



# SIPP Nomination/Expression of Wish

We're currently rebranding from Novia to Wealthtime. You'll notice that some of our products and services still use the name Novia while we're transitioning over to the new name. So don't worry if you see both Wealthtime and Novia names in our documents. Wealthtime is a trading name of Novia Financial plc.

In the event of your death, any remaining benefits held in respect of your membership of the Novia SIPP will be settled at the discretion of the Scheme Administrator (Novia) in accordance with the rules of the Novia SIPP. Please use this form to nominate (or to amend a previous nomination of) the individuals and/or entities to whom you would like the Scheme Administrator to consider paying any death benefits that may arise. In the event of your death, the Scheme Administrator will contact those who are to receive death benefits and offer the payment options that are available at the time the payment is due to be made, in line with prevailing legislation, the Novia SIPP Scheme Rules, and the terms and conditions. You can complete 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.

## 1. Investor Details

Name of Investor:

Date of birth (dd/mm/yyyy):

Investor Number (if known):

## 2. Investor Wishes

Name:

Allocation:  % Date of birth (dd/mm/yyyy):

Relationship to Investor:

Address (including postcode):

Name:

Allocation:  % Date of Birth (dd/mm/yyyy):

Relationship to Investor:

Address (including postcode):

Name: Allocation:  % Date of birth (dd/mm/yyyy): Relationship to Investor: 

Address (including postcode):

Name: Allocation:  % Date of birth (dd/mm/yyyy): Relationship to Investor: 

Address (including postcode):

### 3. Further Information

If you would like to provide more information, please use the space provided below. For example, you may wish to name individuals you would like the Scheme Administrator to consider in the event that the beneficiaries nominated in section two die before you.

Please ensure a percentage, date of birth, relationship and address are included for each person named.

## 4. Charity Nomination

Depending on the benefits you hold and the prevailing legislation, it may be possible to have a lump sum death benefit paid to a registered charity instead of to individual beneficiaries. Use this section if you would like to nominate a charity to receive death benefits.

Name of registered charity:

Allocation:  % Date of birth (dd/mm/yyyy):

Registered charity number:

Address (including postcode):

Name of registered charity:

Allocation:  % Date of birth (dd/mm/yyyy):

Registered charity number:

Address (including postcode):

## 5. Signature

I understand that the wishes expressed on this form will supersede any previous nominations made by me.

If I sign this declaration by electronic signature, I confirm that this method of signature is my agreement to be bound as if signed by my manuscript signature.

Name (please print):

Date (dd/mm/yyyy):

Signature:

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

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