



This form is to be completed by the employer who is making Regular Investments to a Novia SIPP.

PLEASE COMPLETE THIS FORM IN CAPITALS USING BLACK INK.

Novia Financial plc must be notified by the employer within 30 days of any changes to these payments. If you fail to complete this form we are unable to monitor payments as detailed in accordance with the Pensions Act 2004, and you may be reported to The Pensions Regulator (TPR). If you are deducting 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. Please note, this is the final date under TPR requirements.

1 Member Details

Mr
 Miss
 Mrs
 Other

Surname Forename(s)

National Insurance number

Failure to provide your correct National Insurance Number may mean that Novia cannot collect tax relief on your pension contributions.

2 Employer Details

Employer name and person dealing with correspondence

Employer address

Street Number/ Building Name Town/City

Street Name County

District Country

Postcode

Company registration number

Contact telephone number: in case of query

Ext.

3 Employer Regular Investment Details

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 payments each year? (Please select one option)

No Yes, by the Retail Prices Index(RPI)

When do you wish to commence payments?

Date and frequency of employee pay

Please note that Regular Investments will be taken from your account on the 2nd of the month. Please ensure that a Direct Debit mandate has been completed and returned to Novia 15 business days before your first Regular Investment is to be taken.

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 Novia Financial plc 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 Member's benefits, the contracts exist between the Member and Novia Financial plc.
4. We understand that we will be responsible for dealing and corresponding with Novia Financial plc regarding the payment or non-payment of contributions for the Member.
5. We undertake to advise Novia Financial plc 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 Novia Financial plc within 90 days of the due date or where Novia Financial plc 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 Novia Financial plc 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 Novia Financial plc from time to time and used in accordance with the Data Protection Section in the Terms & Conditions.
9. We understand you may make our personal information available to a third party by electronic or other means for the purpose of verifying identity in accordance with the Money Laundering Regulations.

Employer's signature

Date

DD/MM/YY

Signatory Name
(please print)