

General Investment Account Application Form

Thank you for your interest in the Wealthtime Classic General Investment Account (GIA). Before you fill out this form, please make sure you've read and understood our GIA Key Features Document. Once you've decided it's the right product for you, please complete all sections.

Personal detai	ls		
Applicant one		Applicant two (o	ptional)
First name(s) in full		First name(s) in full	
Last name		Last name	
Date of birth (dd/mm/yyyy)		Date of birth (dd/mm/yyyy)	
Client number (if known)		Client number (if known)	
GIA payment			
To make a payment int	o your GIA please indicate the amour	nt.	
Single deposit (£)		Regular payments (£)	
Please tick as appropri	iate. I wish to pay for my deposit:	Frequency of regula	ar payments:
From my Wealthtime C cash balance.	Classic ISA account	Monthly Quart	terly Half-yearly Yearly
By bank transfer to Wealthtime.		Start date for regular payments: (dd/mm/yyyy) or	1 2 2 0 2
			2 7 2 0 2
	gular payments to your GIA, please fo re library at wealthtime.com. Please a		
GIA(s) to be transfe	erred		
Total number of GIAs to be transferred		Please complete a G existing GIA you wis	GIA transfer authority form for each sh to transfer.



Declaration

This declaration forms part of your GIA application and together with the Wealthtime Classic Terms and Conditions will constitute a legally binding contract between you and Wealthtime Classic. Please note that Wealthtime Classic means Wealthtime Limited or Wealthtime Trustees Limited where appropriate, unless a specific company name is mentioned.

I/We acknowledge and accept the GIA Key Features and Wealthtime Classic Terms and Conditions.

I/We understand that the services provided don't constitute financial advice under the terms of the Financial Services and Markets Act 2000.

I/We also accept the fees detailed in the Wealthtime Classic Fees Schedule.

Your signature (applicant one)						Your signature (applicant two)						
Full name					Full name							
Date (dd/mm/yyyy)						Date (dd/mm/yyyy)						
This section must be completed by your Adviser												
I have given advice to my client about their Wealthtime Classic Product(s). I have provided them with copies of the Key Features Document, key features illustration, key investor information document, as are relevant to this transaction.												
Your signature						Position						
Name						Date						
Details of introducing firm (or sole trader)												
Full name of regulated firm (or sole trader)						FCA reference number						



General Investment Account Transfer Authority Form

Complete this form to transfer an existing General Investment Account (GIA) into a Wealthtime Classic GIA.

Personal details

Applicant one	Applicant two (optional)
Mr Mrs Ms Miss Other	Mr Mrs Ms Miss Other
If 'other' please state	If 'other' please state
First name(s) in full	First name(s) in full
Last name	Last name
Date of birth (dd/mm/yyyy)	Date of birth (dd/mm/yyyy)
National Insurance number	National Insurance number
Permanent residential address	
	Postcode
Account to be transferred	
Name of GIA	Address of transferring General
General Investment Account number(s)	Investment Account provider
Name of transferring General Investment Account provider	Postcode
Is the plan subject to any existing or proposed trustee in bankruptcy or other receiving orders?	
Yes No	



Transter details						
Please transfer the car Classic by bank transf	sh balance to Wealthtime er.		If it's not possible to re my existing GIA inves please arrange for the	tments,		
Or please indicate as a	appropriate. I'd like you to:		sold and transferred i		Yes	No
the cash proceeds to r	my existing GIA and transfer ny Wealthtime Classic GIA		Please indicate the aptransferred as a perce):
existing GIA to my Weather than the existing GIA to my Weather than the existing GIA will be subject.	stments into your Wealthtime to your existing GIA manager allowing ur investments being available on the		Is this a full or a partial Full Partial If you wish to transfer whole amount, please as a percentage or an	a portion of your		
	tion d apply to the current provider thtime Classic and to provide ar					
I accept that in order t application may need for my documents to v	o comply with regulatory obligatory obligatory obligatory overify my identity and address.	tions We	ealthtime Classic and tl dress and may use crec	he current provid dit reference ager	er named i ncy searche	n this es and ask
Your signature (applicant one)			Your signature (applicant two)			
Full name			Full name			
Date (dd/mm/yyyy)			Date (dd/mm/yyyy)			