



## Under 18s SIPP Application Including Additional Investments

Complete this form to open an under-18s SIPP, or to make an Additional Investment into an existing account. This form can be signed digitally. If you don't have access to our selected electronic signature providers, please print and sign the document throughout using a blue or black pen. If you need any help, please speak to your Adviser or contact our team on 0345 680 8000.

**For advisers:** Once completed, simply log in to Adviser Zone and send the completed form to us via secure email. Alternatively, you can send the form by post to: Wealthtime Client Services, PO Box 4328, Bath BA1 0LR.

## Please select the investment type:

Initial Investment

Additional Investment into Novia SIPP number:

Where this application includes a transfer please indicate if there are:

Crystallised funds (please note that a Pension Withdrawal Instruction must be completed if you wish to receive an income drawdown)

Uncrystallised funds

## 1. Investor Details

We need to see proof of identification for the Investor so please tick here to confirm you will include their certified proof of ID as part of this application.

Investor number (for existing investors):

Nationalities - please list all nationalities:

Mr  Mrs  Miss  Other

Male  Female

Surname:

Forename(s):

Date of birth:

We do not accept any US persons.

### Residential address

House number/name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

National Insurance number:

Failure to provide your correct National Insurance number may mean that we cannot collect tax relief on your pension contributions.

Indicate here if you do not have a National Insurance number

TIN (Tax Identification Number) where applicable

If your TIN is not known, please state your place and country of birth

For taxation purposes please indicate your relevant UK individual status. Please refer to the declaration section of this application for the UK relevance explanation.

I am a UK relevant individual

I am not a UK relevant individual

If not, where are you resident?

### Correspondence address

(if different to your residential address)

We'll send all correspondence to this address and it will replace any existing correspondence address on your account.

House number/PO Box:

Street name:

District:

Town/City:

County:

Country:

Postcode:

### Contact details

Telephone (Home) (inc. area code)

Telephone (Work) (inc. area code)

Mobile:

Email:

### Investor status

**Employed**

Chargeable to tax on earned income for the income tax year of assessment concerned in respect of an office or employment held by you.

**Pensions**

Chargeable to tax on earned income for the income tax year of assessment concerned in respect of a pension

**Self-employed**

Chargeable to tax under Schedule D for the income tax year of assessment concerned in respect of annual profits or gains arising or accruing from any trade, profession or vocation carried on by you.

**Other**

**Child under 16**

**Caring for one or more children aged under 16**

**Caring for a person aged 16 or over**

**Full-time education**

**Other (please specify)**

### Source of wealth

**Savings from income**

**Sale of property**

**Inheritance**

**Divorce settlement**

**Proceeds from investment**

**Pension fund**

**Gift**

**Lottery and other winnings**

**Other (please specify)**

### Occupation

Salary (p/a)

### Opting out

Mandatory for employees only. Failure to complete this section may result in your application being delayed.

1. Are you setting up this plan as a result of opting out of your employer's occupational pension scheme or are you planning to do so?

Yes     No

2. Have you chosen not to join your employer's occupational pension scheme, which you are eligible to join, or which you will be able to join at the end of a waiting period in favour of making payments to this scheme?

Yes     No

### Wealthtime Stockbroker Account Security Questions (complete if a Stockbroker account is required)

Either you or your Adviser can have dealing rights on this Product Wrapper. The remaining party will be able to view transactions and Stockbroker events on this Product Wrapper.

Please indicate if it is the Adviser or applicant requesting dealing rights for the Novia Stockbroker Account.

**Adviser:** If you do not currently have a username and password for the access level requested, please choose one memorable data question and answer below. If you already have access, please ignore this question.\*

Mother's maiden name  Favourite colour  Memorable place  Memorable date

Answer<sup>†</sup>:

Please provide the Stockbroker with my email address as currently held by Wealthtime (an email address is required to facilitate online access).

**Applicant:** If you do not currently have a username and password for the access level requested, please choose one memorable data question and answer below. If you already have access, please ignore this question.\*

Mother's maiden name  Favourite colour  Memorable place  Memorable date

Answer<sup>†</sup>:

Please provide the Stockbroker with my email address as currently held by Wealthtime (an email address is required to facilitate online access).

Please note, where you choose to have different levels of access for the account on different Product Wrappers, you will be given two different Stockbroker account usernames and passwords. One for the Product Wrappers with view only rights and one for the Product Wrappers where you choose to have dealing rights.

\*e.g. If you already hold a read-only Wealthtime Stockbroker Account and you wish to have read only access to this wrapper you do not need to complete this section.

† Your answer will be case sensitive when used online. Where an answer is not provided access will not be set up.

## 2 Bank Details (Initial Investments Only)

Please provide details of your bank/building society current account. We will use this account to make any payments to you. Please complete this section even if you are not requesting income payments at this time.

Name of bank/building society:

Account holder name:

Account number:

Sort Code:

Building society client number:

Payments to building society accounts may take up to 10 business days longer than payments to bank accounts. If you are making an Additional Investment and wish to change your bank details, please use the change to product wrapper details form.

### 3. Single Investments

#### Investor

Single Investment amount (net\*) £

By cheque  By Bank Transfer

Expected transfer date:

#### Employer

Single Investment amount (gross) £

By cheque  By Bank Transfer

Expected transfer date:

#### Third party

Single Investment amount (net\*) £

By cheque  By Bank Transfer

Expected transfer date:

The minimum amount allowed for a single Investment is £1200 (gross). For the maximum Investment amounts please speak to your Adviser.

\* Wealthtime will reclaim the basic rate tax on this amount, which will be invested in accordance with the Terms and Conditions.

### 4. Regular Investments

#### Investor

Regular Investment amount (net\*) £

Monthly  Annually

Do you wish to increase your regular payments each year?

(Please select one option)  No  Yes, by the Retail Prices Index (RPI)

#### Employer

Regular Investment amount (gross) £

Monthly  Annually

Do you wish to increase your regular payments each year?

(Please select one option)  No  Yes, by the Retail Prices Index (RPI)

#### Third Party

Regular Investment amount (net\*) £

Monthly  Annually

Do you wish to increase your regular payments each year?

(Please select one option)  No  Yes, by the Retail Prices Index (RPI)

Please note, it can take up to 10 business days to set up a Direct Debit instruction and payments will usually be collected on the 2nd or the 15th of each month.

The minimum amount allowed for Regular Investments is £50 (gross) monthly or £600 (gross) annually. For the maximum Investment amounts, please speak to your Adviser.

\* Wealthtime will reclaim the basic rate tax on this amount, which will be invested in accordance with the Terms and Conditions.

### 5. Transfers

#### Investor

Estimated transfer value (if known) £

Please complete one transfer authority found at the back of this application for each transfer you wish to make.

The minimum amount allowed for an initial transfer-in is £1200 (gross).



## 6. Investment Instructions

**a. Instructions for Initial Investments only (Additional Investments should be detailed in 6b)**

Unless you tell us otherwise, we automatically buy accumulation units/shares. Where accumulation units/shares have been stated but are not available, we will buy income units/shares. Where income units/shares have been stated but are not available, we will buy accumulation units/shares. All purchases are subject to sufficient cleared funds. Please ensure that your choices total 100%, otherwise your Investment will be held in your Cash Facility until the choices are confirmed.

Model name:

Please write the names in full as listed on the Wealthtime Investments List.

The list and fact sheets can be found at [wealthtime.com](http://wealthtime.com)

\* We receive interest on the Cash held within your account. The amount we receive will vary as interest rates rise and fall. We keep some of this interest and pass the rest on to you. Visit our website for the latest interest rates and for more on what this means for you: [wealthtime.com/investors/documents/wealthtime-platform-cash-account](http://wealthtime.com/investors/documents/wealthtime-platform-cash-account)

**Do you wish to make the Investment choice above your default selection for future Investments?**

Yes  No

If Yes, and you wish to have periodic Rebalancing, please select frequency.

Quarterly  Annually

By completing this application you authorise Wealthtime to accept instructions regarding the future application, amendment and removal of Rebalancing from the Adviser and/or firm named in section 14. For a full explanation of the Rebalancing process, please read the Terms and Conditions.



**b. Instructions for Additional Investments only (Initial Investments should be detailed in 6a)**

Please choose the most appropriate Investment and Rebalancing options for this Investment.

**Option 1: Invest into the current default selection of Investments for this Product Wrapper (please note that any existing Rebalancing instruction will remain in force)**

I/We wish to invest this immediately into my/our default selection.

QB

I/We have an existing Rebalancing instruction and wish to Invest in Cash awaiting the next Rebalancing date.

## Option 2: Invest into a new selection of Investments

Unless you tell us otherwise, we automatically buy accumulation units/shares. Where accumulation units/shares have been stated but are not available, we will buy income units/shares. Where income units/shares have been stated but are not available, we will buy accumulation units/shares. All purchases are subject to sufficient cleared funds. Please ensure that your choices total 100%, otherwise your Investment will be held in your Cash Facility until the choices are confirmed.

Please write the names in full as listed on the Wealthtime Investments List.

The list and fact sheets can be found at [wealthtime.com](http://wealthtime.com)

Your new selection will remove any default Investment choice. If you wish to create a new default selection and Rebalancing instruction, please complete the following.

\* We receive interest on the Cash held within your account. The amount we receive will vary as interest rates rise and fall. We keep some of this interest and pass the rest on to you. Visit our website for the latest interest rates and for more on what this means for you: [wealthtime.com/investors/documents/wealthtime-platform-cash-account](http://wealthtime.com/investors/documents/wealthtime-platform-cash-account)

**b. Instructions for Additional Investments only (continued)**

Please choose the appropriate Investment and Rebalancing options for this Investment.

I wish to use the new Investments as listed above as my default selection for any future Investments

I/We have an existing Rebalancing instruction and wish to invest in Cash awaiting the next Rebalancing date.

OR

Please apply Rebalancing using my default Investment choice  Quarterly  Annually

OR

I wish to make a new Investment choice as my default selection for any future Investments and apply Rebalancing using the Investment choices detailed below.  Quarterly  Annually

Please write the names in full as listed on the Wealthtime Investments List.

The list and fact sheets can be found at [wealthtime.com](http://wealthtime.com)

\* We receive interest on the Cash held within your account. The amount we receive will vary as interest rates rise and fall. We keep some of this interest and pass the rest on to you. Visit our website for the latest interest rates and for more on what this means for you.

[wealthtime.com/investors/documents/wealthtime-platform-cash-account](http://wealthtime.com/investors/documents/wealthtime-platform-cash-account)

By completing this application, you authorise Wealthtime to accept instructions regarding the future application, amendment and removal of Rebalancing from the Adviser and/or firm named in section 14. For a full explanation of the Rebalancing process, please read the Terms and Conditions.

Please be aware that Wealthtime will not include non-daily dealing funds, Alternative Investments and equities traded via the Stockbroker in the Rebalancing process. Where you wish to amend the level of Investment in these Investment types, you will need to action the trade and place the proceeds into Cash or any asset included in the Rebalancing process. The Rebalancing instruction will then be applied at the next scheduled Rebalancing date. Any Rebalancing that takes place before you action your trades will be proportionate across all Investments that can be Rebalanced. The value and split of listed Investment types will be excluded from Rebalancing calculations.

## 7. Payment Instructions

**Payment by Cheque:** Please make cheques payable to Novia Financial plc. Cheques should be sent together with this form to: Wealthtime Client Services, PO Box 4328, BATH BA1 0LR. Please note that cheques can take up to six business days to clear.

**Payment by Bank Transfer:** Please pay into the account detailed below. Please make sure your name on the Bank Transfer is the same as it appears on this application and, if you are an existing client, please include your Wealthtime Investor number. For new clients, please include your National Insurance number and postcode in the reference field.

### Novia SIPP Bank Account

Bank: HSBC plc

Sort Code: 40-05-30

Account Number: 83689050

If you are making Regular Investments, please complete the Direct Debit instruction included with this application form. In accordance with UK Anti-Money Laundering and FCA Regulations, where this form is to be signed under a power of attorney and/or a third party who is not the applicant is providing all or part of the initial monies, the identity of these individuals as well as the applicant must be verified and confirmed to Wealthtime by the Adviser using the power of attorney / third-party payer verification of identity form if this has not been done previously.

## 8. Adviser Charge Authorisation

Initial  % or  £

\*Maximum initial Adviser Charge is 5% p/a of the Initial Investment amount.

Ongoing\*\*  % paid monthly or  £ per annum to be paid  
 Monthly  Quarterly  Annually

I understand this will be paid to my Adviser from the money I have invested with this application.

This instruction will replace any existing instruction for this product.

\*\*The maximum ongoing Adviser Charge is 2% p/a of the policy value at the time of taking the charge. If a higher figure is recorded on this application, the maximum will be applied.

## 9. Legal Guardian's Details for Applicants Under the Age of 18 at Time of Application

Surname:	<input type="text"/>					
Full forename(s):	<input type="text"/>					
Date of birth (dd/mm/yyyy):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
National Insurance number:	<input type="text"/>					
House number/name:	<input type="text"/>			County:	<input type="text"/>	
Street name:	<input type="text"/>			Country:	<input type="text"/>	
District:	<input type="text"/>			Postcode:	<input type="text"/>	
Town/City:	<input type="text"/>			Country of residence:	<input type="text"/>	

### Parent or legal guardian declaration

- (a) I am making this application on behalf of the individual named in section one of this application form.
- (b) I will be responsible for the applicant's pension arrangements under the scheme until the applicant reaches age 18.
- (c) I understand that contributions paid into the scheme may only be returned to the applicant in the form of benefits payable under the rules of the scheme that they are not normally payable until age 55.
- (d) I will be responsible for ensuring that the contribution limits in respect of the minor are not exceeded.
- (e) I agree to advise the scheme administrator of the applicant's National Insurance number when he or she reaches age 16.
- (f) If I sign this declaration by electronic signature I confirm that this method of signature is my agreement to be bound as if signed by my manuscript signature.

Please also sign the declaration in section 12 on behalf of the individual named in section one of this application form.

Guardian signature:

Date (dd/mm/yyyy):

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### 10. Employer's Details

This section must be completed where the employer is making any payments into this Novia SIPP.

A record of payments due form must also be completed where the employer is making Regular Investments.

Employer name and the person dealing with the correspondence:

#### Employer's address

Street number/building name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

Company registration number:

Contact telephone number:

 Ext.

## 11. Third-Party Payer Details

Any third party (other than an employer or a transferring scheme) paying for your investment, including those paying by Direct Debit, must complete this section.

Surname:

Full forename(s):

### Third party address

House number/name:  County:

Street name:  Country:

District:  Postcode:

Town/City:

Date of birth:  Company registration number:

- I acknowledge that, in providing the Investment(s) for this account:
- I am making an outright gift and will have no entitlement to the account directly or indirectly.
- I am 18 years of age or over.
- I acknowledge that, where this is a company, the payment provided for this Investment has been accounted for appropriately.
- I confirm that I have been made aware of Wealthtime's privacy policy as set out on Wealthtime's website and I understand and acknowledge Wealthtime's use of my personal data as set out in the privacy policy.
- If I sign this declaration by electronic signature, I confirm that this method of signature is my agreement to be bound as if signed by my manuscript signature.

Authorised signatory:

Date (dd/mm/yyyy):

If there is more than one third party payer please photocopy and complete this section for each one and attach it to this application.

## 12. Declaration

### General declaration

Wealthtime relies on the information contained in the Wealthtime Key Features Document, Wealthtime Terms and Conditions and the regulatory rules as these form the basis of the contract between you and Wealthtime.

For your own protection, you should read them carefully, along with the declarations below. If you do not understand any point, please seek clarification from your Adviser.

You understand that any Direct Debit instructions in the application will continue into subsequent tax years until you instruct Wealthtime to cease taking payments.

**In addition to the general declarations, you declare that you are applying for the Novia SIPP and that:**

- You are eligible for the Novia SIPP which will be used as an application for tax relief at source.
- You are a UK resident for entitlement to claim tax relief at source and you authorise Wealthtime to claim on your behalf.
- You understand that Wealthtime will claim basic rate tax relief on all relievable pension contributions paid into the Novia SIPP and you will not make relievable pension contributions that exceed the highest basic amount (currently £3,600.00) or your relevant UK earnings.
- You will inform Wealthtime if you are no longer entitled to tax relief on your contributions within 30 days of this event or by 5 April.
- You understand that the value of your plan may only be applied to provide benefits in accordance with the terms and conditions of your Novia SIPP.
- You have authorised Wealthtime to contact the third parties involved in transferring your Investments to us.
- That the information given is correct and complete to the best of your knowledge and belief.
- You agree to indemnify Wealthtime as the scheme administrator against any liability to pay any tax or other charges which rise out of the provision of false or misleading information.
- You have read and understood the Novia SIPP Terms and Conditions and the Novia SIPP key features document.
- You further undertake to be bound by the Wealthtime Terms and Conditions.

Wealthtime has the right to liquidate Investments sufficient to pay benefits, fees and charges at its sole discretion if you, or your Adviser, fail to give adequate instructions in that respect.

You hereby consent to Wealthtime requesting the transfer of your entitlement to benefits from the schemes shown on the transfer authority in section 17.

If appropriate, Wealthtime has your authority to check, with HMRC, the details of any certificate which you supply which enhances your lifetime allowance.

## 12. Declaration (Continued)

### Important residency and tax information

You agree that this account is held solely as a UK citizen and that the account is only in relation to being UK resident, including for tax purposes. If this does not apply to this account, you declare that all information regarding citizenship and/or residency status has been provided to your Adviser together with your tax identification number (or the equivalent, relevant to your country). Wealthtime is required to report this tax residency information to HMRC.

Any changes in residency must be relayed to Wealthtime, even if you remain a UK tax payer. We strictly do not accept any US persons, includes any US citizen, national or resident individual, any partnership, corporation or trust organised in the United States of America, or under its laws or those of any of its States.

### You declare that:

You confirm that the advice was given by your Adviser and accepted by you in the United Kingdom. The information supplied in the application, and supplementary forms related to it, is true and complete to the best of your, and your Adviser's, knowledge. You and your Adviser understand that it is a serious offence to knowingly provide false or misleading information on the application.

You accept that Wealthtime carries no responsibility for advice given on the suitability of the Product Wrapper or Investment decisions, and it is not required to confirm suitability under the rules of the Financial Conduct Authority.

You acknowledge that your telephone calls with Wealthtime will be recorded for monitoring, training and security purposes. All information provided to Wealthtime either in the application or subsequently may be shared with, and used by, the group of companies to which Wealthtime belongs, its associated companies, service providers or agents in accordance with Wealthtime's privacy policy available on the Wealthtime website. I acknowledge that any personal information obtained by Wealthtime in relation to this application may be held and used by Wealthtime for any of the purposes set out in Wealthtime's privacy policy available on the Wealthtime website or disclosed to a third party to enable the application to be processed:

- To enable Wealthtime to service our Product Wrappers and/or any subsequent transactions.
- To communicate with me directly or indirectly for any such purposes.

If you sign this declaration by electronic signature, you confirm that this method of signature is your agreement to be bound as if signed by your manuscript signature.

Where regulations allow your nominated Adviser, as specified in section 14 of this application, to receive contract notes and correspondence in relation to your Investments on your behalf. This instruction will remain in force unless your Adviser has informed Wealthtime that they wish for this correspondence to be sent directly to you.

You understand that Wealthtime or associated third parties may make searches at credit or electronic reference agencies for the purpose of verifying your identity. The credit reference agencies will record details of the search whether or not the application proceeds and you understand that this is not a credit check and will not be seen or used by lenders to assess your ability to obtain any future credit.

## 12. Declaration (Continued)

You further authorise Wealthtime to:

Make the Adviser Charge payments specified in the application to your Adviser on your behalf.

Accept Investment and disinvestment instructions from your appointed Adviser.

Investor name:

Investor signature:

Date (dd/mm/yyyy):

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## 13. Adviser Details

Name of Adviser\*

Name of firm:

Building name:

Street name:

District:

Town/City:

County:

Country:

Postcode:

FCA number:

Adviser stamp:

Adviser signature:

\*Also referred to as Registered Individual

## 14. Adviser Confirmation and Verification of Identity

### Applicant

We are required by law to verify the identity and residential address of all applicants and do this by accepting your (the Adviser's) declaration of the verification of this information.

Wealthtime does not accept any US persons. FATCA (United States Foreign Account Tax Compliance Act) has the meaning of US persons to include any US citizen, national or resident individual, any partnership, corporation or trust organised in the United States of America, and any under its laws or those of any of its States.

I/We confirm that we will not promote or offer to sell to any US Persons (as defined in the Regulations under the US Securities Act of 1933) or US citizens; to ensure that I/we do not permit any Investment in funds through the platform to be made by a person who is a "US account" for the purposes of the United States Foreign Account Tax Compliance Act (FATCA) and undertake to immediately liquidate to close or transfer out for Wealthtime's reporting FI compliance, if to my/ our knowledge or reasonable belief, an account is or has become a US account.

I, the Registered Individual named in 'Adviser details' above, hereby confirm;

(i) The information set out in section one 'Investor details' above is correct, and was obtained by me/my firm in relation to the applicant.

(ii) The evidence which I/we have obtained to verify the identity of the applicant:

(please select one box only)

Meets the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.

or

Exceeds the standard of evidence set out in the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group and the written details of the further verification evidence taken are attached to this application form.

### Legal guardian

I, the Registered Individual named in 'Adviser details' above, hereby confirm:

(i) The information set out in section 9 'legal guardian' above is correct, and was obtained by me/my firm in relation to the applicant.

(ii) The evidence which I/we have obtained to verify the identity of the applicant;

(please select one box only)

Meets the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.

or

Exceeds the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group and written details of the further verification evidence taken are attached to this application form.

## 14. Adviser Confirmation and Verification of Identity (Continued)

### Employer

I, the Registered Individual named in 'Adviser details' above, hereby confirm:

(i) The information set out in section 10 'employer's details' above is correct, and was obtained by me/my firm in relation to the applicant.

(ii) The evidence which I/we have obtained to verify the identity of the applicant:

(please select one box only)

Meets the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.

or

Exceeds the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group and written details of the further verification evidence taken are attached to this application form.

### Third party

I, the Registered Individual named in 'Adviser details' above, hereby confirm:

(i) The information set out in section 11 'Third Party Payer Details' above is correct, and was obtained by me/my firm in relation to the applicant.

(ii) the evidence which I/we have obtained to verify the identity of the applicant (please select one box only):

Meets the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.

or

Exceeds the standard of evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group and written details of the further verification evidence taken are attached to this application form.

By signing this form, I confirm that I am the Registered Individual shown in section 14.

Signature:

Date (dd/mm/yyyy):

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## Instruction to your bank or building society to pay by direct debit

Please fill in the whole form using a ball point pen and send it to:

Originator's identification number:

2 4 7 7 2 8

Wealthtime Client Services  
PO Box 4328  
BATH  
BA1 0LR

FOR Wealthtime OFFICIAL USE ONLY  
This is not part of the instruction to your  
Bank/Building society

Name(s) of Account Holder(s)


Branch sort code

Bank/Building society account number

Name and full postal address of your bank  
or building society

To: The Manager:	Bank/Building Society
Address:	
Postcode:	

### Instruction to your Bank/Building Society\*

Please pay Novia Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit guarantee. I understand that this instruction may remain with Wealthtime and, if so, details will be passed electronically to my bank/building society.

Signature(s):

Date:

Banks and building societies may not accept Direct Debit Instructions for some types of accounts.



\*This guarantee should be detached and retained by the payer.

### The Direct Debit guarantee



- This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, Wealthtime will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Wealthtime to collect payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Wealthtime or your bank or building society, you are entitled to a full and immediate refund from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Wealthtime asks you to,
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## 15. Nomination/Expression of Wish

The Expression of Wish made in this section will be followed at the discretion of the scheme administrator.

Please nominate below the individuals to whom the proceeds of your Novia SIPP will be paid in the event of your death.

Name:   % Name:   %

Date of birth:

Date of birth:

Relationship to member:

Relationship to member:

Address (including postcode):

Name:   %

Name:   %

Date of birth:

Date of birth:

Relationship to member:

Relationship to member:

Address (including postcode):

Please nominate the charities to receive payment from your SIPP Drawdown where no spouse/civil partner or dependents exist.

Name of charity:

%

Name of charity:

%

Registered Charity Number:

Registered Charity Number:

Address (including postcode):

## Signature

Signature:

Date (dd/mm/yyyy):

## 16. Transferring Scheme Authority

You will need to obtain a discharge form from each transferring scheme manager, which must be forwarded to: Wealthtime Client Services, PO Box, 4328, BATH BA1 0LR.

Application number for office use only:

Scheme manager:

Account number:

### Details of Investor

Investor name:

Address:

Postcode:

Date of birth  
(dd/mm/yyyy):

National  
Insurance Number:

Transferring  
scheme reference:

Transferring scheme:

### Scheme address

Street number/Building name:

Street name:

District:

Town/city:

County:

Country:

Post Code:

Estimated transfer amount:

£   Please tick if this is a pension credit

£  (Uncrystallised) £  (Crystallised)

For block transfers only:

Protected low pension age  Protected tax-free Cash amount  £

I authorise you to transfer my pension plan to Wealthtime and to provide them with any related information regarding the plan.

Print name:

Signature:  Date (dd/mm/yyyy):

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

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WT-18SIA-1225 Page 20 of 20