Fund to ISA Switch Form 2025–26



(This form should be used if you wish to sell units in our funds and invest the proceeds in your MW ISA)

Before completing this form, please ensure that you have read our ISA Terms and Conditions which are contained in the Supplementary Information Document (SID) and the Key Investor Information Document (KIID) for the relevant McInroy & Wood Fund(s) (the Funds). Further information on the Funds can also be found in our Fact Sheets.

Completed forms should be sent to McInroy & Wood, Investor Administration, PO Box 401, Darlington DL1 9UW. We do not accept forms by email.

A - Personal	Details (please use BLOCK CAPITAL	_S)					
Title	First name(s)	Su	ırname				
Permanent r	esidential address						
					Postcode		
Daytime telephone number		Er	nail address				
Date of birth			National Insurance Number*				
D D M M Y Y Y							
	be able to find your National Insurar the DWP, or a pension order book.	nce Number on a pay	slip, form P45 or I	P60, a le	etter from HM Rev	enue and Customs	
McInroy & W	ood Portfolios Limited Account nun	nber (existing investo	ors only):				
Do you have	a McInroy & Wood 2025/26 ISA?	YES NO					
	nstructions e your fund choice(s) below and, if u that the sale of the units in the Fund						
Please SEL	L						
Fund		Class	Amount £	OR	Number of units		
MW Balanc	ed Fund	Acc				If selling entire	
		Inc					
MW Incom	e Fund	Acc				holdings please	
		Inc				enter "ALL"	
MW Smalle	r Companies Fund	Acc				under Number	
		Inc				of units	
MW Emerg	ing Markets Fund	Acc					
		Inc					
		Total					
Please BUY	':						
FUND		Class	Amount £	OR	Percentage %		
MW Balance	ed Fund ISA	Acc					
		Inc					
MW Incom	e Fund ISA	Acc					
		Inc					
MW Smaller Companies Fund ISA		Acc					
		Inc					
MW Emerging Markets Fund ISA		Acc					
		Inc					
		Total			100%		

If you have received advice from a financial advisor relating to this investment, please tick this box and ensure that your advisor

completes section D.

C – Income class units							
If you are switching to Income class from Accumulation class units, we will pay income to the bank details we have on file for you unless different details are provided below. Please note that we can only make payments to you.							
Account Name							
Pank or Building Copiety Name							
Bank or Building Society Name							
Durank							
Branch							
Sort Code Account Number							
Account Number							
I authorise McInroy & Wood Portfolios Limited:							
• to receive my cash subscription and to hold my ISA investments, dividends and any other rights or proceeds in respect of those investments							
to make on my behalf any claims to relief from tax in respect of ISA investments							
I declare that:							
all subscriptions made, and to be made, belong to me							
• I am 18 years of age or over							
 I have not subscribed, and will not subscribe, more than the overall subscription limit (2025/26: £20,000) in total to any combination of permitted ISAs in the same tax year 							
• I am resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings and Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform McInroy & Wood Portfolios Limited if I cease to be so resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties							
I understand that an electronic data source may be used in order to verify my identity for the purpose of complying with UK antimoney laundering legislation and further proof of identity may be requested							
• I have read and agree to the ISA Terms and Conditions within the Supplementary Information Document and Key Investor Information Documents) of the Fund(s) in which I wish to invest. I confirm I am familiar with the features of the Fund (s) as described in the Key Investor Information Document(s)							
• I acknowledge that it is my decision that this fund or these funds are suitable for me and confirm that I have received no advice from McInroy & Wood or any of their associates or representatives regarding the merits or suitability of investments to be held under this application							
I declare that this application form has been completed to the best of my knowledge and belief.							
(1) Signature Date							
D D M M Y Y Y Y							
(2) Signature Date							
Where units are being transferred from an existing joint holding, signatures of all registered unitholders are required.							

D – To be completed by financial advisors only	Tick one					
I/We confirm that the applicants are entitled to cancellation rights under the FCA Conduct of Business rules	box					
I/We confirm that the applicants are not entitled to cancellation rights under the FCA Conduct of Business rules						
I/We hereby indemnify McInroy & Wood Portfolios Ltd for any losses suffered should it be discovered that the						
applicant was entitled to cancellation rights and no cancellation notice was sent						
To be completed by the advisor if applicable						
Advisor's name						
Agency Code (if known)						
Advisor's Address						
Postcode						
FCA Registration No.:						
Advised Deal (yes/no):						
Signature Date						
D D M M Y Y Y						

