

Application of identity verification (SIPP or SSAS holder)

What are our requirements?

Please provide the following documents (if applicable):

- Certified copies of documentation used to verify an individual beneficial owner.
- Certified copies of documentation used to verify a trustee.
- Authorised signatory list.
- Certified copy of the Trust Deed and any variations to the Deed.
- Current screenshot evidencing HMRC registration (current means within the last month).
- Current screenshot evidencing TPR registration (current means within the last month).

Section 1: SIPP provider details (Only complete this section if applying entity is a SIPP Provider)

| | |
|--|--|
| Portfolio name (The trustees of...) | |
| Name of SIPP provider | |
| SIPP provider address | |
| | |
| Town/city | |
| Post code | |
| Please state FCA registration number | |
| Full pension scheme name | |
| HMRC pension scheme tax reference | |
| TPR pension scheme reference number | |

Details of the beneficial owner

If there are more than two beneficial owners, please provide details on additional sheet(s).

| | Person one | Person two |
|---------------------------|-------------------|-------------------|
| Name (including title) | | |
| Address | | |
| | | |
| Town/city | | |
| Post code | | |
| Date of birth | | |
| Occupation | | |
| Annual income | £ | £ |
| National insurance number | | |
| Email address | | |
| Telephone number | | |

Please go to Section 3

Section 2: SSAS provider details (Only complete this section if applying entity is a SSAS Provider)

Portfolio name
(The trustees of....)

Name of SSAS provider

SSAS provider address

Town/city

Post code

Is SSAS provider in FCA register? Yes No

Please provide number if so

Full pension scheme name

HMRC pension scheme tax reference

TPR pension scheme reference number

Details of company

Name

Address of company

Town/city

Post code

Corporation's reference number (eg Companies House number etc.)

Company's email address

Company's telephone number

Details of any ultimate controller or beneficial owner with pooled assets – these should be any person with more than 25% of the shares and/or voting rights or with control of the business If there are more than two beneficial owners/controlling persons, please provide details on additional sheet(s).

| | Person one | Person two |
|---------------------------|------------------------|------------------------|
| Name (including title) | <input type="text"/> | <input type="text"/> |
| Address | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> |
| Town/city | <input type="text"/> | <input type="text"/> |
| Post code | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> |
| Occupation | <input type="text"/> | <input type="text"/> |
| Annual income | £ <input type="text"/> | £ <input type="text"/> |
| National insurance number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |
| Telephone number | <input type="text"/> | <input type="text"/> |

Please go to Section 3

Section 3: Other Information

Please confirm the capture of mandated signatories or those authorised to give instructions for the movement of funds or assets and who have authority to operate an account or to give Aviva instructions concerning the use or transfer of assets is attached.

Mandated signatories list attached Yes No

We can give online read only access to the Investment Portfolio for the scheme. If they wish, please supply the details below of two authorised signatories to receive this access.

| | Authorised signatory 1 | Authorised signatory 2 |
|---------------|------------------------|------------------------|
| First name | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

Trustee details

Where you are not supplying a list of mandated signatories, please tell us the trustees' details below.

| | Trustee one | Trustee two |
|--|----------------------|----------------------|
| Title (Mr/Mrs/Miss/Ms/ Mx/Dr/Other - please state) | <input type="text"/> | <input type="text"/> |
| Forename(s) | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Home address | <input type="text"/> | <input type="text"/> |
| Town/city | <input type="text"/> | <input type="text"/> |
| Post code | <input type="text"/> | <input type="text"/> |
| National insurance number | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> | <input type="text"/> |
| Trustee's email address | <input type="text"/> | <input type="text"/> |
| Telephone number | <input type="text"/> | <input type="text"/> |

Read only access to the Investment Portfolio required? Yes No Yes No

Email address must be provided above.

Trustee three**Trustee four**Title (Mr/Mrs/Miss/Ms/
Mx/Dr/Other - please state)

Forename(s)

Surname

Home address

Town/city

Post code

National insurance
number

Date of birth

Trustee's email address

Telephone number

Read only access
to the Investment
Portfolio required

Yes

No

Yes

No



Need this in a different format?

Please get in touch if you'd prefer this form (**GN01663**) in large print, braille, as audio, or in a different colour.

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