

JUMP CHILD TRUST FUND (CTF) & JUMP JUNIOR ISA (JISA)

CHANGE OF REGISTERED CONTACT FORM

Mandatory fields marked with*

Please use this form if you would like to: **Change the Registered Contact to another person.**

To become the Registered Contact, you must have parental responsibility for the child; you may be the child's natural parent, have legally adopted the child, or have been granted legal authority by the courts.

Please complete this form in **block capitals and black ink**. Please return the form to: **Jump, PO Box 10828, Chelmsford CM99 2BN**

1. Your Jump account details

Your Jump product: Jump Junior ISA Jump Child Trust Fund

Your Jump account number*

2. Child's Details - please complete details below*

Child's title (if any)

Child's first name*

Child's surname*

Child's date of birth* - -

Child's home address* House number or name*

Address details*

Postcode*

3. Personal details (current registered contact)

Your title* Mr Mrs Miss Ms Other title

Your first name*

Your surname*

Email address

Your permanent home address* House number or name*

Address details*

Postcode* Daytime telephone number

I wish to relinquish my position as Registered Contact for the above child and pass the responsibility to the new Registered Contact as detailed in section 4.

Signature* Date* - -

4. Personal details (new registered contact)

Your title*	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other title	<input type="text"/>
Your first name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your surname*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your permanent home address* House number or name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address details*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postcode*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime telephone number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth*	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NI Number	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to child*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Declaration and signature (to be signed by new registered contact)*

I declare that:

- **I understand and accept that** this change in Registered Contact is made on the basis of and subject to the current Jump Important Information & Terms and Conditions.
- I am 16 years of age or over.
- I have full parental responsibility for the child indicated in Section 2.
- **I agree** to be the registered Contact for the Jump Child Trust Fund/Jump Junior ISA.
- **I confirm** I have read the Jump Important Information & Terms and Conditions.

I authorise Witan Investment Services to hold or arrange a suitable third party to hold the child's subscriptions, CTF/JISA 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 CTF/JISA investments.

Signature*

Date*

Witan Jump