

Application Form for Additional Investments (Investment bonds)

Application Form for Additional Investments (Investment Bonds)

Important: We suggest you seek financial advice before completing this form. If you do not have a financial adviser, you can find one at www.unbiased.co.uk. Please note, a financial adviser may charge you for any advice provided.

Only complete this form once you have read the 'Key features' document and illustration. Please ask your financial adviser if you have not received these.

Please use BLOCK CAPITALS and tick the appropriate boxes. We can send you a copy of the completed application and/or a copy of the full terms and conditions for this investment if you ask us to. The completed application form is required by Aviva.

Investment Bond choice

Please note: This document is suitable for Policyholders or Trustees who wish to make an additional investment to their Aviva investment bond.

There is a minimum additional investment amount which applies to additional investments into our bonds. If your bond name is not listed below, or if you have any questions, please call us on **0345 602 9199**.

Please select which product you have (tick one):

		Minimum additional investment amount
Capital Investment Bond	<input type="checkbox"/>	£2,000
Ethical Investment Bond	<input type="checkbox"/>	£2,000
Income Distribution Bond	<input type="checkbox"/>	£3,000
Investment Portfolio Bond	<input type="checkbox"/>	£2,000
Wealth Solutions Bond	<input type="checkbox"/>	£5,000
With Profit Bond	<input type="checkbox"/>	£2,000
With Profits Bond Plus	<input type="checkbox"/>	£2,000
Other (please state)*	<input type="text"/>	

* If your bond is not listed above, please call us to confirm the minimum investment amount.

Details of the additional investment

Amount of additional investment

£

Notes

If you are a Policyholder:

- Complete **Section 1** and **Section 3** only.
- Sign and date **Section 4** only.

- **Section 6** to be completed by the financial adviser only.

If you are a Trustee:

- Complete **Section 2** and **Section 3** only.
- Sign and date **Section 5** only.

All relevant sections of this form must be completed.

Once completed, return this form to: Aviva, PO Box 1550, Salisbury, Wiltshire SP1 2TW, United Kingdom

Section 1 – to be completed by the Policyholder(s) only

Policyholder details

	First Policyholder	Second Policyholder (if applicable)
Your title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Your surname	<input type="text"/>	<input type="text"/>
Your forename(s)	<input type="text"/>	<input type="text"/>
Your permanent home address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Town/City <input type="text"/>	Town/City <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
	Your postcode <input type="text"/>	Your postcode <input type="text"/>
Your email address	<input type="text"/>	<input type="text"/>
Your telephone number	<input type="text"/>	<input type="text"/>
Your date of birth*	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Your nationality	<input type="text"/>	<input type="text"/>
The policy number(s) of the bond(s) you wish to make an additional investment to	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

* Please note: there may be a maximum age for investments into your bond. Please see your 'Key features' document for more information regarding age limits or contact us.

Source of wealth

Industry guidance on anti-money laundering and financial crime has led to us including the following questions on the source of wealth. We need this information from the applicant(s).

	First Policyholder	Second Policyholder (if applicable)
Current annual income/pension (gross) from employment or occupation	<input type="text"/>	<input type="text"/>
Please specify employment or occupation (including retired) and the name of your employer	<input type="text"/>	<input type="text"/>

Note: 'Source of wealth' is the reason for having funds available for investment. Typical sources of wealth are shown below. Please note, we do not require the actual location of the funds such as account number or name.

Please tick as appropriate

Savings from income	<input type="checkbox"/>	<input type="checkbox"/>
Sale of investments	<input type="checkbox"/>	<input type="checkbox"/>
Sale of house or land	<input type="checkbox"/>	<input type="checkbox"/>
Inheritance or gift	<input type="checkbox"/>	<input type="checkbox"/>
Please specify any other source of wealth	<input type="text"/>	<input type="text"/>

Section 2 – to be completed by the Trustee(s) only

Trustee details

	First Trustee	Second Trustee
Your title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Your surname	<input type="text"/>	<input type="text"/>
Your forename(s)	<input type="text"/>	<input type="text"/>
Your permanent home address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Town/City <input type="text"/>	Town/City <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
	Your postcode <input type="text"/>	Your postcode <input type="text"/>
Your date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your nationality	<input type="text"/>	<input type="text"/>
	Third Trustee	Fourth Trustee
Your title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Your surname	<input type="text"/>	<input type="text"/>
Your forename(s)	<input type="text"/>	<input type="text"/>
Your permanent home address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Town/City <input type="text"/>	Town/City <input type="text"/>
	County <input type="text"/>	County <input type="text"/>
	Your postcode <input type="text"/>	Your postcode <input type="text"/>
Your date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Your nationality	<input type="text"/>	<input type="text"/>

Taxation

If the 'withdrawals' in any one policy year exceeds 5% of the capital invested, or if the total 'withdrawals' taken from the policy exceeds the capital invested, there may be a liability to higher rate (40%) or additional rate (45%) tax. The amount of any age-related personal allowance or certain tax credits may also be affected. Please note, tax rules may change.

For bonds written in trust, in addition to the taxation position outlined above, withdrawals from a bond which are paid to a trustee on a regular basis may, under certain circumstances, cause additional tax liabilities. If you have any queries regarding this form, please contact your financial adviser or Aviva. Please note that tax rules may change.

Account details

Please give details of the account to be credited with regular withdrawals or income distributions.

Name of account holder

Name of Bank/Building Society

Address of branch

Town/City

County

Postcode

Account number

Sort code

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Declaration

I/We submit this Application with a view to entering into an additional Investment Bond. I/We understand that the contract will commence on the acceptance of this Application by Aviva on its normal terms and conditions (which we are aware are available on request).

I/We authorise Aviva to pay the withdrawals as requested in the Regular Withdrawal Scheme section by way of a partial surrender in full satisfaction and discharge of the surrendered portions of the Bond. I/We confirm that we are entitled to give this authorisation and understand that these instructions will operate in accordance with the current terms and conditions of the Regular Withdrawal Scheme.

I/We submit this Application with a view to submitting an additional investment into my/our existing investment bond. I/We understand that the contract will commence on the acceptance of this Application by Aviva on its normal terms and conditions (which are available on request.) I/We authorise Aviva to pay the regular withdrawals/income distributions as requested (if applicable) in the Regular withdrawal instruction section by way of a partial surrender in full satisfaction and discharge of the surrendered portions of the bond. I/We confirm that we are entitled to give this authorisation and understand that these instructions will operate in accordance with the current terms and conditions of my/our existing bond.

Data Protection and Financial Crime

Data Protection

Use of personal information

We'll use the information you give us to:

- process and/or underwrite your application
- decide if we can offer cover and on what terms
- administer your policy and handle any claims
- help detect and prevent fraudulent activity.

Other companies from across the Aviva group, or third parties who provide services to us, in any country (including those outside the European Economic Area) could also use your information in this way. If they do, we'll make sure they agree to treat your information with the same level of protection as we would.

We may share your information with regulatory bodies, other insurers (directly or using shared databases), your insurance intermediary, or third parties providing services to them.

To keep our products and services competitive and suitable for customers' needs, we may also use your information for research and customer profiling.

By signing this form I consent to this use of my personal data as set-out above.

From time to time, we may tell you about other products or services which may be of interest.

I **do not** wish you to contact me by:

Post Phone Email

You can change your mind at any time by contacting us - Aviva, NPE Dept, PO Box 582, Bristol, BS34 9FX.

Financial Crime

To verify your identity and prevent financial crime, your information may be used by any company within the Aviva group and may be shared with third parties who provide services to us, as well as other organisations where required to by law and regulatory requirements.

A record may be kept of any searches carried out and any suspicions of financial crime and related details may be retained and used to assist other companies for verification and identification purposes. The search is not a credit check and your credit rating should not be affected.

Section 4 – to be signed by the Policyholder(s) only

Before you sign this form, please ensure you have read all of the declarations and information on page 8. If you have any further questions, please contact us or speak with your financial adviser.

First Policyholder

Your signature

Your name (please print)

Date

Second Policyholder (if applicable)

Your signature

Your name (please print)

Date

Important notes

Investment instructions

Your additional investment will be applied in accordance with the investment instructions you have given on this Application. Your existing unit holdings will remain unaltered unless you specify otherwise by completing a **Fund Variation Request (XF124)**.

Further information

If you require any further information and/or a copy of the policy conditions, then please contact Aviva or your financial adviser. Please note that your financial adviser may charge you for any advice provided.

Section 5 – to be signed by the Trustee(s) only

Before you sign this form, please ensure you have read all of the declarations and information on page 8. If you have any further questions, please contact us or speak with your financial adviser.

Signature of First Trustee

Name of Trustee

Signature of Second Trustee

Name of Trustee

Signature of Third Trustee

Name of Trustee

Signature of Fourth Trustee

Name of Trustee

Important notes

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Section 6 – to be completed by the financial adviser only

Financial adviser information

To be completed by the financial adviser (where applicable).

Adviser's reference number

Business name and address of the registered individual involved in sale

Town/City

County

Postcode

Business name and address of the financial adviser firm

Town/City

County

Postcode

Contact name, if different from above

Telephone number

Email address

Financial Services register number

Did you give financial advice in relation to this application?

Yes

No

Use of unauthorised intermediaries

Please tick the box to confirm that the following statement is true.

I confirm that this business was not transacted as a result of the direct or indirect involvement of another person who is not an authorised or exempt person as defined in the Financial Services and Markets Act 2000.

This confirmation is required to meet our regulatory requirements and Aviva cannot accept this business without this confirmation.

How to contact us

Your financial adviser will normally be your first point of contact. If you have any questions, you can phone us or write to us.



Call us on **0345 602 9199** at the following times:
Monday to Friday between 8.30am and 6pm.
We may record calls to improve our service.
Calls may be charged and these charges will vary;
please speak to your network provider.



Fax us on **0345 600 0624**.



Email us at **customer.services@dgaviva.com**.



Write to us at
Aviva
PO Box 1550
Salisbury
Wiltshire
SP1 2TW
United Kingdom



For further information on any of our products and services, visit our website **www.aviva.co.uk**.

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Investment instructions

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Further information

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Aviva Life & Pensions UK Limited.

Registered in England No. 3253947. Registered office: Aviva, Wellington Row, York, YO90 1WR.
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Calls to Aviva may be recorded.

