



GIA Individual/Joint Re-registration Authority

This Authority can be used for re-registration of funds listed on the Novia Investments List only. To transfer equities listed on the London Stock Exchange please use the Equity Transfer Authority.

Re-registration authority (please complete one authority for each manager)

Registered holder 1

<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname				Date of Birth	DD/MM/YY	
Forename(s)				National Insurance number (if known)		
House number/ name						
Street name				County		
District				Country		
Town/City				Postcode		

Registered holder 2

<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname				Date of Birth	DD/MM/YY	
Forename(s)				National Insurance number (if known)		
House number/ name						
Street name				County		
District				Country		
Town/City				Postcode		

Registered holder 3 (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname				Date of Birth	DD/MM/YY	
Forename(s)				National Insurance number (if known)		
House number/ name						
Street name				County		
District				Country		
Town/City				Postcode		

Registered holder 4 (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname				Date of Birth	DD/MM/YY	
Forename(s)				National Insurance number (if known)		
House number/ name						
Street name				County		
District				Country		
Town/City				Postcode		

Re-registration authority *continued*

Name and address of existing Manager

Manager name

Building number/ name County

Street name Country

District Postcode

Town/City

Account number registered with the Manager

Assets to be re-registered

Full name of assets to be re-registered (all assets are to be re-registered in full)	ISIN/Sedol	Inc/Acc

Please transfer any remaining cash from the specified account to Novia.

Payment is to be made to Novia wrapper number

I/We authorise the Manager shown on this Authority to provide Novia Financial plc with any information it may require, and to re-register the assets detailed above to Novia (Net) Nominee Limited with immediate effect.
I/We confirm that by virtue of paragraph 6 of Schedule 19 of the Finance Act 1999 this transaction is exempt from Stamp Duty Reserve Tax.
I/We authorise Novia Financial plc to submit this re-registration authority to the Manager detailed in this Authority and for the manager to execute the re-registration with immediate effect.
I/We confirm that the re-registration of the assets listed below will not effect any change of beneficial owners from or among the existing holders and is not for consideration in money or moneys worth.
I/We understand following the completion of the re-registration, Novia will convert any rebate paying assets to the non-rebate paying share class.

Power of Attorney authorisation

I/We hereby appoint Novia Financial plc as my/our attorney in respect of this re-registration. As such, I/we authorise my/our attorney to do on my/our behalf, all things necessary to re-register ownership of the asset(s) listed on this form into the name of its nominee, Novia (Net) Nominee Limited. I/We confirm that where I/we grant this power in my/our capacity as trustee this power shall, in accordance with Section 25(5) of the Trustee Act 1925, only remain valid for a period of 12 months from the date of this deed.

Re-registration authority *continued*

Account Number registered with the Manager

Registered holder 1

Signature Name
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness signature Witness name (please print)
House number/ name County
Street name Country
District Postcode
Town/City Date

Registered holder 2

Signature Name
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness signature Witness name (please print)
House number/ name County
Street name Country
District Postcode
Town/City Date

Registered holder 3

Signature Name
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness signature Witness name (please print)
House number/ name County
Street name Country
District Postcode
Town/City Date

Registered holder 4

Signature Name
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness signature Witness name (please print)
House number/ name County
Street name Country
District Postcode
Town/City Date