Regular Investment Collection
Cancel/Amend

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.

This form can be used to cancel or amend a Regular Investment Collection (the Direct Debit instruction). If you wish to start Regular Investments, you should complete a new investment application for the appropriate Product Wrapper. The Regular Investment Collection detailed on this application will replace any previous instruction.

This instruction may be submitted to us on your behalf by your Adviser when you accept their advice without your authorisation by signature.

If you prefer to authorise the instruction with your signature, please arrange with your Adviser to return the original form to us. If you need assistance completing this form please ask your Adviser or contact the client services team on 0345 680 8000.

Product Details

Please confirm the Product Wrapper and number to which these changes should be applied.

Investor Number

Product Wrapper Type

Product Wrapper Number

Investor Name(s)

Regular Investments

Investor

☐ Please cancel my/our existing Investor Regular Investment

or

☐ Please amend my/our existing Investor Regular Investment

£ (net*) or Max allowed (Novia ISA only) ☐ Per month ☐ Per year

Adviser Initial Charge to be taken on each payment £ %

Do you wish to increase your regular payments each year? Please select one option.

☐ No ☐ Yes, by the Retail Prices Index (RPI)**

Employer (Novia SIPP only)

Please ensure that a Record of Payments Due form (for an individual Novia SIPP) or Payment Schedule (in the case of a Novia SIPP within an Employer Scheme) is completed by your employer.

☐ Please cancel the existing Employer Regular Investment

or

☐ Please amend the existing Employer Regular Investment

£ ______ (gross) ☐ Per month ☐ Per year

Adviser Initial Charge to be taken on each payment £ ______ ______ %

Do you wish to increase your regular payments each year? Please select one option.

☐ No ☐ Yes, by the Retail Prices Index (RPI)**

Third Party (Novia SIPP only)

Please ensure that a Record of Payments Due form (for an individual Novia SIPP) or Payment Schedule (in the case of a Novia SIPP within an Employer Scheme) is completed by your employer.

☐ Please cancel the existing Third Party Regular Investment

or

☐ Please amend the existing Third Party Regular Investment

£ ______ (net*) ☐ Per month ☐ Per year

Adviser Initial Charge to be taken on each payment £ ______ ______ %

Do you wish to increase your regular payments each year? Please select one option.

☐ No ☐ Yes, by the Retail Prices Index (RPI)**

Please note it can take up to 10 business days to set up a Direct Debit Instruction and payments will usually be collected on the 2nd or 15th of each month.
The minimum amount allowed for Regular Investments is £50 monthly or £600 annually.
*For the Novia SIPP, we will reclaim the basic tax rate on this amount, which will be invested in accordance with our terms and conditions.
** Novia GIA and Novia SIPP only.

Adviser Declaration

(This section must be completed regardless of submission method)

We will accept the receipt of this form without an Investor signature, provided it is submitted through the Adviser Zone secure email service. Alternatively, you may ask the Investor to sign the completed form and arrange for the original to be returned to us. By submitting this form you are confirming the following:

- I declare that the information in this form is true and correct to the best of my knowledge.
- I agree to indemnify Wealthtime against all such claims or losses, including additional tax charges and fines, in the event that the information provided proves to be incorrect.
- I understand that checks may be performed on this instruction to confirm details are correct.
- I confirm that I have the Investor's authority to submit this instruction on their behalf.

Name	
Position	
Firm name	
Firm FCA number	

Investor Declaration

(only applicable where the Investor wishes to authorise by signature)

- I/We understand that on receipt of this instruction, you will update my/our records within five business days.
- I/We declare that the information in this form is true and correct to the best of my/our knowledge.
- I/We understand that checks may be performed on this instruction to confirm details are correct.
- I/We understand that any delay on my/our part to act on any further verification request will delay processing the instruction and my/our failure to act will prevent processing the instruction.

Investor One signature	
Investor One name	
Date (dd/mm/yyyy)	
Investor Two signature	
Investor Two name	
Date (dd/mm/yyyy)	

Where the Investor has signed the Adviser must also sign and post the original to us.

Adviser signature	
Date (dd/mm/yyyy)	

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