



## Recurring Switch Instruction

switch are sold to rebalance the Cash holding to the required level.

We've rebranded from Novia to Wealthtime. You'll notice that some of our products and services have kept the Novia 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.

Please complete this instruction to request a recurring switch on a Product Wrapper. If you wish to request a recurring switch for more than one Product Wrapper, please complete an instruction for each one.

We'll accept 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 us.

If you need assistance completing this form, please contact the client services team on 0345 680 8000. Please note that this form should not be used for setting up or amending an existing regular investment instruction. If you would like to do this, please use the regular investment instruction form.

Investor Details
Wealthtime Investor number:
Investor name(s):
investor nume(s).
Recurring Switch Instruction
Product Wrapper type: Number:
Commencing on the* 9th or 22nd of (month)
With the last switch to take place in (mmyyyy):
*The recurring switch instruction must be received by us five business days before that date. If no commencement date is provided above, we will commence this instruction at the next recurring switch date.
For any switch instruction made on this application, please write the names in full as listed on our Investments List. The Investments List and fact sheets can be found at wealthtime.com.
We will NOT include non-daily dealing funds, alternative investments or equities traded via Stocktrade (where applicable) in the recurring switch process. If you wish to amend the level of investment in these asset types, please use the standard switch form.
Please note that any existing rebalancing instruction is not affected by this instruction.
Option One: Recurring Switch From Cash
I wish to switch £ from the Cash Facility to the investments listed below.
Frequency (select one): Quarterly Annually
I/We understand, if applicable, this will replace any existing instructions. This instruction will only be applied to cleared funds within the Cash Facility. I understand that in the event of the Cash Facility falling below 2% of the value of the Product Wrapper automated processes may mean that Assets purchased via this recurring



## **Recurring Switch Instruction**

ISIN/Sedol	Name of investment or model	Inc/Acc	%
		<u> </u>	4000
	ne named investments must be the same as the overall switch amount stated for opt he investment amount is invested in a model, the model will need to be link		100%
I wish to sw		to the Cash Facil	ity
I wish to sw		to the Cash Facil	ity
I wish to sw	from the investments listed below (select one): Monthly Quarterly Annually	to the Cash Facil	ity
I wish to sw	from the investments listed below  (select one): Monthly Quarterly Annually  erstand, if applicable, this will replace any existing instructions.		
I wish to sw Frequency I/We unde	from the investments listed below  (select one): Monthly Quarterly Annually  erstand, if applicable, this will replace any existing instructions.		
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I wish to sw	from the investments listed below  (select one): Monthly Quarterly Annually  erstand, if applicable, this will replace any existing instructions.		



## **Recurring Switch Instruction**

## **Adviser Declaration**

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

We will accept 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 us. By submitting this form either way, 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 that the confirm details are correct.
- · I confirm that I have the Investor's authority to submit this instruction on their behalf.

Name:		
Position:		
Adviser signature:	If you are submitting by post,	Date (dd/mm/yyyy):
	you must sign here.	