

# General Investment Account Transfer Authority Form

Complete this form to transfer an existing General Investment Account (GIA) into a Wealthtime Classic GIA. 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 (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 Investment Account	
General Investment Account number(s)	provider	
Name of transferring General Investment Account provider		
	Postcode	



## **Transfer details**

Please transfer the cash balance to If it's not possible to re-register Yes No my existing GIA investments, Wealthtime Classic by bank transfer. please arrange for these to be sold and transferred in cash: Or please indicate as appropriate. I'd like you to: If you wish to transfer a portion of your GIA, and not the Sell the assets held in my existing GIA and transfer the cash proceeds to my Wealthtime Classic GIA whole amount, please indicate the value to be transferred as a percentage or amount (£): ог Arrange for the re-registration of assets held in my existing GIA to my Wealthtime Classic GIA.\* \*Any re-registration of investments into your Wealthtime Classic GIA will be subject to your existing GIA manager

### **Transfer authorisation**

allowing this type of transfer and your investments being available on the Wealthtime Classic Funds List.

Please transfer the above GIA to my/our Wealthtime Classic GIA. I/We also request and consent to the transfer set out in this application form. By signing this declaration, I/We authorise you to release details about the transfer from my/our current GIA to Wealthtime Classic.

Your signature (applicant one)	Your signature (applicant two)	
Full name	Full name	
Date (dd/mm/yyyy)	Date (dd/mm/yyyy)	

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

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