



SIPP Nomination Form

Expression of Wish

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.

An expression of wish is a request to the scheme administrator of the Novia SIPP (Novia), setting out who you would like to receive your remaining Novia SIPP benefits when you die. The remaining benefits held in your Novia SIPP will be settled at the discretion of the scheme administrator, in accordance with the rules of the Novia SIPP, but your expression of wish can help the scheme administrator decide who'll receive any payments.

You can complete this form digitally if you have access to one of our selected electronic signature providers:

https://www.wealthtime.com/wp-content/uploads/sites/7/2023/11/Digital-Form-Submission_v3.pdf

Otherwise, please sign the declaration on page two using a blue or black pen and send the form by post to **Wealthtime Client Services, PO Box 4328, Bath, BA1 0LR.**

For financial advisers:

Log in to Adviser Zone and send the completed document to us via secure email. We can accept a digitally signed copy or a scanned copy of the original signed document.

1. Investor Details

Name of investor:

Date of birth (dd/mm/yyyy):

Investor number (if known):

2. Investor Wishes

Name:

Allocation: % Date of birth (dd/mm/yyyy):

Relationship to investor:

Address (including postcode):

Name:

Allocation: % Date of Birth (dd/mm/yyyy):

Relationship to investor:

Address (including postcode):

Name: Allocation: % Date of birth (dd/mm/yyyy): Relationship to investor:

Address (including postcode):

Name: Allocation: % Date of birth (dd/mm/yyyy): Relationship to investor:

Address (including postcode):

3. Further Information

If you would like to provide more information, please use the space provided below. For example, you may wish to name individuals you would like the scheme administrator to consider in the event that the beneficiaries nominated in section two die before you.

Please ensure a percentage, date of birth, relationship and address are included for each person named.

4. Charity Nomination

Depending on the benefits you hold and the prevailing legislation, it may be possible to have a lump sum death benefit paid to a registered charity instead of individual beneficiaries. Use this section if you would like to nominate a charity to receive death benefits.

Name of registered charity:

Allocation: %

Registered charity number:

Address (including postcode):

Name of registered charity:

Allocation: %

Registered charity number:

Address (including postcode):

5. Signature

I understand that the wishes expressed on this form will supersede any previous nominations made by me.

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.

Name
(please print):

Date (dd/mm/yyyy):

Signature:

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

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