



# Stocktrade Registration

You have selected Stocktrade Cash as part of your application.

By completing this form and submitting it to Wealthtime, you are agreeing to open a Novia Stocktrade Account that allows for trading in equities that are not available as aggregated trades on the main platform (see the Novia Stocktrade Adviser Guide). This additional functionality will have a cost as detailed in the Charges Schedule. **If you do not intend to trade in equities then this form is not required.**

This registration must be completed to allow trading with Stocktrade. This instruction may be submitted to Wealthtime on your behalf by your Adviser without your signature.

If you prefer to authorise the instruction with your signature, please arrange with your Adviser to return the original form to Wealthtime. If you need assistance completing this form, please ask your Adviser or contact the client services team on 0345 680 8000.

## Investor Details - Individual/Joint Accounts Only

Novia Stocktrade account required for:

If you are an existing Wealthtime Investor, please include your Wealthtime Investor number:

If you wish to activate a Novia Stocktrade account for any other wrappers you hold with Wealthtime, please tick those applicable below.

- |  |  |
|--|--|
| <input type="checkbox"/> Novia General Investment    | <input type="checkbox"/> Novia SIPP          |
| <input type="checkbox"/> Novia Stocks and Shares ISA | <input type="checkbox"/> Novia SIPP Drawdown |

### Investor One

Name:	<input type="text"/>
Title:	<input type="text"/>
Surname:	<input type="text"/>
Forename(s):	<input type="text"/>
Date of Birth:	<input type="text"/>
Correspondence Address:	<input type="text"/>
Home Telephone:	<input type="text"/>
Work Telephone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

Country of birth:	<input type="text"/>
Nationality:	<input type="text"/>
Residency for tax purposes:	<input type="text"/>
Domicile:	<input type="text"/>
National Insurance number:	<input type="text"/>

### Investor Two

Name:	<input type="text"/>
Title:	<input type="text"/>
Surname:	<input type="text"/>
Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>
Correspondence address:	<input type="text"/>
Home telephone:	<input type="text"/>
Work telephone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>
Country of birth:	<input type="text"/>
Nationality:	<input type="text"/>
Residency for tax purposes:	<input type="text"/>
Domicile:	<input type="text"/>
National Insurance number:	<input type="text"/>

### Investor Three

Name:	<input type="text"/>
Title:	<input type="text"/>
Surname:	<input type="text"/>
Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>
Correspondence address:	<input type="text"/>
Home telephone:	<input type="text"/>
Work telephone:	<input type="text"/>
Mobile:	<input type="text"/>

Email:	<input type="text"/>
Country of birth:	<input type="text"/>
Nationality:	<input type="text"/>
Residency for tax purposes:	<input type="text"/>
Domicile:	<input type="text"/>
National Insurance number:	<input type="text"/>

#### Investor Four

Name:	<input type="text"/>
Title:	<input type="text"/>
Surname:	<input type="text"/>
Forename(s):	<input type="text"/>
Date of birth:	<input type="text"/>
Correspondence address:	<input type="text"/>
Home telephone:	<input type="text"/>
Work telephone:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>
Country of birth:	<input type="text"/>
Nationality:	<input type="text"/>
Residency for tax purposes:	<input type="text"/>
Domicile:	<input type="text"/>
National Insurance number:	<input type="text"/>

#### Investor Details - Corporate Entity/Trust/Scheme only

Novia Stocktrade account required for:	<input type="text"/>
If you are an existing Investor, please include your investor number here:	<input type="text"/>
Full name of Corporate entity/trust/scheme:	<input type="text"/>
Legal Entity Identifier (LEI):	<input type="text"/>
Correspondence address:	<input type="text"/>
Contact name and position:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

## Security Details

Either you or your Adviser can have dealing rights on this product wrapper. The other party will be able to view transactions and Stocktrade events on this product wrapper. It is the Adviser's responsibility to ensure that the Client understands the expectations when using the Stocktrade account if the Client is set up to have trading access.

Please indicate if it is the Adviser or applicant(s) requesting dealing rights for Stocktrade.

☐ Adviser or ☐ Applicant(s)

## Correspondence Details

Contract notes, statements and Corporate Action information is available via your Stocktrade account online access through secure messaging. Each time a new message is available, you will receive an email alert.

If you wish to opt out and receive any of this information via post, please indicate below:

- ☐ Contract note
- ☐ Statement
- ☐ Corporate Action

## Adviser Declaration

**(This section must be completed regardless of submission method)**

Wealthtime will accept the receipt of this form without a signature, provided it is submitted through the Adviser Zone secure email service. If you choose to sign the completed form, please arrange for the original to be returned to Wealthtime. 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 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.

Surname:	<input type="text"/>
Forename(s):	<input type="text"/>
Company:	<input type="text"/>
Firm FCA number:	<input type="text"/>
Company address:	<input type="text"/>
Telephone:	<input type="text"/>
Email:	<input type="text"/>

## Investor Declaration

(only applicable where the Investor wishes to authorise by signature)

For Joint/Corporate/Trust Product Wrappers, where this form is being signed by the Investors, all required signatories must sign.

- I/We declare that the information in this form is true and correct to the best of my/our knowledge.
- I/We understand that checks may be performed on this instruction to confirm the details are correct.
- I/We understand that any delay on my/our part to act on any further verification request will delay processing the instruction and my/our failure to act will prevent processing the instruction.
- I/We authorise Wealthtime to make payments according to my/our instructions.

Signatory One name:  Date:

Signatory One signature:

Signatory Two name:  Date:

Signatory Two signature:

Signatory Three name:  Date:

Signatory Three signature:

Signatory Four name:  Date:

Signatory Four signature:

Where the Investor has signed, the Adviser must also sign and post the original to Wealthtime.

Adviser signature:  Date: