

**Child Trust Fund account (CTF)
Transfer to Gateway Credit Union**

April 2009



Applicants (Registered contact) Details:

Title _____ Forenames _____ Surname _____

Address _____

_____ Post Code _____

Current CTF account provider _____

I apply to transfer a Child Trust Fund account for:

Child's details

Title _____ Forenames _____ Surname _____

Address _____ Post Code _____

Date of birth _____ \ _____ \ _____

CTF Unique reference number _____

I declare that

- I am 16 years of age or over
- I have parental responsibility for the child named on the voucher who qualifies for membership of Gateway Credit Union
- I am the registered contact for the Child Trust Fund

I authorise Gateway Credit Union Limited

- to arrange the transfer of the Child Trust Fund account from the old provider,
- 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 behalf of the child any claims to relief from tax in respect of CTF investments.

I agree to the Child Trust Fund terms and conditions.

Signed _____ Date _____ \ _____ \ _____