

# Pension Annuity – Application form



Please fill in this form using black ink and BLOCK CAPITALS.

E-mail your completed form to [annuityapps@aviva.com](mailto:annuityapps@aviva.com)

Or, if you're unable to email this application form to us, please send the completed form and any other documents to:

**Aviva**  
**Annuity New Business**  
**PO Box 520**  
**Norwich**  
**NR1 3WG**

## Quote identification

To help ensure we're dealing with the correct quotation, please insert the quote reference number in the boxes below. This can be found at the bottom of each page of your quote.

We'll set up your annuity based on the details in your quote, so please make sure it accurately reflects the options you want to take.

-  -  /  OR

## Essential Customer Information

### Your details

#### Your personal details

Title  Mr/Mrs/Miss etc

Forename(s)

Surname

Maiden Name (if applicable)

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Marital status (Please tick one)

Single

Married/Civil partnership

Divorced

Widowed

Separated

Co-habiting

National Insurance number

#### Your dependant details

Mr/Mrs/Miss etc

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Single

Married/Civil partnership

Divorced

Widowed

Separated

Co-habiting

## Essential Customer Information *continued*

### Customer contact details

Residential address

 Postcode

Telephone number

Mobile number

Email address

If you're not already registered and would like to be set up to use MyAviva, please tick here.

MyAviva enables you to view your policy information online. It's safe, secure and easy to use on all devices. We'll send you an email when your annuity is set up so that you can sign in.

I'm already registered for MyAviva

### Bank Details

The account must be in your own or joint names (not a business account). This is where we'll pay your annuity payments and tax-free lump sum. If you have an existing annuity with us we'll pay your income payments into the same account.

Name of bank or building society

Name of account holder

Sort code

Account number

Building society roll number (if applicable)

We may require you to send us a bank statement. Please have this available should we require it.

### Bankruptcy information

Are you currently under a bankruptcy order?

Yes

No

If yes, we'll contact you upon receipt of your application to gather further information.

## Essential contract information

We'll set up your annuity on the basis selected on your quote. This will be displayed on the quote you have chosen and will be either **open market option** (your current pension provider(s) is/are paying the tax-free lump sum to you or you have previously taken a tax-free lump sum) or **transfer** (any tax-free lump sum will be paid by Aviva).

### Tax-free lump sum

Have you previously taken a tax-free lump sum from your pension fund?

Yes

No

If no, please tell us what you would like Aviva or your pension provider to pay. You should only choose one option.

Maximum tax-free lump sum

or specific amount of tax-free lump sum

£

or specific % of tax-free lump sum

%

or no tax-free lump sum

## Essential pension information

Now we need to know some information about the pension pot(s) you're using to buy your Aviva Pension Annuity.

1	Name of pension scheme	<input type="text"/>
	Contract type (e.g. personal pension, final salary scheme)	<input type="text"/>
	Address of pension scheme	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/> Postcode
	Contact email address for pension scheme	<input type="text"/>
	Contact telephone number for pension scheme	<input type="text"/>
	Existing policy number of transferring pension	<input type="text"/>
	Total value to be transferred to Aviva	£ <input type="text"/>
	Is this a full or partial transfer?	Full <input type="checkbox"/> Partial <input type="checkbox"/>
2	Name of pension scheme	<input type="text"/>
	Contract type (e.g. personal pension, final salary scheme)	<input type="text"/>
	Address of pension scheme	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/> Postcode
	Contact email address for pension scheme	<input type="text"/>
	Contact telephone number for pension scheme	<input type="text"/>
	Existing policy number of transferring pension	<input type="text"/>
	Total value to be transferred to Aviva	£ <input type="text"/>
	Is this a full or partial transfer?	Full <input type="checkbox"/> Partial <input type="checkbox"/>
3	Name of pension scheme	<input type="text"/>
	Contract type (e.g. personal pension, final salary scheme)	<input type="text"/>
	Address of pension scheme	<input type="text"/>
		<input type="text"/>
		<input type="text"/>
		<input type="text"/> Postcode
	Contact email address for pension scheme	<input type="text"/>

**Essential pension information** *continued*

Contact telephone number for pension scheme

Existing policy number of transferring pension

Total value to be transferred to Aviva £

Is this a full or partial transfer? Full  Partial

4 Name of pension scheme

Contract type (e.g. personal pension, final salary scheme)

Address of pension scheme   
  
  
 Postcode

Contact email address for pension scheme

Contact telephone number for pension scheme

Existing policy number of transferring pension

Total value to be transferred to Aviva £

Is this a full or partial transfer? Full  Partial

5 Name of pension scheme

Contract type (e.g. personal pension, final salary scheme)

Address of pension scheme   
  
  
 Postcode

Contact email address for pension scheme

Contact telephone number for pension scheme

Existing policy number of transferring pension

Total value to be transferred to Aviva £

Is this a full or partial transfer? Full  Partial

## Essential Lump Sum Allowance and Lump Sum & Death Benefit Allowance Information

HMRC places limits on the amount of tax-free benefits that can be taken from pension schemes. The limits apply to benefits during your lifetime and on death. Income tax is payable on benefits taken above these amounts.

For current tax year the standard Lump Sum Allowance is £268,275 and the standard Lump Sum & Death Benefit Allowance is £1,073,100. Your remaining allowances reduce each time you take benefits. Your personal allowances may be higher than the standard amounts if you've been granted one or more of the types of protections by HMRC.

Do you have enough unused Lump Sum Allowance and Lump Sum & Death Benefit Allowance to cover the payment of the tax-free lump sum you are about to take? Yes  No

Do you have any protection from HMRC? Yes  No

If yes, please provide your reference number (or a copy of your certificate if relevant) .....

Do you have a transitional tax-free amount certificate? Yes  No

If yes, please provide a copy of certificate

Understanding the allowances is important because if you provide incorrect or incomplete information your tax-free cash may be restricted or you may become liable to a tax charge.

If you're unsure how to calculate the value of your unused allowances, please refer to your financial intermediary or the current provider(s). You can find more information on the allowances at: [gov.uk/tax-on-your-private-pension](http://gov.uk/tax-on-your-private-pension). If they're likely to affect you, we recommend you get financial advice.

### Only complete if you're a financial adviser or intermediary

Please provide details of the person(s) directly dealing with this application.

Company name

Financial Services Authority Registration Number (FRN)

Email address

Telephone number

Contact name (if different from the above)

Contact email address

Contact phone number

Commission (if a non-advised service is provided) £  or  % (of funds received less tax-free lump sum and taxable lump sum)

We'll contact this person with an acknowledgement, any updates and confirmation when the annuity has been set up.

### For advised applications connected to, or as a result of an incentive exercise

**By completing the above, you confirm, as the adviser to the applicant, that you have fully complied with the 'Incentive Exercises for Pensions: a code of good practice' published by the Industry Working Group on Incentive Exercises.**

## Other essential information

Please read each question and provide the information requested.

Are the funds for this annuity coming from an executive pension or small self-administered scheme?

Yes  No

If Yes, please include a complete money laundering verification form for the applicant.

Do the benefits under the ceding scheme include Guaranteed Minimum Pension?

Yes  No

If yes, how should Aviva provide them:

In the original form under the rules of the current (ceding) scheme – OMO only

Receive the current estimated transfer value (CETV) as a transfer, subject to the following declaration received on behalf of the ceding scheme:

- I wish for the transfer to be made.
- I have received a statement from the receiving scheme showing the benefits.
- I accept that the benefits from the receiving scheme may be in a different form and of a different amount to those that would have been paid from the transferring scheme.
- I accept there is no longer a legal requirement for the receiving scheme to provide survivor's benefits after the transfer.

If the benefits are to be provided under the rules of an occupational pension scheme, please complete and include a supplementary application form (AN15011).

Are the funds coming from a drawdown pension arrangement?

Yes  No

If yes, no further tax-free lump sum is available.

Is the current plan subject to any existing or proposed trustee in bankruptcy orders, or earmarking or pension sharing orders or other receiving orders?

Yes  No

If yes, we'll require additional information in order to set up the annuity. We'll contact you on receipt of the application.

Is this annuity providing death benefits from another person's pension?

Yes  No

Note: Annuities providing death benefits can only be set up on an open market option basis. The funds can't be combined with any other pension fund in the applicant's name.

Name of deceased (the person who left the pension)

Date of birth of deceased

D	D	M	M	Y	Y	Y	Y
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Date of death

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Declaration

The annuity Terms and Conditions and Key Features documents are important and you should take time to read them. You should have received them with this application, if not please ask for copies. If there are any terms that you don't understand, then please ask for further information.

### Section 1 – For all plans

- I accept responsibility in respect of any claims, losses and expenses, additional tax charges or any penalties that Aviva and the current provider(s) may incur as a result of any incorrect, untrue or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.
  - I authorise Aviva, the current provider(s) and any financial advisers named in this application 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 accept that in order to comply with regulatory obligations, Aviva and the current provider(s) named in this application may need to verify my identity and residential address and may use credit reference agency searches and ask me for documents to verify my identity and address. Verification searches may appear on your credit report and be visible to credit providers, but it will be clear that these searches are not credit checks and your credit rating should not be affected.
  - I request Aviva to set up the annuity on the basis of this application and I understand that Aviva will confirm the actual amounts to be paid in the plan schedule.
  - I'm aware that the contract date (as defined in section 5 of the Pensions Annuity (including the Enhanced Pension Annuity) Terms & Conditions) will be the date that Aviva receives this fully completed application or the total payments, whichever is later.
  - Where I've chosen to take a tax-free lump sum, I haven't made, and don't intend to make, either directly, indirectly or by someone making contributions on my behalf, a significant\* increase in my total contributions to any registered pension scheme.
- \* A significant increase is where:
- the total tax-free lump sum you receive in the 12-month period ending on the day the tax-free lump sum from this plan is paid exceeds £7,500; and
  - more than 30% of those tax-free lump sums are used to make contributions to a registered pension scheme(s) over and above the expected level of contributions. This includes any contributions you may have made in anticipation of receiving the tax-free lump sum.
- Until this application is accepted and complete, Aviva's responsibility is limited to the return of the total payment(s) to the current provider.
  - I understand that Aviva may deduct income tax from the annuity payments.

### Section 2 – Pension transfers

- I apply to become a member of the Aviva Personal Pension Scheme and acknowledge that the scheme rules apply.
- I confirm (where applicable) any individual trust under my current plan has ended.
- I understand (where applicable) my entitlement under my current scheme to a tax-free lump sum greater than 25% of the fund will be lost on transfer.
- I authorise and instruct you to pay me any tax-free lump sum as indicated, to pay the balance of sums and assets to Aviva to provide me with an annuity based on the features set out in the accepted quote referenced in the quote identification section, and to provide any instructions and/or discharge required by any relevant third party to do so.

### Section 3 – To the current provider

- I would like to take benefits from the plan(s) listed in the essential pension information section of this application.
- I authorise and instruct you to:
  - transfer the sums and assets from the plan(s) listed in the essential pension information section of this application directly to Aviva and to provide any instructions and/or discharge required by any relevant third party to do so.
  - pay me any tax-free lump sum as indicated, to pay the balance of sums and assets to Aviva to provide me with the benefits set out in the accepted quote referenced in the quote identification section of this application and to provide any instructions and/or discharge required by any relevant third party to do so.
- When payment is made to Aviva as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in the essential pension information section of this application where the whole of the plan(s) is transferring or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.

#### Section 4 – Health and lifestyle section for all plans

- If applicable I confirm that the medical information either on the health questionnaire or the medical information sheet(s) 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.
  - 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.

**It is your responsibility to provide us with accurate information about your health and lifestyle status. We may approach your doctor or ask you to carry out a medical test to confirm that the information you have provided is correct. If we discover that information provided by you is inaccurate, or if a medical test is refused, we may reduce your annuity payment and/or recover any payments we have already made.**

#### Notice of statutory rights

Under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports (Isle of Man) Act 1993, we reserve 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 don't have to give your consent, but, without it, we won't accept your application.
- 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 don't want 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 want 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.

Procedures for access to reports

1. If you indicate that you want to see any report, we'll tell you if we apply for one, and will inform the doctor of your wishes. You'll then have 21 days to contact the doctor to arrange to see the report.
2. If you see the report, the doctor must obtain your consent before sending it to us.
3. You've 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 doesn't 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 doesn't 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 doesn't let you see any part of the report, he/she must notify you of that fact.

## If you are using a financial adviser

### Section 5 – Benefits are provided under a defined benefits scheme

- Where the payment(s) made to Aviva represent(s) all or part of funds from a contracted out defined benefit scheme I confirm that:
  - I wish the transfer to be made
  - I've received a statement from Aviva showing the benefits
  - I accept that the benefits from the receiving scheme may be in a different form and of a different amount to those that would have been paid from the transferring scheme
  - I accept there is no longer a legal requirement for the receiving scheme to provide survivor's benefits after the transfer.

### Section 6 – Adviser charge agreement

#### **This section only applies if you have received advice from an adviser and you wish Aviva to facilitate an adviser charge to the adviser.**

Please deduct the adviser charge set out in the quotation ID detailed on the front of this application, and pay this to my financial adviser shown in this application.

The terms and conditions are important and you should take time to read them before you complete the declaration. If you're uncertain about the nature of this agreement or how to complete it, you should discuss this with your financial adviser or any other professional adviser acting on your behalf.

In this adviser charge agreement, the following terms will have the following meanings:

"Aviva", "we", "us" or "our" means Aviva Life & Pensions UK Limited.

"Aviva policy" means the Aviva Annuity for which you're applying. This agreement doesn't apply in relation to any other policies or investments that you may have with Aviva.

"Financial Adviser" means the firm identified in this application form (other than Aviva) who's providing you with financial advice in respect of your annuity application.

"you" or "your" means the policyholder identified in the application form.

"Adviser charge" means the payment you've agreed to pay your financial adviser for the initial advice and services provided to you.

#### **1. Payment of adviser charges**

- 1.1 We'll pay to your financial adviser the adviser charge in accordance with your instructions.
- 1.2 The adviser charge that you've agreed to pay your financial adviser is a matter between you and your financial adviser. We don't assess the suitability or amount of the adviser charge you've agreed to pay.
- 1.3 When we pay an adviser charge to your financial adviser, this is a payment we're making at your direction and on your behalf. The adviser charge isn't a payment made by us to your financial adviser.
- 1.4 The payment of an adviser charge is separate to any charges that you may be required to pay Aviva in respect of your Aviva policy.
- 1.5 We'll only credit an adviser charge to your financial adviser's firm account or as otherwise directed by your financial adviser. We won't pay an adviser charge to you.
- 1.6 We won't pay interest to you or your financial adviser for the non-payment or late payment of an adviser charge.
- 1.7 No adviser charge will be payable in respect of monies subsequently received by us after your Aviva policy has been set up.
- 1.8 Any queries regarding your adviser charge, including entitlement to a refund, should be referred to your financial adviser.
- 1.9 I confirm that any adviser charge paid on my behalf by Aviva on the initial set up of this annuity:
  - is wholly connected to the purchase of this annuity; and
  - is appropriate to the advice and service to my adviser provided me in relation to this annuity purchase.

If this isn't the case then some or all of the adviser charge and any tax-free lump sum may become liable to a tax charge, which I may be responsible for.

#### **2. Cancelling your Aviva policy**

- 2.1 If you decide to cancel your Aviva policy within the 30-day cancellation period, the adviser charge will be credited back to your pension fund unless it has already been paid by us to your financial adviser.

### 3. Stopping payment of your adviser charge

- 3.1 Once we've received your instruction to pay an adviser charge, we may not be able to stop such payment if you subsequently ask us to do so.
- 3.2 In exceptional circumstances, we may stop the payment of an adviser charge and we'll try to tell you as soon as possible of the action we have taken. These circumstances include if we reasonably believe:
- that the payment of the adviser charge would be in breach of any relevant laws or regulations or your financial adviser was not appropriately authorised by the Financial Conduct Authority or any replacement regulator at the time of providing you with advice or services in relation to your Aviva policy; or
  - your financial adviser is no longer in business or may be insolvent.

### 4. Keeping you and your financial adviser informed

- 4.1 We'll notify you if your financial adviser instructs us to reduce or stop the payment of an adviser charge.
- 4.2 We'll also notify your financial adviser if you instruct us to stop the payment of the adviser charge.

### 5. Outstanding responsibility

- 5.1 If, subject to the terms of this agreement, an adviser charge is stopped, unpaid or is re-credited to your Aviva policy, you may remain liable to reimburse your financial adviser.

You should check the terms of your arrangement with your financial adviser and Aviva shall not be liable for your failure to do so.

### 6. Value Added Tax (VAT)

- 6.1 We expect that most adviser charges relating to Aviva products will not be subject to VAT. However, certain services provided to you by your financial adviser, including those paid for by adviser charges relating to Aviva products, may not be exempt from VAT. You should discuss this with your financial adviser who'll be responsible for accounting for VAT where applicable.

### 7. Miscellaneous

- 7.1 This agreement doesn't give any rights to any person other than you and us. No other person shall have any rights under the Contracts (Rights of Third Parties) Act 1999 to rely on any terms under this agreement.
- 7.2 This agreement is to be governed by and interpreted in accordance with the laws of England. The courts of England will have exclusive jurisdiction over any dispute arising from this agreement.

## Customer and dependant signature(s)

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.

The customer must sign for all relevant parts of the declaration, the dependant only needs to sign if they've disclosed health and lifestyle information as part of obtaining the quote.

- I confirm the information above is, to the best of my knowledge, true and complete.
- I confirm I've read the full privacy notice regarding how my data will be used.
- I/we have read and accepted my/our rights under the relevant legislation as detailed in Section 4 (Health and Lifestyle) of the declaration.

Customer name	<input type="text"/>						
Customer signature	<input type="text"/>	Date signed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant name	<input type="text"/>						
Dependant signature	<input type="text"/>	Date signed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### For enhanced annuity applications only:

- Customer: I want to see the medical report (section 4 of the declaration) before it's sent to the provider Yes  No
- Dependant: I want to see the medical report (section 4 of the declaration) before it's sent to the provider Yes  No

**It's a serious offence to make false statements. It 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.

## Doctor's details

If you have provided us with any health and lifestyle information please confirm your doctor's details. Please see section 4 of the declaration on health and lifestyle for why we need your doctor's information.

Doctor's name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode
Telephone number	<input type="text"/>
Dependant's doctor's details if different from the customer's doctor's name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode
Telephone number	<input type="text"/>

## Bankruptcy

**Only to be completed if the customer is bankrupt and has not been discharged from bankruptcy.**

I confirm my agreement to this application.

Signature of Trustee in Bankruptcy

Date signed

D	D	M	M	Y	Y	Y	Y
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We won't request funds until we have all of the following:

- Certified copy of bankruptcy order.
- Certified copy of certificate of appointees.
- Confirmation whether regular income payments should be paid to client or Trustee in Bankruptcy.
- Trustee in Bankruptcy's address, contact and payment details.
- Application signed by the applicant and by the Trustee in Bankruptcy.

The declaration will still need to be signed by the customer (as named in the essential customer information section) before we'll request any of their pension fund(s).

## Trustee signature(s)

Only to be signed in respect of section 1 of the declaration where the trustees of an occupational pension scheme are providing the pension.

Please ensure that signatures correspond to the numbered pension sources in the essential pension information section.

1. Authorised signatory for the trustees of the scheme (1) detailed in the essential pension information section

Date signed 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2. Authorised signatory for the trustees of the scheme (2) detailed in the essential pension information section

Date signed 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

3. Authorised signatory for the trustees of the scheme (3) detailed in the essential pension information section

Date signed 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4. Authorised signatory for the trustees of the scheme (4) detailed in the essential pension information section

Date signed 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Trustees are obliged to provide Lump Sum Allowance and Lump Sum & Death Benefit Allowance details for open market options within three months of sending money.

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

If more than four pension plans are buying an annuity/annuities, please photocopy this page and attach to the application.

## Important information and notes

### 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](mailto: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.

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](mailto: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

### **Financial Crime**

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

A record may be kept of any searches carried out and any suspicion of financial crime and related details may be retained and used to assist other companies for verification and identification purposes. The search is not a credit check and your credit rating should not be affected.

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