

# Internal Asset Transfer

## - GIA individual/joint

This application can be used to internally transfer investments between existing joint or individual GIA wrappers only. Please ensure that all names of joint holdings are detailed.

We will accept this form without a signature, provided there is no change to the beneficial owner and it's submitted through Adviser Zone. If there's a change in beneficial owner, all parties must sign this document to confirm acceptance. If you choose to sign the completed form please arrange for the original to be returned to us.

If you need assistance completing this form please contact the client services team on 0345 680 8000.

### Investor Details

#### Internal Asset Transfer from

Investor number:  Wrapper number:

#### Investor name(s)

Forename(s):  Forename(s):   
Last name:  Last name:

Please include here any notes regarding this internal asset transfer (please do not use a cover letter for key information).

#### Internal Asset Transfer to

Investor number:  Wrapper number:

#### Investor name(s)

Forename(s):  Forename(s):   
Last name:  Last name:

Please include here any notes regarding this internal asset transfer (please do not use a cover letter for key information).

## Internal Asset Transfer Instructions

Please list the full name of the assets to be internally transferred.

ISIN/SEDOL	Name of Investment	Number of units
Cash		£

## Adviser Declaration

We will accept this form without a signature, provided there is no change to the beneficial owner and it's submitted through Adviser Zone. Alternatively, you may ask the Investor to sign the completed form and arrange for the original to be returned to us. If there's a change in beneficial owner, all parties must sign this document to confirm acceptance. 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 (a trading name of Novia Financial plc) 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:

Adviser Signature:

Position:

Firm name:

Date (dd/mm/yyyy):

Firm FCA name:

## Client Declaration

Name:

Client Signature:

Date (dd/mm/yyyy):

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Name:

Client Signature:

Date (dd/mm/yyyy):

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Name:

Client Signature:

Date (dd/mm/yyyy):

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

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