



Record of Payments Due

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.

This form should be completed by employers making Regular Investments into a Novia SIPP only. If you're an investor whose employer is contributing to a Novia SIPP, please send this form to your employer for them to complete.

For employers: You can sign this form digitally. Once completed, simply log in to Adviser Zone and send it to us via secure email. If you don't have access to our selected electronic signature providers, please sign the declaration on page two using a blue or black pen. Then scan the form and send it to us by secure email. Alternatively, you can send the form by post to: Wealthtime Client Services, PO Box 4328, Bath BA1 0LR

We must be notified within 30 days of any changes to these payments. If you fail to complete this form, we are unable to monitor payments in accordance with the Pensions Act 2004 and you may be reported to The Pensions Regulator (TPR). If you are deducting the employee's contributions from their net salary, these must be received by us no later than 19 days after the end of the month in which the deduction was made. This is the final date under TPR requirements.

1. Member Details								
Мг	Мгѕ	Miss		Other				
Ѕигпате:					Investor number:			
Forename(s):								
National Insura	nce numb	er (if known):						
We may not be ab	le to collect	t tax relief on yo	our pension contrib	utions if you don't supp	ly your correct National Insurance number.			
2. Employe	r Detai	ls						
Employer name	and perso	on dealing wit	h correspondenc	e.				
Employer ad	dress							
Street number/	building n	ame:						
Street name:				District:				
Town/city:				County:				
Country:				Postcode	:			
Company regist	tration nui	mber		Contact	telephone number:			



3. Employer Regular Investment Details

Novia SIPP wrapper number		
Total Regular Investment amount (gross):	£	Monthly or Annually
Amount from employer (gross):	£	
Amount from employee (gross)	£	Salary Sacrifice by employee from Gross Income
Amount from employee (net)		
	£	Additional contribution made by employee from Net Income
Do you wish to increase your regular paym No Yes, by the Retail Prices Inc	- ,	one option)
When do you wish to commence payments	s? (mm/yyyy):	
Frequency of employee pay (weekly/mont	hly/annually):	
Regular Investments can be taken from you	ur account on the 2nd or 15th of	the month.
Would you like your payments paid on the	2nd or 15th?	
Please ensure that a Direct Debit mandate	·	ed to us



4. Declaration

- 1. We declare that to the best of our knowledge and belief, the statements made in this section and any related documents are correct and complete and that we have not concealed any material fact.
- 2. We agree to pay Wealthtime regular contributions for the Member other than any minimum contributions paid by the National Insurance Contributions Office.
- 3. We understand that although we can contribute to the Member's benefits, the contracts exist between the Member and Wealthtime.
- 4. We understand that we will be responsible for dealing and corresponding with Wealthtime regarding the payment or non-payment of contributions for the Member.
- 5. We undertake to advise Wealthtime within 30 days of the Member ceasing to be employed by us or where contributions are reduced or terminated.
- 6. We understand that if any payment due is not received by Wealthtime within 90 days of the due date or where Wealthtime feels that non-payment is of significance, you may be required to advise The Pensions Regulator and the Member.
- 7. We understand that it is our responsibility to ensure Wealthtime is provided with relevant information to monitor payments and that should we fail to provide it we will be reported to the TPR.
- 8. We confirm that the Member has provided consent for us to include their personal data within the schedules to be provided to Wealthtime from time to time and used in accordance with the Data Protection Section in the terms and conditions.
- 9. We understand you may make our personal information available to a third party by electronic or other means for the purpose or verifying identity in accordance with the Money Laundering Regulations.
- 10. If we sign this declaration by electronic signature, we confirm that this method of signature is our agreement to be bound as if signed by our manuscript signatures.

Signatory name: (please print)		 	 	 	 	_
Date (dd/mm/yyyy):						
Employer's signature:						_