

## For Aviva Open Market Annuities (including Enhanced Annuities)

### Please note carefully

This is a legal document and together with the policy conditions (which are available on request) and policy schedule forms part of any subsequent contract with Aviva. All sections must be fully completed and any alterations initialled by the signatory/signatories. A copy of the completed application form, as submitted on your behalf to Aviva, is available on written request.

Which Annuity are you applying for?

**Single Life Aviva Open Market Annuity**

**Single Life Aviva Enhanced Annuity**

**Joint Life Aviva Open Market Annuity**

**Joint Life Aviva Enhanced Annuity**

### 1. Checklist of documents to be furnished by you TO YOUR FINANCIAL BROKER with this completed application form

This form fully completed (remember to give us all relevant PPS numbers). If you are applying for an Enhanced Annuity please ensure you have answered all of the Health & Lifestyle questions in **Section 5**.

The Personal Quotation which matches the details you have entered on this application. Quotation Number

Please ensure that all information entered on this application form matches the information on your Personal Quotation. You need to send us all requirements within 14 days from the date of your quotation for it to remain valid.

A copy of your Birth Certificate(s)/ Evidence of Age (unless previously submitted to us).

A copy of your marriage certificate, if any of the annuitants have changed names. Evidence of marriage, civil partnership or financial dependency if a Designated Dependant's annuity is payable.

An Electronic Funds Transfer (EFT) payable to 'Aviva Life & Pensions Ireland DAC', which comprises the value of the purchase amount (Unless you are reinvesting from an Aviva pension policy).

There is no need to contact Revenue to register tax credits with Aviva, we will do that for you when your payment starts. However, if you have any queries about how your tax credits are allocated, you will need to contact the Revenue directly, on (01) 738 3636.

**If any of the required items are not submitted with the application form, we will be unable to proceed with payment of the annuity.**

**If any requirements are missing, the application will be delayed and annuity rates may have to be revised.**

### (a) Principal Annuitant Personal Details

Address

Relationship to PEP (e.g. spouse, child etc):

## Relationship to PEP (e.g. spouse, child etc):

**A politically exposed person is an individual who is or has at any time in the preceding 12 months been entrusted with a prominent public function, or a family member or a known associate of such a person.**

### 3. Purchase Amount

Single Premium Amount €

Please indicate the **source** of purchase money

Personal Pension Plan                      Personal Retirement Savings Account

Retirement Bond                          Occupational Pension Scheme/ AVC

Approved Retirement Fund/ Approved Minimum Retirement Fund

Name and Address of Insurance Company/ Qualifying Fund Manager/ Pension Trustee

Policy No./Plan No. with existing Insurance Company, Qualifying Fund Manager or other source

If the source of funds is an Aviva policy, please provide the policy number(s):

**Any subsequent purchase amount received by Aviva Life & Pensions Ireland DAC will be used to set up a new annuity policy which may be at a different rate.**

### 4. Type of Annuity

For the **Aviva Open Market Annuity** and the **Aviva Enhanced Annuity**, please complete the following information.

Annuity Start Date                      /                      /

Frequency of payment                      Monthly                      Yearly

Guaranteed period for annuity payments

0 years                      2 years                      3 years                      4 years                      5 years                      10 years

Escalation rate                      % (Please enter an amount between 0.00% and 3.00% to 2 decimal places)

Designated Dependant's annuity                      Yes                      No

If you have ticked 'yes' please insert an amount between 20% and 100%                      %

Is overlap to be included?                      Yes                      No

**The minimum purchase amount for the Aviva Annuity is €10,000.**

**If the source of purchase money is an Occupational Pension Scheme please ensure that Section 10 is completed.**

**Account name:**

**Aviva Life & Pensions**

**Bank: Allied Irish Bank**

**BIC: AIBKIE2DXXX**

**IBAN:**

**IE38AIBK93122515656130**

**The Annuity Start Date and Payment Date must be the 1st of the month.**

**If the annuity is to be guaranteed for more than 5 years, then the Designated Dependant's annuity must be set up without overlap. Please refer to our customer guide for further details.**

## 5. Health & Lifestyle Questionnaire (to be completed if applying for the Aviva Enhanced Annuity)

You are required to respond to our questions posed honestly and with reasonable care. We may require proof to our reasonable satisfaction that the information provided by you is true and complete within such timelines as we may reasonably require. We may contact your doctor to confirm that the information you and/or your Designated Dependant have provided is correct. We may also take into account evidence or opinion provided by our Chief Medical Officer. If the information provided by you is found to be fully or partially untrue, incomplete or inaccurate, or we cannot verify it within 60 days from the date we request such verification, we may reduce your annuity payment(s) and / or recover any payments we have already made.

In accordance with the Disability Act 2005, you should not tell us the results of any genetic tests which you have had.

**It is your responsibility to provide us with complete and accurate information about your health and lifestyle status and any additional information requested by us so we can assess applications for benefits.**

Principal Annuitant				Designated Dependant		
What is your height?	ft	ins or	cms	ft	ins or	cms
What is your weight?	st	lbs or	kgs	st	lbs or	kgs

Have you		Principal Annuitant		Designated Dependant	
1.	Smoked more than 10 cigarettes per day or 3oz (85g) of rolling tobacco per week on a regular basis for the last <b>10 years</b> or more?	Yes	No	Yes	No
2.	High blood pressure which requires prescribed daily medication?	Yes	No	Yes	No
3.	Been diagnosed with diabetes which is controlled by tablets and/or insulin?	Yes	No	Yes	No
4.	Had a heart attack, coronary artery bypass graft or coronary angioplasty?	Yes	No	Yes	No
5.	Been diagnosed with angina which requires prescribed daily medication?	Yes	No	Yes	No
6.	Had a <ul style="list-style-type: none"> <li>• stroke (CVA) or brain haemorrhage?</li> <li>• mini stroke (TIA) within the last <b>5 years</b> that requires prescribed medication?</li> </ul>	Yes	No	Yes	No
7.	Been diagnosed with multiple sclerosis?	Yes	No	Yes	No
8.	Been diagnosed in the last <b>5 years</b> with any of the following that required chemotherapy or radiotherapy: cancer, leukaemia, Hodgkin's disease, lymphoma, any malignant growth or tumor?	Yes	No	Yes	No
9.	Been diagnosed with Parkinson's disease?	Yes	No	Yes	No
10.	Had or do you currently have any of the following <ul style="list-style-type: none"> <li>• Chronic kidney failure?</li> <li>• Heart, kidney, liver or lung transplant?</li> <li>• Cirrhosis of the liver?</li> <li>• Motor neurone disease?</li> <li>• Heart valve replacement?</li> <li>• Peripheral vascular disease (including intermittent claudication)?</li> <li>• Hepatitis C?</li> <li>• HIV?</li> </ul>	Yes	No	Yes	No

## Principal Annuitant

Current GP's Name

Address

## Designated Dependant

Current GP's Name

Address

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## 6. Bank Details

Account number – IBAN

Bank identifier code – BIC

Name of Account

Name of Bank

All payments are made on the 1st working day of the month.

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## 7. Declaration

### (a) Declaration under Regulation 6(3) of the Life Assurance (Provision of Information) Regulations 2001

#### WARNING

**If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.**

**Reference Number(s) of Policies to be cancelled**

**Please note: The Policy Number(s) of the policies being replaced MUST be included.**

#### Declaration of Insurer or Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction and of possible financial loss as a result of such replacement.

### (b) Declaration relating to Sustainable Finance Disclosure Regulations (SFDR)

#### Declaration of Insurer or Intermediary

I confirm I have provided the applicant with a copy of the pre-contractual disclosure booklet. I have also provided the applicant with a copy of the relevant pre-contractual disclosure documents for the funds in which they are investing or with a link to the relevant section of the website where they can access the pre-contractual disclosure documents for the specific funds in which they are investing.

#### Declaration of Customer

I confirm my Financial Broker has provided me with a copy of the pre-contractual disclosure booklet. I also confirm my Financial Broker has provided me with a copy of the relevant pre-contractual disclosure documents for the funds in which I am investing or with a link to the relevant section of the website where I can access the pre-contractual disclosure documents for the specific funds in which I am investing.

**By completing the information requested in this application form we may be able to offer an annuity with an enhanced rate that best reflects your personal circumstances.**

**Method of payment will be by Credit Transfer. Please provide the following details to enable us to make payments to you.**

**Please note: The account details must be of a current account within the Republic of Ireland, which can accept Electronic Fund Transfers. or a European SEPA account which can accept Electronic Fund Transfers.**

**This section need not be completed when the annuity is being purchased by Pension Scheme Trustees.**

## (c) Signed Declarations

### Declaration of Insurer or Intermediary

I confirm I have provided the applicant with all details as noted in the above Declaration of Insurer or Intermediary sections.

Financial Broker Signature

Date

/ /

Please sign and date

### Declaration of Customer

I confirm I have read and understand all of the declarations contained within the customer sections above and that where relevant I have been provided with the relevant documents.

Signed

Date

/ /

Principal Annuitant

Please sign and date

## 8. Data Protection Notice

### Please read this Data Protection Notice carefully before you complete the Declarations

This notice explains the most important aspects of how we use your personal information, but you can get more information by viewing our full privacy policy at [aviva.ie/privacy](https://aviva.ie/privacy) or requesting a copy by writing to us at The Data Protection Team, Aviva, Building 12, Cherrywood Business Park, Loughlinstown, Dublin 18.

Aviva Life & Pensions Ireland DAC is the main company responsible for your personal information known as the data controller. Additional data controllers involved in the process for obtaining and maintaining insurance cover include the pension scheme trustees (where annuity is being purchased by them), the intermediary financial broker (who is responsible for the sale and suitability of the product) and applicable reinsurers.

This Data Protection Notice applies mainly to the life/lives to be insured (who are also the annuitants) whose information is relevant to the insurance under the policy. This Data Protection Notice may also apply to others (e.g. where annuity is being purchased by pension scheme trustees, to the directors/signatories to this application for corporate trustee or to individual trustees) as regards the more limited information that we will hold in respect of them.

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of personal information we collect and use, will depend on our relationship with you and may include more general information (e.g., your name, DOB, contact details) or more sensitive information (e.g., details of your health). If you are providing personal information about another person, you should show them these notices.

Some of the personal information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, and from industry databases, from your intermediary, financial broker, or other nominated representatives or from other insurance companies. We use your Personal information to provide and administer financial products and services requested by you and to manage our operations effectively.

We may also use profiling and other data analytics to understand our customers better (e.g., what kind of content or products would be of most interest) and to predict the likelihood of certain events arising (e.g., to assess insurance risk or the likelihood of fraud). We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the automated decision-making section of our full privacy policy.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers e.g., claim service providers, and regulatory and law enforcement bodies). We may transfer your Personal information to countries outside the EEA but will always ensure appropriate safeguards are in place when doing so.

We maintain a retention policy to ensure we keep personal information only for as long as we reasonably need it - please see our Privacy Policy for further details.

You have certain rights in relation to your Personal information including a right to access personal information, a right to correct personal information and a right to erase or suspend our use of your personal information. You also have the right to request for your personal information to be transferred to another organisation, a right to object to our use of your personal information, a right to withdraw consent (where we rely on consent) and a right to complain to the Data Protection Regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the Data Rights sections of our full privacy policy or by contacting us at DPO@aviva.com.

## 9. Declaration of Client(s)

- I/We, confirm that I/we have answered the questions in this application honestly and have taken reasonable care to ensure that those answers are complete and correct.
- I/We, confirm that in the period before the acceptance of this application, I/we will inform you of any matter or fact that would make the answers to the questions in this application incorrect or untrue.
- I/We authorise any pension provider, Trustee or Qualifying Fund Manager or regulatory body to provide Aviva with details of any pension I hold or any annuity being paid to me, but only for the purpose of administering this contract.
- If applying for an Enhanced Annuity, I/we confirm that the medical information contained in Section 5 is true and complete to the best of my / our knowledge and belief.
- If applying for an Enhanced Annuity, I/we irrevocably authorise and request any doctor or other person who may be in possession of, or hereafter acquire, any information regarding my/our health up to the present time to disclose such information (with the exception of the results of genetic tests) to Aviva Life & Pensions Ireland DAC.
- I/We understand that Aviva Life & Pensions Ireland DAC reserves the right to offer revised policy terms should they issue the policy and subsequently find that I/we have provided incorrect information or that the information could not be verified by my doctor within 60 days from the date Aviva Life & Pensions Ireland DAC requested such verification. This may result in a lower annuity payment than I/we could have received by purchasing an annuity elsewhere, and in any overpayments already made being recovered by Aviva Life & Pensions Ireland DAC.
- Aviva's processes may involve electronic means including, but not limited to, data entered on-line, automated decisions, the recording of information provided by me/ us during a medical examination or a telephone interview, the capturing of my/our signature(s) on an electronic device or the use of electronic signatures.
- When I the Policy Owner provide an email address, I will automatically be registered to the Aviva Online Service Centre where I will be able to view my customer documentation, including this policy and any previous pension, Approved Retirement Fund, savings protection policies I may have with Aviva, excluding any corporate owned policies. If I would prefer to receive my documentation by post, I will let my Financial Broker know, so that all my documentation can be issued to me by post.
- I/We have read and understand the Data Protection Notice. In particular, I/we the life/ lives to be insured acknowledge and understand that (with the exception of the results of genetic tests) health data will be processed on the basis set out in the Data Protection Notice, where necessary and proportionate for the purposes of a policy of life assurance.
- Where I/we are providing information about another person, I/we confirm that I/we have:
  - let them know what information I/we have shared with Aviva
  - shared the Data Protection Notice with them and
  - obtained their confirmation that they have read and understand the Data Protection Notice.

I/We understand that Aviva require for the purposes of this Application that I/we have done so.

Signature of Principal Annuitant

Date

/ /

Signature of Designated Dependant\*

Date

/ /

\*required where your Designated Dependant has applied for an Enhanced Annuity.

Please sign and date

Please sign and date

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## 10. Additional Trustee Declaration

I request that in accordance with the information set out above, this policy should be issued in the name of the annuity policyholder.

Where I/we are providing information about another person I/we confirm that I/we have:

- let them know what information I/we have shared with Aviva
- shared the Data Protection Notice with them and
- obtained their confirmation that they have read and understand the Data Protection Notice.

I/we understand that Aviva require for the purposes of this Application that I/we have done so.

### Scheme Details

Scheme Name

Pensions Authority Number

Revenue Approval Number

Name of Trustee

Signature of Trustee

Date        /        /

**This section must be completed where the annuity is being purchased by Pension Scheme Trustees.**

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## 11. Financial Broker Details

1. Name & Address

2. Agency Number

3. Name of Financial Broker

4. Telephone Number

5. Email Address

6. Special Instructions/ Commission Terms



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Aviva Life & Pensions Ireland Designated Activity Company, a private company limited by shares.

Registered in Ireland No. 165970. Registered office at Building 12, Cherrywood Business Park, Loughlinstown, Co. Dublin, D18 W2P5.

Aviva Life & Pensions Ireland Designated Activity Company, trading as Aviva Life & Pensions Ireland and Friends First, is regulated by the Central Bank of Ireland.

Tel (01) 898 7950 [www.aviva.ie](http://www.aviva.ie).