



## Third Party Wrappers Bank Details Form

We're currently rebranding from Novia to Wealthtime. You'll notice that some of our products and services still use the name Novia while we're transitioning over to the new name. So don't worry if you see both Wealthtime and Novia names in our documents. Wealthtime is a trading name of Novia Financial plc.

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 instructions. This instruction can be accepted via email from the email address that is registered on the investor account. You can sign this form digitally. If you don't have access to our selected electronic signature providers, please 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:	
Third-party address:	
Third-party email address:	
Investor Details	6
Investor One	
Investor number:	
Name:	
Investor Two	
Investor number:	
Name:	
Investor Three	
Investor number:	
Name:	
_	
Investor Four	
Investor number:	
Name:	



Payment	t Account De	tails	
Name of you	ır bank:		
Name on the	e account:		
Sort code:		Account numb	per:
Building Soc	ciety client number	:	
Investor	Declaration		
		vers to the questions and st of my/our knowledge.	d the bank details contained in this application
		will be performed on my rification measures.	//our capacity to sign on behalf of the third-party
_	_	electronic signature, l/w igned by my/our manus	we confirm that this method of signature is our cript signatures.
• Failure to ac	ct on any further ve	erification request could	d delay any dependent payment.
•Please prov	ride any authorised	l signatory list informatio	on with this form. At least two signatories must sign.
Signatory Or	ne print name:		
Signature:	Origir	nal Signature	Date (dd/mm/yyyy):
Email addres	ss:		
Signatory Tw	vo print name:		
Signature:	Origin	nal Signature	Date (dd/mm/yyyy):
Email addres	ss:		

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

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