



# Novia GIA Individual/Joint Re-Registration Authority

This Authority can be used for re-registration of funds listed on the Investments List only. To transfer equities listed on the London Stock Exchange please use the 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.

## Re-Registration Authority

(please complete one authority for each manager)

### Registered holder one

☐ Mr
 ☐ Mrs
 ☐ Miss
 ☐ Other 
☐ Male
 ☐ Female

Surname:

Date of Birth (dd/mm/yyyy):

Forename(s):

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National Insurance number (if known):

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

### Registered holder two

☐ Mr
 ☐ Mrs
 ☐ Miss
 ☐ Other 
☐ Male
 ☐ Female

Surname:

Date of Birth (dd/mm/yyyy):

Forename(s):

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National Insurance number (if known):

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

**Registered holder three (if applicable)**

☐ Mr ☐ Mrs ☐ Miss ☐ Other  ☐ Male ☐ Female

Surname:

Date of Birth (dd/mm/yyyy):

Forename(s):

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National Insurance number (if known):

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

**Registered holder four (if applicable)**

☐ Mr ☐ Mrs ☐ Miss ☐ Other  ☐ Male ☐ Female

Surname:

Date of Birth (dd/mm/yyyy):

Forename(s):

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National Insurance number (if known):

House number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

**Name and address of existing manager**

Manager name:

Building number/name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Account number registered with the manager:

### Assets to be re-registered

Full name of assets to be re-registered (all assets are to be re-registered in full)	ISIN/Sedol	Inc/Acc

☐ Please transfer any remaining cash from the specified account to Wealthtime.

Payment is to be made to Wealthtime wrapper number:

- ☐ I/We authorise the manager shown on this Authority to provide Wealthtime with any information it may require, and to re-register the assets detailed above to Novia (Net) Nominee Limited with immediate effect.
- I/We confirm that by virtue of paragraph 6 of Schedule 19 of the Finance Act 1999 this transaction is exempt from Stamp Duty Reserve Tax.
  - I/We authorise to submit this re-registration authority to the manager detailed in this Authority and for the manager to execute the re-registration with immediate effect.
  - I/We confirm that the re-registration of the Assets listed below will not effect any change of beneficial owners from or among the existing holders and is not for consideration in money or money's worth.
  - I/We understand following the completion of the re-registration, Wealthtime will convert any rebate paying assets to the non-rebate paying share class.
  - 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 number registered with the manager:

### 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:

Town/city:

Country:

District:

County:

Postcode:

### Registered holder four

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:

Town/city:

Country:

District:

County:

Postcode:

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

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