Aviva Annuity Application Form

For Guaranteed Annuities

Please Note Carefully

This Application Form is a legal document which together with the Policy Conditions, and the Policy Schedule will form part of your contract with us. Please answer all questions honestly and take reasonable care to make sure that those answers are correct. All sections must be fully completed and any alterations initialled by the signatory. A copy of the completed application form is available on written request, as is a copy of the policy conditions. The annuity will be issued in the name of the annuitant and is a single life annuity with a five year guaranteed period. There is no escalation or overlap.

Policy Number (Office Use Only)

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 your PPS Number).
- 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.
- 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 LoCall 1890 33 34 25.

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

2. Personal Details

Principal Annuitant Personal Details Title Mr Ms Mrs Other Female Male First Name Surname Date of Birth please provide proof of date of birth Address Telephone Number (Daytime) (Mobile) Email **Relationship Status** Married Single Widow(er) Separated Divorced **Civil Partner PPS Number** (this is a mandatory requirement) Are you a Politically Exposed Person (PEP) or related to/associated with a PEP? Yes No If Yes, please answer the following: (for a detailed definition of a PEP, please refer to www.aviva.ie/politically-exposed-person) PEP Function (e.g. Government Minister): Relationship to PEP (e.g. spouse, child etc.):

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 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. Annuity Information

Your maturity letter confirms how your annuity will be payable. Should you wish to take an alternative annuity please contact us and we will send you the relevant from. The guaranteed annuity rate will not apply if you select any other type of annuity.

Annuity start date - This will be the start of the month following receipt of all documentation.

4. Supplementary	Information fo	r Policy Nun	nbers with p	refix F						
This section should be completed in addition to the other sections if your Policy Number starts with the letter F.										
Your policy includes vari	ious guaranteed anr	uity rates for di	fferent options a	as follows.						
Please select which opti	on you require:									
Single Life no guarantee	d period									
Single Life guaranteed 5	years									
Single Life guaranteed 1	0 years									
Longest Life										
A Longest Life pension is For the Longest Life opti			, ,	nated Dependant survives. s:						
Title	Mr	Ms	Mrs	Other						
Male Female										
First Name Surname										
Date of Birth / / please provide proof of date of birth										
Relationship between P	rincipal Annuitant ar	nd Designated D)ependant							
Designated Dependant's PPS Number				(this is a mandatory requirement)						

5. Bank Details

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

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.

6. Data Protection Notice

Please read this Data Protection Notice carefully before you complete the Declaration

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 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.

7. Declaration

Declaration of Client(s)

- I/We declare that the statements in this Application are true and complete to the best of my/our knowledge and belief.
- 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.
- 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.
- 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	/	/
	,	/	

8. Additional Trustee Declaration

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

Scheme Details

Scheme Name					
Pensions Authority Number	Revenue Approval Number				
Name of Trustee					
Signature of Trustee		Date	/	/	
9. 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