



Novia GIA Individual or Joint Equity Transfer Authority

Notes for completion of this Equity Transfer Authority

You can sign this form digitally. Once completed, simply log in to Adviser Zone and send it to us via secure email. If you don't have access to our selected electronic signature providers, please sign the declaration on page two using a blue or black pen and scan the form before sending it to us by secure email. Alternatively, you can send the form by post to Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR.

| | |
|--------------------------------------|--|
| Share/EPIC Code: | This is the standard share trading code as registered on the London Stock Exchange. |
| Name of share: | This is the full name of the share as registered on the London Stock Exchange. Please include security type and denomination. |
| Registered name of holding: | The full name of the holder as listed at the Share Registry and shown on the Contract Note(s). |
| Number of shares: | The number of shares you are transferring to your Stockbroker Account |
| Additional documents required | |
| Certified: | If the shareholding being transferred is certificated, we will require the original certificate(s) and completed attached CREST transfer form. |
| CREST: | If the share being transferred is registered on CREST, please provide a recent statement showing all details of the shareholding you wish to transfer |
| Broker: | If the share being transferred is held with a broker, a nominee or direct with registrars, please ensure you also provide us with your full account and contact details. |

New Stockbroker Account

If a Stockbroker Account is required, please fill out and submit a Stocktrade Registration form.

Equity Transfer Authority

(please complete one authority for each broker)

| | |
|-----------------------------|----------------------|
| Registered name of holding: | <input type="text"/> |
| Registered Address | |
| House number/name: | <input type="text"/> |
| Street name: | <input type="text"/> |
| District: | <input type="text"/> |
| Town/city: | <input type="text"/> |
| County: | <input type="text"/> |
| Country: | <input type="text"/> |
| Postcode: | <input type="text"/> |

Please provide any previous addresses which are still registered against any Investments you are transferring in this application.

Previous address one

| | |
|--------------------|----------------------|
| House number/name: | <input type="text"/> |
| Street name: | <input type="text"/> |
| District: | <input type="text"/> |
| Town/city: | <input type="text"/> |
| County: | <input type="text"/> |
| Country: | <input type="text"/> |
| Postcode: | <input type="text"/> |

Previous address two

| | |
|--------------------|----------------------|
| House number/name: | <input type="text"/> |
| Street name: | <input type="text"/> |
| District: | <input type="text"/> |
| Town/city: | <input type="text"/> |
| County: | <input type="text"/> |
| Country: | <input type="text"/> |
| Postcode: | <input type="text"/> |

Investor Details

Registered holder one

| | | | | | |
|---------------------------------------|------------------------------|-------------------------------|----------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | Other <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Surname: | <input type="text"/> | Date of birth (dd/mm/yyyy): | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Forename(s): | <input type="text"/> | | | | |
| National Insurance number (if known): | <input type="text"/> | | | | |

Registered holder two

| | | | | | |
|---------------------------------------|------------------------------|-------------------------------|----------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | Other <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Surname: | <input type="text"/> | Date of birth (dd/mm/yyyy): | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Forename(s): | <input type="text"/> | | | | |
| National Insurance number (if known): | <input type="text"/> | | | | |

Registered holder three

| | | | | | |
|---------------------------------------|------------------------------|-------------------------------|----------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | Other <input type="text"/> | <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| Surname: | <input type="text"/> | Date of birth (dd/mm/yyyy): | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Forename(s): | <input type="text"/> | | | | |
| National Insurance number (if known): | <input type="text"/> | | | | |

Registered holder four

☐ Mr
 ☐ Mrs
 ☐ Miss
 Other
☐ Male
 ☐ Female

Surname:
 Date of birth (dd/mm/yyyy):

Forename(s):

National Insurance number (if known):

Equity Transfer Authority (continued)

(please complete one authority for each broker)

Name and address of each broker

Manager name:

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Account number registered with the broker:

Shares to be transferred

Please use this section to supply the details of the shareholding that you wish to transfer into your Stockbroker Account. You may transfer any shares listed on the London Stock Exchange. Please refer to the notes on page one for more details.

| Share/EPIC code | Name of share (full details including security type and denomination) | Name of registered holder | Number of shares | Certified (please tick) | CREST (please tick) |
|-----------------|---|---------------------------|------------------|-------------------------|---------------------|
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Equity Transfer Authority (continued)

☐ Please transfer outstanding cash to Wealthtime as part of this equity transfer

- ☐ • I/We authorise the broker shown on this Authority to provide Wealthtime with any information it may require, and to transfer the assets detailed above to the stockbroker with immediate effect.
- I/We authorise Wealthtime to submit this transfer authority to the broker detailed in this Authority and for the broker to execute the transfer with immediate effect.
 - I/We confirm that the transfer of the assets below will not affect any change of beneficial owners from or among the existing holders and is not for consideration in money or moneys worth.
 - If I/we sign this declaration by electronic signature, I/we confirm that this method of signature is my/our agreement to be bound as if signed by my/our manuscript signature.
 - I/We authorise, instruct and apply to the existing provider to transfer sums and assets from the plan listed above and to provide any instructions and/or discharge required by any relevant third party to do so.

Account details

Account number registered with the broker:

Registered holder one

Name (please print):

Date (dd/mm/yyyy):

Signature:

Witness signature is only required where you are granting Power of Attorney authorisation

Witness name
(please print):

Date (dd/mm/yyyy):

Signature:

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Registered holder two

Name (please print):

Date (dd/mm/yyyy):

Signature:

Witness signature is only required where you are granting Power of Attorney authorisation

Witness name
(please print):

Date (dd/mm/yyyy):

Signature:

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Registered holder three

Name (please print):

Date (dd/mm/yyyy):

Signature:

Witness signature is only required where you are granting Power of Attorney authorisation

Witness name
(please print):

Date (dd/mm/yyyy):

Signature:

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Registered holder fourName (please print): Date (dd/mm/yyyy):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Signature:

Witness signature is only required where you are granting Power of Attorney authorisation

Witness name
(please print): Date (dd/mm/yyyy):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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Signature: House number/name: Street name: District: Town/city: County: Country: Postcode:

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

Wealthtime is a trading name of Novia Financial plc. Novia Financial plc is a private limited company registered in England and Wales. No. 06467886. Registered office: Royal Mead, Railway Place, Bath, BA1 1SR. Novia Financial plc is authorised and regulated by the Financial Conduct Authority. FCA Number 481600.

CREST
Transfer

Above this line for registrar's use

| | | | |
|--|--|--|--|
| Counter location stamp | | Barcode or reference | |
| | | SDRN | |
| Above this line for completion by the depositing system-user only | | | |
| Consideration money | | Certificate(s) lodged with registrar (To be completed by the registrar) | |
| Name of undertaking | | | |
| Description of security | | | |
| Please complete form in BLOCK CAPITALS | | Number of shares or other security in words | |
| | | Figures | |
| Name of registered holder(s) should be given in full. The address should be given where there is only holder. | | In the name(s) of | |
| If the transfer is not made by the registered holder(s), insert also the name(s) and capacity (e.g. executor(s) of the person(s) making the transfer | | Description (if any) | |
| | | Balance certificate(s) required | |
| Please sign here | | Stamp of depositing system-user | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| A body corporate should execute this transfer under its common seal or otherwise in accordance with applicable statutory requirements. | | Date | |
| Full name(s) of the person(s) to whom the security is transferred Such person(s) must be a system member. | | Participant ID | |
| | | Member account ID | |
| Reference to the registrar in this form means the registrar of registration agent of the undertaking, not the registrar of Companies at Companies House. | | RESTCo Limited is delivering this transfer at the direction and on behalf of the depositing system-user whose stamp appears herein and does not in any manner or to any extent warrant or represent the validity, genuineness or correctness of the transfer instructions contained herein or the genuineness of the signature(s) of the transferor(s). The depositing system-user by delivering this transfer to CRESTCo Limited authorises CRESTCo Limited to deliver this transfer to registration and agrees to be deemed for all purposes to be the person(s) actually so delivering this transfer for registration. This form should be used only for a transfer of a certificated unit of a security to a CREST member to be held by a CREST member in uncertificated form. It should not be used for conversion of a unit held by a CREST member into uncertificated form. The CREST rules requires that this form be used for the transfer of a unit of a certificated security to a CREST member to be held by that member in uncertificated form. Any such transfer on this form is exempt from stamp duty. | |