

Aviva Platform

Transfer in or Re-Registration Form – non-Origo transfers only (Investment Portfolio and ISA Portfolio)



How to fill in this form

- This form should be used when you want to transfer into an Aviva Platform Investment Portfolio or ISA Portfolio from another provider.
This form is NOT required for pension transfers.
- This form can be used for multiple transfers. You will need to photocopy and complete the relevant sections as shown below for every additional transfer you wish to make. Any additional pages will need to be signed, dated and attached to this form.
 - **Section 3 for Investments**
 - **Section 4 for ISAs**
- Please note, if you don't have an existing ISA Portfolio or Investment Portfolio your adviser will ask you to complete and sign the Platform Product Portfolio Client Declaration Form (LF01069).

Once completed your adviser should keep the original form and email a copy to advisedplatform@aviva.com

Section 1. Personal details – To be completed by the first applicant	
Account number	<input type="text"/>
Client reference	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
National Insurance Number	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Second applicant – Investment Portfolio only – fill in if this is a joint application	
Account number	<input type="text"/>
Client reference	<input type="text"/>
Forename(s)	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
National Insurance Number	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>

Section 2. General Declaration

Any reference to 'you' refers to the current provider

- I/we authorise and instruct you to apply to the current provider to transfer funds from the plan(s) as detailed in this application, directly to Aviva.
- Where you have asked me/us to give you any original policy document(s) in return for the transfer of funds and I am/we are unable to do so, I/we promise that I/we will be responsible for any losses and/or expenses which are the result, and which a reasonable person would consider to be the probable result, of any untrue, misleading or inaccurate information deliberately or carelessly given by me/us, or on my/our behalf, either in this form or with respect to benefits from the plan.
- I/we authorise Aviva, the current provider(s) and my/our financial adviser to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Aviva.
- I/we agree that until this application is accepted and complete, Aviva's responsibility is limited to the return of the total payment(s) to the current provider(s).
- I/we agree that where the payment(s) made to Aviva represent(s) all of the funds under the plan(s) detailed in this application, the payment made as requested will discharge the current provider(s) of all claims, responsibilities and benefits in respect of the plan(s) detailed.
- I/we agree that where the payment(s) made to Aviva represent(s) part of the funds under the plan(s) detailed in this application, then the current provider(s) will be discharged of all claims, responsibilities and benefits only in respect of the part of the plan(s) represented by the payment(s).
- I/we have read any information provided or made available to me by the current provider in connection with this transfer.
- I/we accept that in order to comply with regulatory obligations, Aviva and the current provider named in this application may need to verify my identify and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.
- I/we accept responsibility in respect of any claims, losses and expenses that Aviva and the current provider(s) may incur as a result of any incorrect information provided by me/us in this application or of any failure on my/our part to comply with any aspect of this application.

Section 3. Transfer details – Investment Portfolio Only

Name of existing investment manager

Address of existing investment manager

Postcode

Plan number

Name of plan administrator

Estimated transfer value

Is this a full or partial transfer of the plan? Please tick as appropriate. Full Partial

Please tick **ONE** of the following options (**tick one box only**)

Please sell the assets within my plan and transfer the proceeds to Aviva **or**

Please re-register my holdings in my plan to Aviva

Investment Portfolio Transfer Declaration

- I/We request and consent to the payment of any transfer value(s), detailed above, from my/our previous scheme/arrangement to my/our plan with Aviva.
- I/We agree that the Investment Portfolio terms and conditions apply to my/our investment.

I authorise Aviva Wrap UK Limited:

- To hold my/our cash subscription, investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- I/We can confirm I/We have read and agreed to the General Declaration in Section 2.

Section 3. Transfer details – Investment Portfolio Only (continued)

First applicant

Print name

Signature

Date

--	--	--	--	--	--	--	--

Second applicant – for Investment Portfolio joint investments only

Print name

Signature

Date

--	--	--	--	--	--	--	--

Section 4. Transfer details – ISA Portfolio Only

Name of existing ISA manager

Address of existing ISA manager

Existing ISA number

Is this a full or partial transfer?

Please tick as appropriate.

Full Partial

If partial, what is the value of the transfer?

£

What tax years are to be transferred?

(Note a current tax year ISA must be transferred in its entirety)

Section 4. Transfer details – ISA Portfolio Only (continued)

Please tick **ONE** of the following options (**tick one box only**)

Please sell the assets within my plan and transfer the proceeds to Aviva or

Please re-register my holdings in my plan to Aviva

ISA Portfolio Transfer Declaration

- I request and consent to the payment of any transfer value(s), detailed above, from my previous scheme/arrangement to my plan with Aviva.
- I hereby instruct the above ISA manager/s to take the above indicated action with immediate effect and transfer or reregister my ISA to Aviva Wrap UK Limited, HM Revenue & Customs number Z1582.
- I authorise my current ISA manager to provide Aviva Wrap UK Limited or my financial adviser with any information they request in relation to my ISA.
- I agree that the ISA Portfolio terms and conditions apply to my investment.

I authorise Aviva Wrap UK Limited:

- To hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.
- To make on my behalf any claims to relief from tax in respect of ISA investments.
- I can confirm I have read and agreed to the General Declaration in Section 2.

Print name

Signature

Date

--	--	--	--	--	--	--	--	--	--

Data Privacy

To learn about how Aviva processes Personal Information, please see our privacy policy at aviva.co.uk/privacypolicy. It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version. A paper copy can be provided on request by writing to: Data Protection Team, PO Box 7684, Pitheavlis, Perth, PH2 1JR