



# Junior Stocks and Shares ISA Transfer Authority

This form can be used to transfer a Child Trust Fund or an existing Junior ISA to Wealthtime (a trading name of Novia Financial plc). 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 three 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. Eligible Child Details

Title:	<input type="text"/>	Date of birth (dd/mm/yyyy):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>								
Forename:	<input type="text"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female				
National Insurance number (if held):	<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"/>

If the Eligible Child has a Child Trust Fund, they will have been given a unique reference number. It will be found on their annual Child Trust Fund Statement.

If a Child Trust Fund is held, please provide the unique reference number:

## Residential 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"/>

## 2. Registered contact details

This transfer is being requested by:

☐ The Eligible Child who is aged 16 or over and wishes to be the Registered Contact.  
(Please use my details from section one)

or

☐ The following individual with parental responsibility for the Eligible Child. Please use my details below.

## 2. Registered Contact Details (Continued)

Investor number (required):  (for your existing Wrap Account)

Title:  Forename(s)

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

National Insurance number:

Relationship to the child:

### Residential Address

☐ Same as child

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Nationality   
(please list all)

## 3. Details of your Existing Plan Manager

☐ Child Trust Fund or ☐ Junior ISA

Plan manager name:

Building number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Account number with existing plan manager

## 4. Transfer Details

Please indicate the method of transfer:

☐ Cash ☐ Re-registration (we will re-register all assets and residual cash you hold with this plan manager).

## 4. Declaration

I authorise the manager shown on this transfer authority to provide Wealthtime (a trading name of Novia Financial plc) with any information it may require, and transfer the Child Trust Fund or Junior ISA to Novia (ISA) Nominee Limited with immediate effect. 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.

Registered Contact name:

Date (dd/mm/yyyy):

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Registered Contact signature:

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.