

General Investment Account Application Form

Thank you for your interest in the Wealthtime Classic General Investment Account (GIA). Before you fill out this form, please make sure you've read and understood our GIA Key Features Document.

Once you've decided it's the right product for you, please complete all sections.

If you are sending this form by post, please complete in CAPITAL LETTERS using black ink and return to: Wealthtime Classic, PO Box 2468, SALISBURY, SP2 2UH.

Personal details

Applicant one			Applicant two (op	otional)						
First name(s) in full			First name(s) in full							
Last name			Last name							
Date of birth (dd/mm/yyyy)			Date of birth (dd/mm/yyyy)							
Client number (if known)			Client number (if known)							
GIA payment										
To make a payment into your GIA please indicate the amount.										
Single deposit (£)			Regular payments (£)							
Please tick as appropriate. I wish to pay for my deposit:			Frequency of regular payments:							
From my Wealthtime C cash balance.	Classic ISA account		Monthly Quarte	егІу	Half-	yearly		Yearl	Іу 🔃	
By bank transfer to Wealthtime.			Start date for regular payments: (dd/mm/yyyy) or	1 2		2	2 0	2		
				2 7		7	2 0	2		
If you want to make regular payments to your GIA, please forward a completed Direct Debit mandate to us – a copy is available in the literature library at wealthtime.com. Please allow 15 working days for us to set this up.										
GIA(s) to be transferred										
Total number of GIAs to be transferred			Please complete a G existing GIA you wish			ority f	orm fo	эг еас	ch	



Declaration

This declaration forms part of your GIA application and together with the Wealthtime Classic Terms and Conditions will constitute a legally binding contract between you and Wealthtime Classic. Please note that Wealthtime Classic means Wealthtime Limited or Wealthtime Trustees Limited where appropriate, unless a specific company name is mentioned.

I/We acknowledge and accept the GIA Key Features and Wealthtime Classic Terms and Conditions.

I/We understand that the services provided don't constitute financial advice under the terms of the Financial Services and Markets Act 2000.

I/We also accept the fees detailed in the Wealthtime Classic Fees Schedule.

Your signature (applicant one)			Your signature (applicant two)								
Full name			Full name								
Date (dd/mm/yyyy)			Date (dd/mm/yyyy)								
This section must be completed by your Adviser											
I have given advice to my client about their Wealthtime Classic Product(s). I have provided them with copies of the Key Features Document, key features illustration, key investor information document, as are relevant to this transaction.											
Your signature			Position								
Name			Date								
Details of introducing firm (or sole trader)											
Full name of regulated firm (or sole trader)			FCA reference number								



General Investment Account Transfer Authority Form

Complete this form to transfer an existing General Investment Account (GIA) into a Wealthtime Classic GIA.

Personal details

Applicant one	Applicant two (optional)
Mr Mrs Ms Miss Other	Mr Mrs Ms Miss Other
If 'other' please state	If 'other' please state
First name(s) in full	First name(s) in full
Last name	Last name
Date of birth (dd/mm/yyyy)	Date of birth (dd/mm/yyyy)
National Insurance number	National Insurance number
Permanent residential address	
	Postcode
Account to be transferred	
Name of GIA	Address of transferring General
General Investment	Investment Account provider
Account number(s)	
Name of transferring General Investment Account	
provider	Postcode
Is the plan subject to any existing or proposed trustee in bankruptcy or other receiving orders?	
Yes No	



Transfer details													
Please transfer the cas Classic by bank transfe		e to Weal	thtime		If it's not possible to re my existing GIA inves please arrange for the	stments	3,			_			
Or please indicate as a	рргоргіаt	e. I'd like	you to:		sold and transferred i				Υ	'es		No	
Sell the assets held in the cash proceeds to nor Arrange for the re-region existing GIA to my Weather the re-registration of investigation of the subject that the subject the stype of transfer and you Wealthtime Classic Funds L	ny Wealth stration o althtime C stments into	time Class f assets I lassic GI your Weating GIA ma	ssic GIA neld in my A.* Ithtime anager allov	y	Please indicate the aptransferred as a percentage or an	al trans a port	sfer?	or a	n am] J ur Gl	iount IA, ar	t (£): nd no		ť
Transfer authorisat	tion												
					d above to transfer sum uctions and/or discharg								d
application may need for my documents to v	to verify n erify my i	ny identit dentity a	y and res nd addre:	idential ad ss.	lealthtime Classic and t dress and may use cred Classic's responsibility i	dit refei	renc	e age	ency	sear	rches	and a	isk
payments to the curre													
Your signature (applicant one)					Your signature (applicant two)								
Full name					Full name								
Date (dd/mm/yyyy)					Date (dd/mm/yyyy)								