Application Form for Additional Investments (Investment bonds)



Application Form for Additional Investments

(Investment Bonds)

	ancial advice before completing this form. If you do not have a financial adviser, co.uk. Please note, a financial adviser may charge you for any advice provided.
Only complete this form once you had adviser if you have not received these	ave read the 'Key features' document and illustration. Please ask your financial
Please use BLOCK CAPITALS and tick and/or a copy of the full terms and coby Aviva.	the appropriate boxes. We can send you a copy of the completed application nditions for this investment if you ask us to. The completed application form is required
Investment Bond choice	
Please note: This document is suitable for Aviva investment bond.	r Policyholders or Trustees who wish to make an additional investment to their
	ent amount which applies to additional investments into our bonds. 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	£2,000
Ethical Investment Bond	£2,000
Income Distribution Bond	£3,000
Investment Portfolio Bond	£2,000
Wealth Solutions Bond	£5,000
With Profit Bond	£2,000
With Profits Bond Plus	£2,000
Other (please state)*	
	* If your bond is not listed above, please call us to confirm the minimum investment amount.
Details of the additional inves	tment
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	Firs	t Polic	vhold	er			Se	cond	Polic	vholder	(if appli	cab'	le)
Your title	Mr		Mrs		Miss	Ms	Mr		Mı		Miss		Ms
Other (please specify)													
	H						F						
Your surname	H						L						
Your forename(s)	L						Ļ						
Your permanent home address													
	Tow	n/City					Tov	wn/C	itv				
	Cou	_						unty	_				
	You	posto	ode				You	ur po	stcode)			
Your email address													
Your telephone number													
Your date of birth*													
Your nationality													
The policy number(s) of the bond(s) you													
wish to make an additional investment to													
* Please note: there may be a maximum age finformation regarding age limits or contact		restme	nts int	o you	bond. Ple	ase see you	r 'Key	/ feat	ures' c	locumei	nt for mor	re	
Source of wealth													
Industry guidance on anti-money laundering a We need this information from the applicant(s		nancial	. crime	has le	ed to us inc	cluding the f	ollow	ing q	uestio	ns on th	e source	of v	vealth.
we need this information from the applicant(s		t Polic	yhold	er			Se	cond	Polic	yholder	· (if appli	cab	le)
Current annual income/pension (gross) from employment or occupation													
Please specify employment or occupation (including retired) and the name of your employer													
Note: 'Source of wealth' is the reason for having we do not require the actual location of the fu							ces of	f wea	lth are	shown	below. Pl	.eas	e note,
Please tick as appropriate													
Savings from income													
Sale of investments													
Sale of house or land													
Inheritance or gift	L												
Please specify any other source of wealth													

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

Trustee details First Trustee Second Trustee Your title Mr Mrs Miss Ms Mr Mrs Miss Ms Other (please specify) Your surname Your forename(s) Your permanent home address Town/City Town/City County County Your postcode Your postcode Your date of birth Your nationality **Third Trustee Fourth Trustee** Your title Mr Mrs Miss Ms Mr Mrs Miss Ms Other (please specify) Your surname Your forename(s) Your permanent home address Town/City Town/City County County Your postcode Your postcode

Your date of birth

Your nationality

Section 3 – to be completed by both Policyholder(s) and Trustee(s)

Additional investment details

You may choose to invest in up to ten funds from the funds available, including the ones that the existing bond is invested in. If you choose income distribution funds you can only invest in up to five funds. Income distribution funds are not available on all products, please refer to the fund menu for further information. Please contact your financial adviser or call us if you have any questions regarding your investment.

	Investment	fund name		% of contribution
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%
Please use whole percentage:	s only and make sure that th	ne total is 100%.		Total 100%
Please note: if you are investe distribution funds.	d in the Income Distribution	Bond you can only invest in one	fund, and this must be one	of our income
Your Fund Menu document wi your financial adviser or conta		available to you. If you do not hav	ve a copy of the Fund Menu,	please speak to
Payment method				
You have the option to pay by I wish to make payment by:	cheque or electronic transfe	ier.		
Cheque made payable to 'Aviv	va'	Electronic transfer		
		ccount quoting the surname and number below, as you will nee		
Sort code	40-05-30			
Account number	00360082			

Regular withdrawal instructions

Please complete this section if you want to take regular withdrawals from your investment bond.

Please note; you are unable to request regular withdrawals if you have chosen an income distribution fund.

Withdrawal instructions apply to this investment only	Withdrawal instru investments in you	ctions apply to all the ur policy		
Frequency of payment	Yearly Half-yearly	Termly (4 monthly)	Quarterly	Monthly
Amount of withdrawal required (minimum £40 per withdrawal)	£	per payment Ol		% p.a.
Date first payment required			or the origin	iatilivestillellt
This form must reach Aviva's Head Office at le Regular withdrawals will be provided by cashi unless you have completed the box below. If you wish to take your withdrawals from a	ng in units in proportion to the va	lue of units within eac	Ī	
	Investment fund name			% of contribution
				%
				%
				%
				%
				%
				%
				%
				%
				%
				%
Please use whole percentages only and make	sure that the total is 100%.			Total 100%

Please note:

- a) If you have chosen to take withdrawals from a specified fund (or funds) and there are insufficient units in that fund to provide the withdrawal, we will pay the withdrawal (and future withdrawals) by cashing in units in proportion to the value of units within each fund in which you are invested.
- **b)** An early cash-in charge may apply. Please see your product literature for further information.
- c) Please remember that under current legislation there may be a liability to a higher rate tax, or entitlement to age-related personal allowance or tax credits **may** be affected, where the total withdrawals from your policy in any one year exceed 5% of your total investment. Please note that tax rules may change.
- d) If you make more than one investment and cash in part of your policy, we will cancel units from your most recent investment(s) first.
- e) There may be a minimum you must keep invested once you have taken withdrawals. Please see your product literature for further information.
- f) For withdrawals from the Aviva Life & Pensions UK Limited FP With-Profits Sub-Fund, a market value reduction may apply in some circumstances where the total of all withdrawals exceeds 7.5% per annum of the original investment.

Income Distribution Bond

If you have an Income Distribution Bond and wish to take income from an income distribution fund, please contact us for the form **Income Instructions for an Income Distribution Bond (XF114).**

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 credite	ed with regular withdrawals or income distribu	tions.	
Name of account holder			
Name of Bank/Building Society			
Address of branch			
	Town/City	County	
	Postcode		
Account number			
Sort code			

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:

40	 ni you to conta	00	ic 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.

Your signature	
Your name (please print)	
Date	
Second Policyholder (if applicable)	
Your signature	
Your name (please print)	
Date	

Important notes

First Policyholder

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

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

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Section 6 – to be completed by the financial adviser only

Financial adviser information

To be completed by the financial adviser (whe	re 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 No
Use of unauthorised intermediar	ies
Please tick the box to confirm that the following statement is true.	
	d as a result of the direct or indirect involvement of another person who is not an 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

SP12TW

United Kingdom



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

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.



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