



This form can be used to transfer a Child Trust Fund or an existing Junior ISA to Novia Financial plc (Novia). Once completed, please return this form and any additional enclosures to Novia Client Services, PO Box 4328, BATH, BA1 0LR. PLEASE COMPLETE THIS FORM IN CAPITALS USING BLACK INK.

## 1 Eligible Child Details

Title

Surname  Forename(s)

Date of birth  Male  Female

National Insurance Number (if held)

If the eligible child has a Child Trust Fund they will have been given a Unique Reference Number. It will be found on their annual Child Trust Fund Statement.

If a Child Trust Fund is held please provide the Unique Reference number

### Residential Address

House number/name

Street name  Town/City

District  County

Country  Postcode

Nationality (please list all)

## 2 Registered Contact Details

This transfer is being requested by:

The Eligible Child who is aged 16 or over and wish to be the Registered Contact. (Please use my details from Section 1)

or

The following individual with parental responsibility for the Eligible Child. Please use my details below.

Investor Number (required)  (for your existing Novia Wrap Account)

Title

Surname  Forename(s)

Date of birth  Male  Female

National Insurance number

Relationship to Eligible Child

### Residential Address

Same as child

House number/name

Street name  Town/City

District  County

Country  Postcode

Nationality (please list all)

### 3 Details of your existing Plan Manager

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Child Trust Fund

or

Junior ISA

Plan Manager Name

Building number/name

Street name

Town/City

District

County

Country

Postcode

Account number with existing Plan Manager

### 4 Transfer Details

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Please indicate the method of transfer

Cash

Re-registration

We will re-register all assets and residual cash you hold with this Plan Manager.

### 5 Declaration

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I authorise the Manager shown on this Transfer Authority to provide Novia Financial plc with any information it may require, and transfer the Child Trust Fund or Junior ISA to Novia (ISA) Nominee Limited with immediate effect.

Registered Contact Name

Registered Contact Signature

Date

DD/MM/YYYY