



Pension Annuity for Jersey or Guernsey business only

Application

Please fill in this form using black ink and BLOCK CAPITALS. Please send this completed application and our other requirements to:

Aviva
Annuity Contact Centre
PO Box 520
Norwich
NR1 3WG

Annuity policy number if known

For adviser use only

Your name

Your telephone number

Your email address

Your fax number

Your Firm or Financial Adviser Code

 0

example ABC0123

printed at the bottom of each page of the illustration.

It is an FCA requirement that we provide data as to whether advice was given on the sale of this product.

Was financial advice given? Yes No (Tick one)

Please note - Civil Partnership Law was recognised in Jersey on 2 April 2012. For Jersey residents, where we refer to, for example, marriage and husband/wife in this document, this also includes civil partnership and civil partners

1. Type(s) of plan being applied for:

Pension Annuity (Open Market Option Jersey)

OR

Enhanced Pension Annuity (Open Market Option Jersey)

Pension Annuity (Open Market Option Guernsey)

OR

Enhanced Pension Annuity (Open Market Option Guernsey)

Please note - The minimum purchase price for this plan is £10,000. If tax-free cash is to be taken it must be paid by the previous provider. We will not accept full fund transfers from Jersey or Guernsey approved pension schemes. Annuity monies already in payment are not accepted. If funds from more than one approved pension scheme or personal pension plan are being used to buy an OMO we will set up individual policies once the final fund has been received. The start date and annuity rate of each individual policy will be determined by the date the last funds are received.

Please note - for Jersey cases we can only accept monies from a pension scheme or personal pension plan which was approved under certain Articles of the Income Tax (Jersey) Law 1961. Acceptable Articles are Articles 131, 131B, 131CA, 131D. We cannot accept monies into this plan approved under Articles 131A, 131C, 131E, 131F or 131G.

Please note - for Guernsey cases we can only accept monies from a pension scheme or personal pension plan which was approved under certain sections of the Income Tax (Guernsey) Law, 1975. Acceptable Sections are Sections 150 and 157A. We cannot accept monies into this plan approved under Sections 40(o) or 40(ee).

2. Documents we need to set up your plan

Please enclose the appropriate documents so we can set up your plan without any unnecessary delays.

Documents required

- Your **original** birth certificate or photocopy of valid passport and
- your **original** marriage or civil partnership certificate

If a pension is to be paid to your husband, wife, civil partner or dependant when you die:

- their **original** birth certificate or photocopy of valid passport and
- their **original** marriage or civil partnership certificate

Any other change of name should be supported by the appropriate evidence e.g. deed poll or adoption certificate

- Final Order (Decree Absolute) of Civil Partnership Dissolution

If the pension is subject to a bankruptcy order / en désastre

- Copy of bankruptcy order / déclaration en désastre
- Copy of certificate of appointment of trustee, as applicable

3. Your details

	Your personal details	Your husband's, wife's, civil partner's or dependant's personal details (if a pension is to be paid when you die).
Title	Mr / Mrs / Miss / Ms / Other <input type="text"/>	Mr / Mrs / Miss / Ms / Other <input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s)	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>	
Telephone number	<input type="text"/>	
e-mail address	<input type="text"/>	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Please tick the option that best describes your personal circumstances. What is your dependant's relationship to you?	Single <input type="checkbox"/> Married or in a civil partnership <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced or dissolution of civil partnership <input type="checkbox"/> Widowed <input type="checkbox"/>	my husband, wife or civil partner <input type="checkbox"/> my child <input type="checkbox"/> financially dependent on me <input type="checkbox"/> dependent on me because of disability <input type="checkbox"/>
Social Security number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>This must be completed</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <i>This must be completed</i>

4. Your bank or building society account details

We'll pay your pension directly into your UK, Jersey or Guernsey bank or building society account.

Name of your bank or building society	<input type="text"/>
Name of account holder(s)	<input type="text"/>
Name of branch	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building society roll number (if applicable)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. Your current pension plan

Is the plan required following: *(Please tick only if applicable)*

the death of a Scheme Member Name of deceased Scheme Member

Date of death of deceased member

Full name of pension plan or insurance company	1
	<input type="text"/>
Policy number	<input type="text"/>
Quote ID of how the benefits are to be set up <i>printed at the bottom of each page of your illustration</i> <i>The benefits selected on this quote will be used as the basis to set up the annuity. This cannot be from an Indicative quote.</i>	<input type="text"/>
Name and address of current trustees/scheme administrator(s)/provider.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
What Article of The Income Tax (Jersey) Law 1961 was the pension scheme or personal pension plan approved under?	(tick only one) Article 131 <input type="checkbox"/> Article 131B <input type="checkbox"/> Article 131CA <input type="checkbox"/> Article 131D <input type="checkbox"/> Note - we cannot accept monies into this plan that have been approved under Jersey Articles 131A, 131C, 131E, 131F or 131G.
Which section of the Income Tax (Guernsey) Law 1975 is your money from?	(tick only one) Section 150 <input type="checkbox"/> Section 157A <input type="checkbox"/> Note - we cannot accept monies into this plan that have been approved under Section 40(o) or 40(ee) of the Income Tax (Guernsey) Law 1975.
Is the money from an Executive Pension?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approximate fund value to be paid to Aviva	£ <input type="text"/>

6. Bankruptcy / Désastre

Only to be completed where the application is taken out at the direction of your Trustee in Bankruptcy / the Viscount.

I confirm my agreement to this application.

Signature of the Trustee in
Bankruptcy / Viscount

Date

D	D	M	M	Y	Y	Y	Y
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Section 11 will need to be signed by the applicant (as named in section 3) before we will request any of their pension fund.

7. Who is to be the planholder of the Pension Annuity?

To be completed if this plan is being purchased by the trustees of an approved pension scheme.

Who is to be the planholder of the Pension Annuity?	Annuitant <input type="checkbox"/> Trustees <input type="checkbox"/>
If 'trustees': Are the trustees the same as the scheme administrator(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'no', Please give their details	Full Name(s) of Trustees <input type="text"/> <input type="text"/> Address <input type="text"/> <input type="text"/> Postcode <input type="text"/>

8. Type of arrangement

Type of arrangement providing this plan.	Defined Benefit <input type="checkbox"/> Money Purchase <input type="checkbox"/>
If 'money purchase': Does this include AVCs?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Is a specific start date required for the Pension Annuity?

Is a specific start date required for the Pension Annuity? <i>If 'no', the start date will be the date of receipt by Aviva of the later of the fully completed application and the total payments.</i> <i>If 'yes' the start date cannot be before the date you retire or before the date you take your tax-free cash from the policy/scheme buying the Pension Annuity. If the total payment is received after the chosen start date, a backdating fee may be payable.</i>	No <input type="checkbox"/> Yes <input type="checkbox"/> Start Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

10. Important information and notes

Notice of statutory rights

Under the Access to Medical Reports Act 1988 the provider reserves the right to apply for a medical report from any doctor who has at any time attended you. The declaration gives us your consent to apply for such a report if we need to.

Your rights:

- You do not have to give your consent, but, without it, the provider will not be prepared to accept your request.
- If you do give your consent, you can indicate whether or not you wish to see any report before it is sent to us.

If you indicate that you do not wish to see any report:

- The doctor can forward it to us immediately and we should be able to process your proposal without delay.
- You can, however, still change your mind at any time within six months and notify the doctor that you wish to see the report. If the doctor has already forwarded the report to us, he/she will send you a copy and, if not, he/she will give you 21 days to arrange to see it.

If you indicated that you do wish to see any report:

- This may delay the processing of your proposal.
- The doctor is allowed to charge you a fee to cover the cost of supplying you with the report.
- You should follow the procedures outlined below.

Procedures for access to reports

1. If you indicate that you do wish to see any report we will notify you if we apply for one, and will inform the doctor of your wishes. You will then have 21 days to contact the doctor to arrange to see the report.
2. If you do see the report, the doctor must obtain your consent before sending it to us.
3. You have the right to request that the doctor amends any part of a report you consider incorrect or misleading, and can attach your written views on any part the doctor refuses to amend.
4. The doctor does not have to let you see any part of a report that he/she considers would be likely to cause serious harm to the physical or mental health of yourself or others, or that would indicate his/her intentions towards you. He/she also does not have to let you see any part that would be likely to disclose information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional caring for you. If the doctor does not let you see any part of the report he/she must notify you of that.

Financial Crime

To verify your identity and prevent financial crime, your information may be used by any company within the Aviva group. It may also be shared with third parties who provide services to us, and any other organisations, where required to by law and regulation.

We may record any searches carried out. These, and any suspicion of financial crime, may be used to help other companies with verification and identification. The search isn't a credit check and your credit rating shouldn't be affected.

Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our retirement and investments 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, date of birth, contact details) or more sensitive information (e.g. details of your health).

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, third parties and from industry databases, including fraud prevention agencies and databases. Where you are a member of an occupational or workplace pension scheme, or if you join a savings product through your employer, we may obtain information from, and share information with, the employer who set up your pension or savings product, the trustees of the pension and any third parties who are providing services to you or them.

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.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis 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 risk or the likelihood of fraud).

We may sometimes make decisions using automated decision making. 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.

We may use Personal Information we hold about you across the Aviva group for marketing purposes, including sending marketing communications in accordance with your preferences. If you wish to amend your marketing preferences please contact us at contactus@aviva.com or by writing to us at: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. More information about this can be found in the "Marketing" section of our full privacy policy.

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

10. Important information and notes (Continued)

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw 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" section of our full privacy policy or by contacting us at dataprt@aviva.com

The Aviva group and its agents would like to contact you from time to time to provide you with updates and offers for Aviva's products and services tailored to you by direct marketing, by post, phone, email or text.

Tell us if you do not want to hear from us

How we keep you informed

You can tell us below if you would prefer not to hear about Aviva products, services, and promotions. You can always tell us if you change your mind.

- Post
- Email
- Telephone
- SMS/Text

11. Declaration

Part 1 – for all plans

- I confirm that I have read the 'Can I change my mind?' section of the key features document and understand my cancellation rights.
- I authorise Aviva to obtain any outstanding information from the scheme administrators or trustees, and request funds to be sent directly to them to set up the plan and make pension payments. A copy of this authorisation is as valid as the original.
- I agree that unless the scheme administrator/trustees notify Aviva of an earlier date, the plan(s) shall have a start date of the date Aviva receives this fully completed application or the total payments, whichever is later.
- I confirm that (if applicable) I am signing this application at the direction of my Trustee in Bankruptcy / the Viscount and that the plan will form part of the property of my Trustee in Bankruptcy / the Viscount.
- **This application includes the sending of funds from another Pension Scheme:**
 - I instruct the named provider to send funds from the policy listed to this policy
 - I authorise the named provider to release the necessary information to enable the sending of funds to take place.

Part 2 – these apply to all plans and the trustees of an occupational pension scheme

- I request Aviva to set up the plan in the manner and on the basis of this application and the accepted illustration as shown in section 5. Aviva will confirm the actual amounts payable in the plan document.
- I declare that the information given on this application is true and complete to the best of my knowledge and belief. I agree to immediately notify Aviva of any changes before the plan comes into force.
- I agree that until the application is accepted, Aviva's liability is limited to the return of the total payment to the person making the payment.

Part 3 – Your Health and Lifestyle Status - for all plans

- If applicable I confirm that the medical information either on the Health Questionnaire or the Medical Information sheet is still correct.
- I authorise those asked to provide medical information when they see a copy of this consent within six months of the start of the annuity, or after my death to verify application form disclosure.
- I understand that Aviva:
 - may write to any doctor I have consulted about my physical or mental health to confirm any medical/lifestyle information provided. This is not done for every case, but determined according to a number of set criteria.
 - reserves the right to offer revised policy terms should they issue the policy and subsequently find that I/we have provided incorrect information. This may result in a lower income than I/we could have received by purchasing an annuity elsewhere, and in any overpayments already made being recovered by Aviva.
 - may approach your doctor or ask you to carry out a medical test to confirm that the information you have provided is correct. It is your responsibility to provide us with accurate information about your health and lifestyle status. If it is discovered that information provided by you is inaccurate, or if a medical test is refused, this may result in a reduction of your annuity payments and/or recovery of any payments already made. It is your responsibility to provide us with accurate information about your health and lifestyle.

11. Declaration (Continued)

If you have given us any medical information, please confirm doctor's details.

Your doctor's details

Your dependant's doctor's details

Doctor's Name

Address

Post code

Post code

Telephone Number

Fax Number

By signing below I confirm the information above is, to the best of my knowledge, true and complete.

ANNUITANT

DEPENDANT

Name (BLOCK CAPITALS)

Signature

Date

Date

You have 30 days to change your mind from the date that you receive our confirmation that your annuity plan has started. Please refer to your key features document for further information.

Trustee signature

Only to be signed in respect of Part 2 of the declaration where the trustees of an occupational pension scheme are providing the pension.

Please tick if you have completed a supplementary application form.

1. Authorised signatory for the trustees of the scheme

Date

2. Authorised signatory for the trustees of the scheme

Date

3. Authorised signatory for the trustees of the scheme

Date

4. Authorised signatory for the trustees of the scheme

Date

The member who will receive the Pension Annuity must not sign as an authorised signatory.

Making false statements is a serious offence which could lead to prosecution and the penalties are severe.

A copy of this completed application and the plan terms and conditions are available on request.

| **Retirement** | Investments | Insurance | Health |

Aviva Life & Pensions UK Limited.

Registered in England No. 3253947. Aviva, Wellington Row, York YO90 1WR.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority.
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[aviva.co.uk](https://www.aviva.co.uk)

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