



Third Party Wrappers

Bank Details Form

This form can be used to verify the bank account for any other pension or bond provider (third party) only. Once verified, Wealthtime's records will be updated and there will be no need for further verification of these details for future withdrawal instructions. This instruction can be accepted wet signed via email from the email address that is registered on the investor account. You can sign this form digitally and submit via secure email on Adviser Zone. If you don't have access to our selected electronic signature providers, please wet sign the declaration below 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**

Third-Party Provider Details

Third-party name:	<input type="text"/>
Third-party address:	<input type="text"/>
Third-party email address:	<input type="text"/>

Investor Details

Investor One

Investor number:	<input type="text"/>
Name:	<input type="text"/>

Investor Two

Investor number:	<input type="text"/>
Name:	<input type="text"/>

Investor Three

Investor number:	<input type="text"/>
Name:	<input type="text"/>

Investor Four

Investor number:	<input type="text"/>
Name:	<input type="text"/>

Payment Account Details

Name of your bank:	<input type="text"/>		
Name on the account:	<input type="text"/>		
Sort code:	<input type="text"/>	Account number:	<input type="text"/>
Building Society client number:	<input type="text"/>		

Investor Declaration

- I/We declare that my/our answers to the questions and the bank details contained in this application are true and correct to the best of my/our knowledge.
- I/We understand that checks will be performed on my/our capacity to sign on behalf of the third-party which may prompt further verification measures.
- If I/we sign this declaration by electronic signature, I/we confirm that this method of signature is our agreement to be bound as if signed by my/our manuscript signatures.
- Failure to act on any further verification request could delay any dependent payment.
- Please provide any authorised signatory list information with this form. At least two signatories must sign.

Signatory One print name:

Signature:

Original Signature

Date (dd/mm/yyyy):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email address:

Signatory Two print name:

Signature:

Original Signature

Date (dd/mm/yyyy):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email address:

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

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