like to obtain your APS allowance figure*
4. Application form: *complete if you would like to apply to invest your APS with us*
5. Transfer instruction: *complete if you would like to transfer your APS allowance to Artemis from another provider*

INFORMATION ABOUT THE ADDITIONAL PERMITTED SUBSCRIPTION

What is an Additional Permitted Subscription?

If you were married or in a civil partnership and your spouse or civil partner died on or after 3 December 2014, you are entitled to an extra ISA allowance equal to the value of the ISA(s) held by your partner, even if you don't inherit the cash or assets in the ISA.

This allowance is called the Additional Permitted Subscription (APS) allowance and is in addition to your annual ISA allowance.

Your options

To use your APS ISA allowance you have three options, you can:

- retain the APS allowance with Artemis
- transfer the APS allowance from another ISA manager to Artemis
- transfer the APS allowance from Artemis to another ISA manager

To retain your APS allowance with Artemis or transfer the APS allowance from another ISA manager to Artemis, you need to complete one of the application forms below.

To transfer to another ISA manager, you will need to complete the new ISA manager's forms.

COMPLETING YOUR APS APPLICATION

Finding out what your APS allowance is

To find out how much your APS allowance is you can complete a valuation request form.

Investing your APS with Artemis

If you would like to invest your APS with Artemis, please complete the APS application form.

If you wish to fund the APS ISA by transferring existing investments from the late client's account, please send a letter of authority signed by all Executors confirming that they agree to this, together with a completed APS application form. Please note the transfer can only take place once all appropriate documentation has been received to allow the release of funds.

It is important that you:

- have carefully read this document
- understand the features of the investments you have chosen

- have chosen the fund(s) that is/are right for you
- have considered the risks involved
- understand the effect charges have on your investment

Please also carefully read the following separate documents:

- our Terms and Conditions
- the Key Investor Information Document(s) for each of your selected fund(s)
- the Fund Codes List to help you determine which share/unit class you can invest into

We recommend you retain copies for future reference.

Transferring your APS

If you would like to transfer your APS from another provider to Artemis, please complete the transfer authority form.

When we have received the completed APS allowance transfer form from you we will contact the deceased investor's ISA manager for the information we require. We will inform you when the amount of your APS allowance has been received. Once the transfer of the APS allowance is completed you can make a subscription by completing our APS application form and enclosing your cheque for the amount you are investing.

Whichever of the forms you complete, please note that you must sign the relevant declaration and authorisation(s). Please fill in your application form in block capitals.

For further information on the options, please refer to the terms and conditions at the end of this document. You should also consider getting independent financial advice before you make any investment.

If you need any help with understanding terms used in this document please refer to our glossary at artemisfunds.com/glossary.

Filling in your application form

1. Complete the relevant sections of the application form
2. Read and sign the declaration and authorisation
3. Send your application, with a cheque (if appropriate) made payable to Artemis Fund Managers Limited, to:
Artemis Fund Managers Limited
Sunderland
SR43 4BH

If you need help

- Phone us on 0800 092 2051, between 8am and 6pm Monday to Friday.
- Send an email to: artemisenquiries@ntrs.com (emails are not secure so please don't include private or financial information in your message)
- Write to us at:
Artemis Fund Managers Limited
Sunderland
SR43 4BH

If you want any document in another format (for example, in large print, in Braille or on CD), please contact us.

VALUATION REQUEST

This form is to be used to obtain your APS allowance figure. Please note that nothing will be transferred until the correct paperwork has been received,

Your details

Full name _____

Date of birth _____

Address _____

National insurance number _____

Existing Investor reference _____

Postcode _____

Details of deceased

Full name _____

Date of birth _____

Address at _____

National insurance number _____

date of
death _____

Date of death _____

Postcode _____

Date of marriage
or civil partnership _____

Please read this section carefully before you sign and date the declaration.

I declare that

- I am the surviving spouse/civil partner of the deceased
- I was living with the deceased within the meaning of section 1011 of the Income Tax Act 2007 at the date of the deceased's death
- I declare that this authority has been completed correctly and to the best of my knowledge and belief

Signature _____

Date _____

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APPLICATION FORM

Title (Mr, Mrs, Ms and so on) _____

Surname _____

First names _____

Address _____

Postcode _____

Details of deceased

Full name _____

Address at _____

date of _____

death _____

Postcode _____

Date of birth _____

Daytime phone number _____

Email address _____

If you already have an Artemis Fund Managers' ISA or unit trust, give your investor reference number _____

National insurance number _____

Are you using the services of an agent such as a financial adviser or broker to assist with this investment? Yes ☐ No ☐

Date of birth _____

National insurance number _____

Date of death _____

Date of marriage or civil partnership _____

Adviser details

To be completed by your financial adviser

If you are employing a financial adviser to assist you with your investments, he/she should complete this section.

Company name and address (use Agent stamp if available)

Agent code _____

Advice was given ☐

No Advice was given. The investment is made on an 'execution only' basis ☐

Your investment requirements

To help you populate this section of the form, you will need our Fund Codes List which you can get from our website at www.artemisfunds.com/literature (select publication type 'application forms') or through our Fund Service Centre on 0800 092 2051

You will need to:

- Specify the class of units of the fund(s) you wish to invest in.
 - The Artemis fund codes will help you find the correct code.
- Please note that Class R is no longer available to new investments.**

- Specify what you wish to invest in each fund/class in £

☐ I want to open an Artemis Fund Managers Limited Stocks and Shares Additional Permitted Subscription ISA.

Lump sum

Fund code	<input type="text"/>	£	<input type="text"/>
Fund code	<input type="text"/>	£	<input type="text"/>
Fund code	<input type="text"/>	£	<input type="text"/>
Fund code	<input type="text"/>	£	<input type="text"/>
Fund code	<input type="text"/>	£	<input type="text"/>
Total		£	<input type="text"/>

Income payment for distribution units

Only complete this section if you are investing in distribution units and wish to receive the income.

- Specify details of the bank or building society account you want us to pay any income into
- If you do not complete this section, your investment will buy accumulation units and you will not receive any income

If you are investing in the Artemis High Income Fund and you do not complete this section, any income your units earn will be reinvested.

Name of bank or building society

Address

Postcode

Name the account is held in

Branch sort code

Account number

Building society roll number (if applicable)

Bank details for redemption payments

Please complete this section if you would like us to record your bank details so that all future withdrawals are paid into this bank account without the need for you to provide the details each time. Please note that the details will automatically be used so if you change your bank account you will need to advise us. Written confirmation of the withdrawal may still be required, depending on how the withdrawal was placed.

Name of bank or building society

Address

Postcode

Name the account is held in

Branch sort code

Account number

Building society roll number (if applicable)

Declaration and authorisation

Please read this section carefully before you sign and date the declaration.
Make sure that the total amount you want to invest over the whole tax year is not more than the stocks and shares ISA limit.

Please read this section carefully before you sign and date the declaration, and make sure that the total amount you want to invest is not more than the APS ISA limit. We intend to rely upon our standard ISA terms and conditions. For your own benefit and protection you should read these terms carefully before signing this declaration. If you do not understand any point, please ask for more information.

- I wish to subscribe from my APS allowance in respect of the deceased and wish to make my subscription to a Stocks & Shares ISA as a cash lump sum as indicated in this application.
- I declare that; - all subscriptions made, and to be made, belong to me;
- I am 18 years of age or over;
- I was married to or in a civil partnership with the deceased at their date of death and have evidence to support this declaration that can be produced on request;
- I am the surviving spouse of the deceased;
- I was living with the deceased within the meaning of section 1011 of the income tax act 2007 at the date of the deceased's death (we were not separated under an order of a court or a deed of separation and were not separated in circumstances where the separation was likely to become permanent)
- The subscription is made under the provisions of regulation 5DDA of the ISA regulations (Additional Permitted Subscription)
- The subscription is being made within three years of the date of death, or if later, 180 days of the completion of the administration of the estate.

- I understand that once a subscription to an APS allowance has been made, any future subscriptions under that APS allowance MUST be made to this ISA manager and be accompanied by an APS Eligibility Declaration.
- I authorise you to hold my cash subscription, plan investment, interest, dividends and any other rights or funds relating to those investments and any other cash; make on my behalf any claims to tax relief on my investments; and, when I ask in writing, transfer or pay to me my investment, interest, dividends, rights or other funds relating to my investments or any cash.
- I understand that you accept no responsibility for any loss I suffer as a result of any delay in me giving you my application form. I confirm that I have read and kept a copy of the ISA terms and conditions.
- As far as I know, the information I have filled in on this application form is correct.
- I confirm that I have read the Key Investor Information Document for each fund I have invested in.
- I confirm that I am aware that you will use the Delivery versus Payment exemption from the requirement to treat client money as "client money" in accordance with the FCA Handbook of Rules and Guidance. In the event that you become insolvent or otherwise fail, I understand that there is a risk of loss or delay in the return of any money held by you that is not treated as "client money" as a result of your use of the Delivery versus Payment exemption, and that there is no guarantee that such money would be returned to me. I hereby consent to you making use of the Delivery versus Payment exemption, as more fully described in the relevant section of the Prospectus.

Signature _____

Date _____

IMPORTANT INFORMATION:

Please note we are only able to pay proceeds or distribution income to your account if we have fully verified your identity and payment details. In order to verify your bank details we will automatically run an electronic check and will require identification docs; either an original voided cheque or a Bank Statement not older than six months (either an original or a copy certified by an appropriate person - solicitor, accountant or your bank/building society manager. Internet based bank statements are not acceptable.) If this fails, we will contact you or your Finance Advisor by letter or phone to request further identification. We can only pay monies to the named account holder(s).

APS TRANSFER AUTHORITY FORM

This form is to be used to transfer your APS allowance from an external ISA provider to Artemis Fund Managers Limited. Please note that this will be the transfer of APS allowance information only and no funds will be transferred

Title (Mr, Mrs, Ms and so on) _____

Surname _____

First names _____

Address _____

Postcode _____

Date of birth _____

Daytime phone number _____

Email address _____

If you already have an Artemis Fund Managers' ISA or unit trust, give your investor reference number _____

National insurance number _____

Details of deceased

Full name _____

Address at date of death _____

Postcode _____

Date of birth _____

National insurance number _____

Date of death _____

Date of marriage or civil partnership _____

APS allowance transfer information

Please complete the following with details of the deceased's ISA

ISA manager's name _____

ISA manager's address _____

ISA account number _____

Please read this section carefully before you sign and date below.

I declare that:

- I am the surviving spouse/civil partner of the deceased
- I was living with the deceased within the meaning of section 1011 of the Income Tax Act 2007 at the date of the deceased's death
- I have not subscribed to and will not subscribe to the additional permitted subscription allowance with the existing ISA provider of the deceased in respect of the deceased names on this application
- I intend to make an additional permitted subscription application to Artemis Fund Managers Limited
- I understand that it is not possible to cancel the transfer of an APS allowance once the deceased's ISA manager has sent the APS allowance transfer declaration

- I declare that this authority has been completed correctly and to the best of my knowledge and belief

I authorise the existing ISA manager of the deceased, as specified in this authority, to provide Artemis Fund Managers Limited with any information, written or non-written, concerning the APS allowance and former ISA in respect of me (as the investor) and the deceased and to accept any instruction from them relating to the APS allowance being transferred.

Signature _____

Date _____

Artemis Fund Managers Limited

Cassini House, 57 St James's Street, London SW1A 1LD
6th floor, Exchange Plaza, 50 Lothian Road, Edinburgh EH3 9BY

Sales Support 0800 092 2051

Facsimile 020 7399 6498

Fund Service Centre 0800 092 2051

Facsimile 0207 643 3708

Website www.artemisfunds.com

