Supplementary Declaration

AVIVA

For policyholders selecting Aviva Fixed Return Funds

Please tick here if your investment is a:

New application ☐ or Top-up to an existing policy* ☐

Top-up only*, existing policy number _____

Please note, new applications can be fully submitted on line for the Aviva Individual Investment Bond, ARF and PRSA. This declaration and the relevant application form should only be submitted where a product cannot be submitted on-line or for top ups to existing policies.

** The minimum top up to an existing policy is €5,000 per Fund. Should you wish to use some of your top-up to invest in other funds available, please also submit separate confirmation in writing of your selected fund and the amount you wish to invest. For details on additional information required by Aviva to process a top up, please speak to your Financial Broker.*

I wish to invest the following amount in the Aviva 3 Year & 6 Month Fixed Return Fund Series 14 (Fund code: E99) €

and/or

I wish to invest the following amount in the Aviva 5 Year & 6 Month Fixed Return Fund Series 14 (Fund code: G01) €

Name of Policyholder(s)

Policyholder 1 _____

Employee name (if applicable) _____

Policyholder 2 _____

I have read and understood the Aviva Fixed Return Fund Series 14 Customer Guide and paid particular attention to the Counterparty Risk and Access to Capital sections. I understand I will not have access to my investment in this Aviva 3 Year & 6 Month Fixed Return Fund Series 14 before 10 January 2030 and/or the Aviva 5 Year & 6 Month Fixed Return Fund Series 14 before 12 January 2032. I understand that my investment will be governed by the product rules through which I can access these Funds.

I understand that this is a limited offer and that my investment in the fund cannot be confirmed until all requirements including the amount to invest have been received by Aviva. I understand that where the fund has been fully subscribed prior to receiving all my requirements or where there is a requirement to close the subscription period early, Aviva will notify my Financial Broker.

I confirm that I understand that on the maturity of the **Aviva Fixed Return Funds**, Aviva will transfer the proceeds to an Aviva Cash Fund appropriate to the type of product I am investing through (subject to the terms applicable at the time) and that the unit price of this Fund will not be guaranteed.

Approved Retirement Fund policyholders only - I confirm that I understand that if I intend to gain access to the Aviva Fixed Return Funds through an Approved Retirement Fund (ARF) with Aviva Life & Pensions Ireland DAC, the maximum investment I can make in the:

- Aviva 3 Year & 6 Month Fixed Return Fund Series 14 is 85% of my total investment.

- Aviva 5 Year & 6 Month Fixed Return Fund Series 14 is 75% of my total investment.

Investment Bond policyholders only - I confirm that I understand that if I intend to gain access to the **Aviva Fixed Return Funds** through an Investment Bond, then I cannot take any regular withdrawals from this Fund while invested (fully or partially) and that I can make no other withdrawals from the Aviva Fixed Return Funds.

Signature of Policyholder _____ Date ___ / ___ / ___

Signature of Second Policyholder _____ Date ___ / ___ / ___

(If applicable)