



## Stocktrade Account Cancellation

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.

Wealthtime will accept the 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 Wealthtime.

If you need assistance completing this form, please contact the client services team on 0345 680 8000.

## Stocktrade Account Cancellation Form

In order to cancel yo	our Stocktrade account, please complete and forward this form to: Wealthtime Client Services,
PO Box 4328, Bath,	BA1 0LR.
Investor name:	
investor name.	
Investor number:	
Wгаррег number:	
• •	
Stocktrade account	number:
Adviser Decla	ration
(This section must b	pe completed regardless of submission method)
secure email service	ept the receipt of this form without a signature, provided it is submitted through the Adviser Zone e. If you choose to sign the completed form, please arrange for the original to be returned to nitting this form, either way you are confirming the following:
• I declare that the i	nformation in this form is true and correct to the best of my knowledge.
_	fy Wealthtime against all such claims or losses, including additional tax , in the event that the information provided proves to be incorrect.
<ul> <li>I understand that of</li> </ul>	checks may be performed on this instruction to confirm that the details are correct.
I confirm that I have	ve the investor's authority to submit this instruction on their behalf.
	ve or will arrange for the stocktrade account to have a nil balance to enable the account to cept responsibility for any delay in instructing Stocktrade to move the funds to Wealthtime.
Name:	
Position:	
Firm name:	
Firm FCA number:	

Date (dd/mm/yyyy):

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

Adviser signature:

If you are submitting by post,