



# Regular Investment Collection

## Cancel or amend

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.

Complete this form to cancel or amend an existing regular investment collection and the associated direct debit instruction. This new instruction will replace any previous instruction you had in place.

If you want to set up new regular investments, you should complete a new product wrapper application. Your financial adviser can help you with this.

To make things easier, your financial adviser can submit this form to us without your authorisation. If you'd prefer to authorise the instruction with your signature, please ask your adviser to return the original signed form to us.

If you need help completing this form, please speak to your adviser or contact our client services team on 0345 680 8000.

## Product Details

Please confirm the Product Wrapper these changes should be applied to.

Investor Number	<input type="text"/>		
Product Wrapper Type	<input type="text"/>	Product Wrapper Number	<input type="text"/>
Investor Name(s)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

## Regular Investments

### Investor

Please cancel my/our existing Investor Regular Investment

or

Please amend my/our existing Investor Regular Investment to:

£  (net\*) or max allowed (Novia ISA only)  Per month  Per year

Adviser Initial Charge to be taken on each payment £  or  %

Do you wish to increase your regular payments each year? Please select one option.

No  Yes, by the Retail Prices Index (RPI)\*\*

### Employer (Novia SIPP only)

Please ensure that a Record of Payments Due form (for an individual Novia SIPP) or Payment Schedule (in the case of a Novia SIPP within an Employer Scheme) is completed by your employer.

Please cancel the existing Employer Regular Investment

or

Please amend the existing Employer Regular Investment to:

£  (gross)  Per month  Per year

Adviser Initial Charge to be taken on each payment £  or  %

Do you wish to increase your regular payments each year? Please select one option.

No  Yes, by the Retail Prices Index (RPI)\*\*

### Third Party (Novia SIPP only)

Please ensure that a Record of Payments Due form (for an individual Novia SIPP) or Payment Schedule (in the case of a Novia SIPP within an Employer Scheme) is completed by your employer.

Please cancel the existing Third Party Regular Investment

or

Please amend the existing Third Party Regular Investment to:

£  (net\*)  Per month  Per year

Adviser Initial Charge to be taken on each payment £  or  %

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 15th of each month. The minimum amount allowed for Regular Investments is £50 monthly or £600 annually.

\*For the Novia SIPP, we will reclaim the basic tax rate on this amount, which will be invested in accordance with our terms and conditions.

\*\* Novia GIA and Novia SIPP only.

## Adviser Declaration

This section must be completed regardless of submission method.

We'll accept this form without an investor signature, if it's submitted through the Adviser Zone secure email service. Alternatively, you can ask the investor to sign the completed form and send the original back to us.

By submitting this form 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 confirm details are correct.
- I confirm that I have the Investor's authority to submit this instruction on their behalf.

Name	<input type="text"/>
Position	<input type="text"/>
Firm name	<input type="text"/>
Firm FCA number	<input type="text"/>

## Investor Declaration

Only applicable where the investor wishes to authorise by signature.

- I/We understand that on receipt of this instruction, you will update my/our records within five business days.
- I/We declare that the information in this form is true and correct to the best of my/our knowledge.
- I/We understand that checks may be performed on this instruction to confirm details are correct.
- I/We understand that any delay on my/our part to act on any further verification request will delay processing the instruction and my/our failure to act will prevent processing the instruction.

Investor one signature	<input type="text"/>
Investor one name	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Investor two signature	<input type="text"/>
Investor two name	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Where the investor has signed the adviser must also sign and post the original to us.

Adviser signature	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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