

# Small Estates and Indemnity Form

Complete this form if you are the Executor named in the last valid will of the deceased Investor. This form will be considered in conjunction with the last valid will. Please be aware that this form is not an application for payment of death benefits from the Novia SIPP. These death benefits do not form part of the deceased Investor's estate and are held in trust by the Novia SIPP Trustee.

Please return the original signed form and the required documentation to: **Wealthtime Client Services, PO Box 4328 Bath, BA1 0LR**

## 1. Details of the Deceased

Deceased name:

Deceased date of birth  
(dd/mm/yyyy):

Deceased address:  
(including postcode)

Investor number:

## 2. Declaration by Executor(s)

- I am/We are the executor(s) as named in the last valid will of the deceased.
- I am/We are the only executor(s) entitled to act on behalf of the estate of the deceased.
- I/We request that you make payment as per the Executors Payment Instruction of the value of the Investments and Cash in the Wrap Account, such value not exceeding £35,000.
- In consideration of the payment by Wealthtime, as detailed on Executors Payment Instruction form, I/We agree to jointly and severally indemnify Wealthtime from and against all claims, demands, losses, costs, damages, expenses and other liabilities that may be incurred by Wealthtime (including but not limited to any legal costs).
- I/We understand and accept that Wealthtime is under no obligation to make a payment without a valid Grant of Probate or Certificate of Confirmation and that Wealthtime may require a valid Grant of Probate or Certificate of Confirmation at its discretion before releasing any payments from the Wrap Account.
- I/We declare that the information given is correct and complete to the best of my/our knowledge and belief.

Please note that we require a certified copy of each Executor's Passport or Driving Licence in order to verify your identity.

Name of the first executor:

Relationship to the deceased:

Address  
(including postcode):

Signature:

Date:  
(dd/mm/yyyy)

Name of the second executor:

Relationship to the deceased:

Address:  
(including postcode)

Signature:

Date:  
(dd/mm/yyyy)

Name of the third executor:

Relationship to the deceased:

Address:  
(including postcode)

Signature:

Date:  
(dd/mm/yyyy)

If you require this document in an alternative format please contact us.