

Policy number: BPL



Relevant Life Insurance Continuation form (Change of employer)

The Relevant Life Insurance Continuation form (Change of employer) is provided for the consideration of an employer and the employer's professional advisers. The implications of the trust will depend on particular circumstances. We recommend that an employer seeks their own legal advice before making use of the Continuation form (Change of employer).

This form will need to be correctly completed and received by us within 90 days of the life covered leaving employment.

The words shown in **bold** may be defined terms. Defined terms can be found within the definitions section in Part B.

Who should use this form?

This form is designed for use by an employer solely in the circumstances described below.

Who should complete the form?

The form should be completed by the employee's outgoing employer.

When is this form appropriate?

This form should only be used where an employer has set up a Relevant Life Insurance policy on the life of an employee (the life covered), where that employee or any individual nominated by that employee are to benefit, and the employee will no longer be employed by the business and has requested that the policy is transferred to a new employer.

Is it necessary to appoint additional trustees?

If the new employer is an individual (sole trader) or partnership (two or more individuals) then it is advisable to have at least two trustees. If the employer is corporate (eg a limited company) then an additional trustee may not be essential.

Important information

This form should only be used where the employer has changed. It should not be used where the employer has changed its name. For a change of name, we just need evidence of the change.

What if the original settlors of a trust are retired as trustees?

We will assume that there is no financial adviser acting in relation to the policy, unless we receive confirmation from all trustees that either the original financial adviser is retained, or a new financial adviser has been appointed.

Please tick the box to confirm that details of the financial adviser associated with this policy have been provided with this form.

If the box is not ticked and the settlors of the trust have retired as trustees then we will regard this as confirmation that the financial adviser currently associated with this policy is no longer acting.

Please see Relevant Life Insurance A guide to our Relevant Life Trust and Introducing Relevant Life Insurance for details of the potential tax implications of a Relevant Life Insurance policy and Relevant Life Trust.

How to complete the Relevant Life Insurance Continuation form (Change of employer)

Please note that there may be legal and taxation consequences and professional advice should be sought before continuing.

Please complete the Deed of appointment and retirement of trustees below in ink. Please use block capitals (except for signatures) and always give full names (ie include middle names). Please do not use correction fluid.

This Deed should only be used in respect of an Aviva Relevant Life Insurance policy.

Part A

1. Insert the date on which this deed is completed. Do not backdate or forward-date this Deed.
2. Insert the policy number of the Relevant Life Insurance policy.
3. Insert the full name and address of each **existing trustee**. Use business addresses where applicable.
4. Insert the full name and address of each **new trustee**. Use business addresses where applicable. The **new trustee(s)** should indicate the status of the business where applicable eg a company.

Only individuals, companies, LLPs or trust corporations may be appointed as trustees. For partnerships other than LLPs, insert the names of the individual partners, as well the name of the partnership, eg "Eve Smith and Rachel Bloggs trading as Smith, Bloggs & Co". For charities, insert the name or names of the actual legal person or persons who run the charity in addition to the name of the charity. The trustees are responsible for administering the trust. The total number of trustees normally allowed is four. The minimum for the Relevant Life Trust is one. Unless the **new trustee** is a corporate body such as a company, we strongly recommend that at least one additional **new trustee** is appointed.

5. Insert the full name and address of each **retiring trustee**. Use business addresses where applicable.
6. Insert the full name and address of each **deceased trustee**. Please supply the death certificate, unless you've already done this.

After completing this Deed

This Deed, or a certified copy, must be sent immediately to Aviva so that the changes made by it can be recorded. The original deed should be held in a safe place with the policy document.

Part C Signatures

The signatures must be witnessed. Where the signature is on behalf of a business, an authorised person should sign. Signatures must be witnessed by someone who is not a party to the trust eg someone other than an officer or employee of the business. All trustees must sign the form.

Important notes

1. Anyone using this form, or doing anything under the provisions of the trust, must rely on the advice of their legal or financial advisers. We would urge you to seek appropriate professional advice before proceeding. This is important for a number of reasons:
 - a. There may be taxation as well as legal consequences.
 - b. Once a trust has been created it cannot be revoked.
 - c. The trustees have a special duty to the beneficiaries and the misuse of a trust power by a trustee can make him/her personally liable for any resulting loss to the beneficiary.
2. Any references to the potential tax treatment for the Relevant Life Trust are based on Aviva's understanding of legislation and HM Revenue & Customs practice at the time of publication. Both of these are likely to change in the future, and a liability to tax may arise under an existing arrangement. Every care has been taken as to accuracy, but it must be appreciated that neither Aviva nor its representatives can accept responsibility for loss, however caused, suffered by any person who has acted or refrained from acting as a result of material published.

Your Personal Information

We collect and use your Personal Information as part of this trust process. If you would like more information about how we use and process Personal Information and your rights in relation to it, you can find further detail in our full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or request a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.

Relevant Life Insurance Deed of appointment and retirement of trustees

Part A

THIS DEED OF APPOINTMENT AND RETIREMENT OF TRUSTEE(S) is made on

/ / (See note A1.)

by the trustees named below.

WHEREAS policy numbered _____ issued by Aviva Life & Pensions UK Limited is held in trust by the **existing trustees** (See note A2.).

ACCORDINGLY WHERE RELEVANT

1. In exercise of the power of appointment and of every other relevant power (statutory or otherwise) the **existing trustees** appoint the **new trustees** of the trust.
2. The **new trustees** consent to this appointment.
3. The **retiring trustees** retire and are discharged as trustees under the trust.
4. The remaining **existing trustees** consent to this retirement.
5. The **existing trustees** and the **retiring trustees** assign the policy to the **new trustees** and the remaining **existing trustees**.

In this Deed the singular includes the plural (and vice versa) where the context so admits.

Existing trustees (See note A3.)

Existing trustees
(full name of employer)

Existing trustees
(full address of employer)

Postcode

Insert trustee names and addresses in BLOCK CAPITALS as indicated but do not sign here

Existing trustees
(full name)

Existing trustees
(full address)

Postcode

Existing trustees
(full name)

Existing trustees
(full address)

Postcode

New trustee (employer) (see note A4.)

New trustee

(full name of employer)

New trustee

(full address of employer)

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Postcode

Type of business of the **new trustee**

Limited company

Partnership

Sole trader

Limited liability partnership

Charity

Tick the box indicating the type of business.

Retiring trustee (employer) (see note A5.)

Retiring trustee

(full name of employer)

Retiring trustee

(full address of employer)

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Postcode

Insert trustee names and addresses in BLOCK CAPITALS as indicated but do not sign here

IN WITNESS the parties have set their hands to this Deed on the day and year mentioned above.

Part B Definitions

In this Deed the following terms have the following meanings and unless the context does not permit, words signifying the singular shall include the plural and vice versa, and gender shall include all genders (including neuter).

1. **“Deceased trustee”** means any trustee who has died.
2. **“Existing trustee”** means any person or body who is an existing trustee of the trust. This will be the original trustee(s) of the trust if they have not yet been removed, and any additional trustees added since the trust form was completed.
3. **“New trustee”** means the life covered’s new employer, who will become a new trustee of the trust, and any additional new trustee(s).
4. **“Retiring trustee”** means the life covered’s outgoing employer, who will retire as a trustee of the trust, and any additional retiring trustee(s).

Part C Signature(s) (See note C1)

Existing trustee (employer)

| |
|-------------------------------------------------|
| Signed and delivered as a Deed |
| Name of person signing |
| Role of person signing (eg director or partner) |
| Signature |
| In the presence of |
| Full name and address of witness |
| Signature of witness |

Existing trustee

| |
|----------------------------------|
| Signed and delivered as a Deed |
| Name of person signing |
| Role of person signing |
| Signature |
| In the presence of |
| Full name and address of witness |
| Signature of witness |

Part C Signature(s) (continued) (See note C1)

Existing trustee

| |
|----------------------------------|
| Signed and delivered as a Deed |
| Name of person signing |
| Role of person signing |
| Signature |
| In the presence of |
| Full name and address of witness |
| Signature of witness |

New trustee (employer)

| |
|-------------------------------------------------|
| Signed and delivered as a Deed |
| Name of person signing |
| Role of person signing (eg director or partner) |
| Signature |
| In the presence of |
| Full name and address of witness |
| Signature of witness |



Aviva Life & Pensions UK Limited,
Aviva, Wellington Row, York, YO90 1WR

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the whole form using a ball point pen and send it to: Aviva Life & Pensions UK Limited, PO Box 520, Norwich, NR1 3WG.

Name and full postal address of your Bank or Building society

| | |
|----------------|-----------------------|
| To The Manager | Bank/Building Society |
| Address | |
| | |
| | |
| Postcode | |

Service user number

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Please pay Aviva Life & Pensions UK Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Aviva Life & Pensions UK Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

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Signature(s)

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Bank/Building Society Account number

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Branch Sort code

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Date

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Reference

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This is not part of the Instruction to your Bank or Building Society and must be detached by Aviva Life & Pensions UK Limited before submission to the Paying Bank.

| | | | | | |
|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--|----------|--|
| Account holders address | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Address</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> <tr> <td style="padding: 2px;">Postcode</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table> | Address | | Postcode | |
| Address | | | | | |
| | | | | | |
| Postcode | | | | | |
| | | | | | |
| Preferred payment day (Between 1st and 28th) | <table border="1" style="width: 100%; border-collapse: collapse; height: 40px;"> <tr> <td> </td> </tr> </table> | | | | |
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This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Aviva Life & Pensions UK Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Aviva Life & Pensions UK Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Aviva Life & Pensions UK Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Aviva Life & Pensions UK Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

| 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 and the Prudential Regulation Authority. Firm Reference Number 185896.

[aviva.co.uk](https://www.aviva.co.uk)

