



Novia 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 Novia.

If you need assistance completing this form please contact the Client Services Team on 0345 680 8000.

1 Product Details

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

2 Change of Adviser Charges

I/We understand this will be paid to my/our Adviser from the money I/we have invested. This instruction will replace any existing instruction for this product wrapper.

Ongoing % per annum to be paid monthly

OR

£ per annum to be paid Monthly Quarterly Annually

Please note, that where your product is an Offshore Bond, all Adviser Charges taken from the Offshore Bond are considered to be withdrawals for the purpose of the 5% tax deferred allowance. Any change must be received by the Novia Client Services team ten business days before the date of payment for ongoing charges.

*The maximum Ongoing Adviser Charge is 2% pa of the policy value at the time of taking the charge. If a higher figure is recorded on this application, the maximum will be applied. There is no maximum Ongoing Adviser Charge for the GIA.

3 Adviser Declaration (This section must be completed regardless of submission method)

Novia 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 Novia. 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 Novia Financial Plc 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 the investor has agreed the new adviser charges and that I have the Investor's authority to submit this instruction on their behalf.
- / I/We understand, if applicable, this will replace any existing instructions.

I understand that failure to provide all of the necessary information may lead to delays in setting up this instruction.

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

If you are submitting by post,
you must sign here.