



Record of Payments Due

This form should be completed by employers making Regular Investments into a Novia SIPP only. If you're an investor whose employer is contributing to a Novia SIPP, please send this form to your employer for them to complete.

For employers: 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. Then scan the form and send it to us by secure email. Alternatively, you can send the form by post to: **Wealthtime Client Services, PO Box 4328, Bath BA1 0LR**

We must be notified within 30 days of any changes to these payments. If you fail to complete this form, we are unable to monitor payments in accordance with the Pensions Act 2004 and you may be reported to The Pensions Regulator (TPR). If you are deducting the employee's contributions from their net salary, these must be received by us no later than 19 days after the end of the month in which the deduction was made. This is the final date under TPR requirements.

1. Member Details

☐ Mr ☐ Mrs ☐ Miss Other

Surname:

Investor number:

Forename(s):

National Insurance number (if known):

We may not be able to collect tax relief on your pension contributions if you don't supply your correct National Insurance number.

2. Employer Details

Employer name and person dealing with correspondence.

Employer address

Street number/building name:

Street name:

District:

Town/city:

County:

Country:

Postcode:

Company registration number

Contact telephone number:

3. Employer Regular Investment Details

Novia SIPP wrapper number	<input type="text"/>	
Total Regular Investment amount (gross):	£ <input type="text"/>	<input type="checkbox"/> Monthly or <input type="checkbox"/> Annually
Amount from employer (gross):	£ <input type="text"/>	
Amount from employee (gross)	£ <input type="text"/>	Salary Sacrifice by employee from Gross Income
Amount from employee (net)	£ <input type="text"/>	Additional contribution made by employee from Net Income

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

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

When do you wish to commence payments? (mm/yyyy):

Frequency of employee pay (weekly/monthly/annually):

Regular Investments can be taken from your account on the 2nd or 15th of the month.

Would you like your payments paid on the ☐ 2nd or ☐ 15th?

Please ensure that a Direct Debit mandate has been completed and returned to us
15 business days before your first Regular Investment is to be taken.

4. Declaration

1. We declare that to the best of our knowledge and belief, the statements made in this section and any related documents are correct and complete and that we have not concealed any material fact.
2. We agree to pay Wealthtime regular contributions for the Member other than any minimum contributions paid by the National Insurance Contributions Office.
3. We understand that although we can contribute to the Member's benefits, the contracts exist between the Member and Wealthtime.
4. We understand that we will be responsible for dealing and corresponding with Wealthtime regarding the payment or non-payment of contributions for the Member.
5. We undertake to advise Wealthtime within 30 days of the Member ceasing to be employed by us or where contributions are reduced or terminated.
6. We understand that if any payment due is not received by Wealthtime within 90 days of the due date or where Wealthtime feels that non-payment is of significance, you may be required to advise The Pensions Regulator and the Member.
7. We understand that it is our responsibility to ensure Wealthtime is provided with relevant information to monitor payments and that should we fail to provide it we will be reported to the TPR.
8. We confirm that the Member has provided consent for us to include their personal data within the schedules to be provided to Wealthtime from time to time and used in accordance with the Data Protection Section in the terms and conditions.
9. We understand you may make our personal information available to a third party by electronic or other means for the purpose or verifying identity in accordance with the Money Laundering Regulations.
10. If we sign this declaration by electronic signature, we confirm that this method of signature is our agreement to be bound as if signed by our manuscript signatures.

Signatory name:
(please print)

Date (dd/mm/yyyy):

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Employer's
signature:

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

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