



# Under 18s SIPP Application Including Additional Investments



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 application can be used to open or make an Additional Investment to your account. If you need any help, please speak to your Adviser or contact our client services team on 0345 680 8000. You can sign this form digitally. Once completed, simply log on to Adviser Zone and send it to us via secure email. If you don't have access to our selected electronic signature provider, please sign the declarations throughout using a blue or black pen and scan the form before sending it to us by secure email. Alternatively, you can send the form by post to Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR.

2.2	·
Initial Investment	
Additional Investment into Novia SIPP number:	
Where this application includes a transfer please indicate if the	nere are:
Crystallised funds (please note that a Pension Withdrawa	al Instruction must be completed if you wish to receive
an income drawdown)	
Uncrystallised funds	
1. Investor Details	
If you are an existing Wealthtime Investor, please include	
your Investor number here:	Neticualities places list all patientalities
Joan Investor Harrison Here.	Nationalities - please list all nationalities
	We do not accept any US persons.
Mr Mrs Other	Residential address
Male Female	
Surname:	House number/name:
Forename(s):	Street name:
	District:
Date of birth:	Town/City:
	County:
National Insurance number:	Country:
	Postcode:
Failure to provide your correct National Insurance number	Postcode.
may mean that Wealthtime cannot collect tax relief on your pension contributions.	Correspondence address
Indicate here if you do not have a National	(if different to your residential address)
Insurance number	Please note that any correspondence we are required to send
TIM (Tay I double a blanch and subsequently about	you will be sent to this address. This will cancel any existing
TIN (Tax Identification Number) where applicable	instruction and apply to future correspondence for all
	Product Wrappers on this Wealthtime account
If your TIN is not known, please state your place and country of birth	House number/PO Box:
For taxation purposes please indicate your relevant UK	Street name:
individual status. Please refer to the declaration section of this	District:
application for the UK relevance explanation.	Town/City:
I am a UK relevant individual	
I am not a UK relevant individual	County:
If not, where are you resident?	Country:
ir not, where are you resident:	Postcode:



Contac	et details	Source of wealth
Telepho	one (Home) (inc. area code)	Savings from income
Telepho	one (Work) (inc. area code)	Sale of property Inheritence
Em Ch yea	or status  Inployed  It is a series of a series of an office or inployment held by you.	Divorce settlement Proceeds from investment Pension fund Gift Lottery and other winnings Other (please specify)
Ch	nsions pargeable to tax on earned income for the income tax par of assessment concerned in respect of a pension	Occupation
	argeable to tax under Schedule D for the income tax ar of assessment concerned in respect of annual profits	
ОГ	gains arising or accruing from any trade, profession or cation carried on by you.	Salary (p/a)
Ot Ch	ild under 16	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
Ca	ring for one or more children aged under 16 ring for a person aged 16 or over II-time education	planning to do so?  Yes No
Ott	her (please specify)	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





Building society client number:

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.\* Favourite colour Mother's maiden name Memorable place Memorable date Answer⁺: 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.\* Favourite colour Memorable date Mother's maiden name Memorable place Answer⁺: 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:

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*)
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) £

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

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



## 6. Investment Instructions

a. Instructions for Initial Investments only	(Additional Investments should be detailed in 6b)	ı
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you wish to make th	e Investment choice above your default selec	ion for future Investment	s?
this interest and pass the calthtime.com/investor	e Cash held within your account. The amount we rec the rest on to you. Visit our website for the latest interest s/documents/ wealthtime-platform-cash-account	st rates and for more on what	this means for you:
		Total	100%
Percentage to be trai	nsferred to the Stockbroker for the purchase	of equities (if applicable)	
	Cash (minimum 2%)*		
SIN/Sedol	Name of Investment	Inc/Acc	%
ease write the name:	s in full as listed on the Wealthtime Investment can be found at wealthtime.com	s List.	
odel name:	. 25 drian and enteress are committee.		
he held in your Cash	Facility until the choices are confirmed.		
	income units/shares. Where income units/shares l es are subject to sufficient cleared funds. Please e		

By completing this application you authorise Wealthtime a 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.	
OR	
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 atwealthtime.com

ISIN/Sedol	Name of Investment	Inc/Acc	%				
	Cash (min 2%)*						
	(f P 11)						
Percentage to be transferred to the S	Percentage to be transferred to the Stockbroker for the purchase of equities (if applicable)						
rendentage to be transferred to the s	Stockbroker for the purchase of equiti	Total	100%				

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

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b. Instructions for Additional Ir Please choose the appropriate Invest	<b>-</b> ` ,	s Investment.	
I wish to use the new Investment	s as listed above as my default select	ion for any future Inve	stments
I/We have an existing Rebala	ancing instruction and wish to invest i	n Cash awaiting the ne	ext Rebalancing date.
OR			
Please apply Rebalancing us	sing my default Investment choice	Quarterly A	nnually
OR			
I wish to make a new Investment	choice as my default selection for an	y future Investments a	nd apply Rebalancing
using the Investment choices det	ailed below.	Quarterly	nnually
Please write the names in full as lister The list and fact sheets can be found			
ISIN/Sedol	Name of Investment	Inc/Acc	%
	Cash (min 2%)*		
Percentage to be transferred to the S	 Stockbroker for the purchase of equiti	ies (if applicable)	
		Total	100%

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.

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<sup>\*</sup> 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





## 7. Payment Instructions

Payment by Cheque: Please make cheques payable to Novia Financial plc. Cheques should be sent together with this form to: Wealthtime 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. Ad	viser Charge	e Au	thorisati	on			
Initial	%	ог	£				
*Maxim	um initial Advise	r Char	ge is 5% p/a	of the Initial Inve	stment an	nount.	
Ongoin	g** %	paid	monthly or	£		per annum to be	e paid
						Monthly	Quarterly Annually
	-		<del>-</del>	from the money struction for this p		ested with this app	olication.
	naximum ongoing ed on this applicat				icy value a	t the time of takin	ng the charge. If a higher figure is
9. Leg	gal Guardiar	ı's D	etails for	r Applicants	Under	the Age of 1	8 at Time of Application
Surnan	ne:						
Full for	ename(s):						
Date of	birth (dd/mm/yy	уу): [					
Nationa	al Insurance num	ber:					
House	number/name:				Cour	nty:	
Street	name:				Cour	ntry:	
District	:				Post	code:	
Town/C	City:				Cour	ntry of residence:	



#### 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:								Dat	te (d	ld/m	ոm/yy	/уу):				
10. Employer's I	Details															
This section must be c	ompleted v	where the	employe	er is makin	ng an	у рау	ments	into t	this N	Vovi	ia SIP	P.				
A record of payments	due form m	nust also l	be compl	eted where	e the	e emp	loyer	is mal	king	Reg	gular I	nves	tmer	nts.		
Employer name and th	ne person d	dealing wi	th the co	rresponde	ence	:										
Employer's addres	SS															
Street number/buildin	ng name:															
Street name:																
District:	[															
Town/City:																
County:																
Country:																
Postcode:	[															
Company registration	number:															
Contact telephone nui	mber:										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:		
	npany registration nber:	
<ul> <li>I acknowledge that, in providing the Investment(s) for</li> </ul>	this account:	
<ul> <li>I am making an outright gift and will have no entitlement</li> </ul>	ent to the account directly or indirectly.	
• I am 18 years of age or over.		
<ul> <li>I acknowledge that, where this is a company, the payn accounted for appropriately.</li> </ul>	nent provided for this Investment has been	
<ul> <li>I confirm that I have been made aware of Wealthtime and I understand and acknowledge Wealthtime's use</li> </ul>		
<ul> <li>If I sign this declaration by electronic signature, I conf to be bound as if signed by my manuscript signature.</li> </ul>	irm that this method of signature is my agreement	
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 author	orise Wealthtime to:		
Make the Adviser Cha	arge payments specified in the application	o your Adviser on your behalf.	
Accept Investment a	nd disinvestment instructions from your ap	pointed Adviser.	
Investor name:			
Investor signature:		Date (dd/mm/)	уууу):
13. Adviser Det	tails		
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 Group.
or
Exceeds the standard 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 evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.
or
Exceeds the standard 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 evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.
ог
Exceeds the standard 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 evidence set out in the guidance for the UK financial sector issued by the Joint Money Laundering Steering Group.
ог
Exceeds the standard 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):





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

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
ame(s) of Account Holder(s)	
ranch sort code	Instruction to your Bank/Building Society*
ank/Building society account number  ame and full postal address of 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.
o: The Manager: Bank/Building Society	
Address:	Signature(s):
Postcode:	Date:
Banks and building societies may not accept Direct	Debit Instructions for some types of accounts.

- 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): Address (including postcode): Name: % Name: % Date of birth: Date of birth: Relationship to member: Relationship to member: Address (including postcode): 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): 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:
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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