

Application number:



Relevant Life Insurance continuation benefit form – employee replacement cover

Please insert the policy number of the original policy

This form should only be used where the policy conditions confirm that the original Relevant Life Insurance policy can be cancelled and a new policy taken out, and:

- the employee is leaving their current employment, or
- the employer no longer wants to support the original policy.

The new policy can be taken out by the employee without further underwriting.

The new policy will be for life cover and will not have a relevant life status.

This form isn't for use if the option confirms that the original Relevant Life Insurance policy can be transferred to the employee (life covered).

Please refer to the policy conditions for details of the options available under the continuation benefit.

If you're leaving your employment, you need to use the continuation benefit within 90 days of the date you leave your employment.

There are certain restrictions on using this option including, but not limited to the following:

- If you're leaving your employment, the start date for the new policy must be no earlier than the date you leave your current employment.
- The new policy must have an end date no later than the end date on the original Relevant Life Insurance policy.

For more information, please see the policy conditions.

In order to take out a new policy under the continuation benefit the trustees must be in agreement to the cancellation of the original Relevant Life Insurance policy. The new policy will be subject to our current policy conditions, and premiums will be based on our current rates for your age, smoker status and the cover you request.

You should have received a copy of the policy summary with this application. Please ask for a copy of the policy conditions if you'd like to see these now. We'll automatically issue the current policy conditions with any new policy schedule. You'll have 30 days to change your mind. If there's anything that you don't understand then please contact us.

How to apply

1. Please use **black ink**, making sure you sign and date the form at section 7.
2. Please ensure all trustees have signed the continuation benefit authority form in section 3.
3. Return this application form. You may also want to send a copy of your quote with this form.

If you need further details please refer to your policy conditions.

Section 1 – Personal details

Title
Forename(s)
Surname
Address
Date of birth
Gender
Phone number
Email address
Current occupation
Smoking, tobacco and nicotine use. We need accurate information about your use of cigarettes, cigars, a pipe or any other tobacco or nicotine products including nicotine gums, patches, inhalers, tablets, lozenges, sprays and electronic products, even if only on an occasional basis. It's an important factor in our assessment of terms and payment of claims. We may carry out tests to confirm use.

Life covered

Postcode								
<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	
<input type="checkbox"/> Male <input type="checkbox"/> Female								
Mobile:								
Home:								
<input type="checkbox"/> Never used <input type="checkbox"/> Regular, occasional or social use <input type="checkbox"/> Completely stopped within last 12 months <input type="checkbox"/> Completely stopped more than five years ago <input type="checkbox"/> Completely stopped more than three years ago <input type="checkbox"/> Completely stopped more than 12 months ago								

Section 2 – Cover required

1. Cover amount

The cover amount must be:

- less than, or
- the same

as the current cover amount on the original Relevant Life Insurance policy.

2. Policy term

You can't select a term longer than the original term.

3. Increasing cover

Only available if included on your original policy

4. When do you want your new policy to start?

When this policy starts the original policy will be cancelled.

£

Years

3%

5%

RPI

D | D | M | M | Y | Y | Y | Y

Section 3 – Continuation benefit authority form

In order to process your application under the continuation benefit, we need confirmation from:

- your outgoing employer that you either have left or are about to leave their employment, or
- your employer that they wish to cancel this Relevant Life Insurance policy.

We also need the authority from all the trustees for the original Relevant Life Insurance policy to be cancelled. You won't be able to start your new policy until we receive this authority.

Date applicant is due to leave/has left employment, or date employer wants to end the policy.

D	D	M	M	Y	Y	Y	Y
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To be completed by employer and Trustee for the Relevant Life Insurance policy referenced in this application.

I hereby give confirmation that the applicant is/will no longer be employed by the business, or the business no longer wishes for the policy to continue. I thus give authority for the Relevant Life Insurance policy to be cancelled.

Name

Company name

Company registered address

Postcode

Signature

Date

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

To be completed by existing Trustee for the Relevant Life Insurance policy referenced in this application.

I hereby give authority for the Relevant Life Insurance policy to be cancelled.

Full name

Address

Postcode

Signature

Date

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

To be completed by existing Trustee for the Relevant Life Insurance policy referenced in this application.

I hereby give authority for the Relevant Life Insurance policy to be cancelled.

Full name

Address

Postcode

Signature

Date

D	D	M	M	Y	Y	Y	Y
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If there are more than two further existing trustees please tick this box.

Please attach any further existing trustees' details on a separate sheet. Please also include, in writing, that this is the continuation of the cancellation authority made by the trustees of (name of existing trust).

Section 4 – Important information

We'll take into account all information provided in the application of the original Relevant Life Insurance policy. A copy of the completed application is available on request.

The policy conditions and policy summary for your policy are important. You should take time to read them. You should have received a copy of the policy summary with this application.

We'll automatically issue the current policy conditions with any new policy schedule. Please ask for a copy of the policy conditions if you'd like to see these now. If there are any terms that you don't understand then you should ask for further information.

Please remember that the policy conditions for the new policy will be different to those applying to your original policy.

Section 5 – Data protection statement

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 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 or criminal convictions).

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.

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, Pitheavis, 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 insurance risk or the likelihood of fraud).

We may carry out automated decision making to decide on what terms we can provide products and services, deal with claims and carry out fraud checks. 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 our suppliers such as those who provide claims services 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.

Section 6 – 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.

Section 7 – Residency Criteria

Please read this section carefully as it tells you the residency criteria that you need to fulfil in order to apply for cover under the continuation benefit.

At the time you complete the application you must:

1. be in the UK with a legal right to live in that jurisdiction, and
2. consider your main home as being in the UK and have no current intention of moving anywhere else permanently.

You need to tell us if you move outside of the UK, and your main residence is in another territory. Laws in the territory you become resident in

may affect your ability to continue to benefit fully from the features of your policy. We may need to change, reduce or remove any of your policy terms. We'll give you details once you've told us. You should seek your own independent advice to consider your options if you move to another territory.

Regardless of what is set out elsewhere in the policy terms we will not be obliged to exercise any of our rights, and/or comply with any of our obligations under the policy, if to do so would cause, or be reasonably likely to cause, us to breach any law or regulation in any territory.

Section 8 – Declaration to Aviva Life & Pensions UK Limited ('Aviva')

We've provided some really important information as part of your application. If you want to continue with your application you'll need to take the following steps:

- **Please read the declaration in full.**
- **Please sign and date the declaration and return it to us.**

I confirm:

- The answers I've provided are truthful, accurate and complete.
- I'm aware that Aviva may use any relevant information submitted for my policy. If Aviva finds any relevant information either in relation to the original application, or in relation to this application, isn't truthful, accurate or complete, then this may result in:
 - both the old policy and the new policy being amended or cancelled
 - the amount payable in the event of a claim being reduced
 - a claim not being paid.
- I'll let Aviva know if any of the answers on this application change before they confirm when cover will start. I'm aware that any changes may result in alterations to the cover, premium or benefits offered.
- I've read the Data protection statement section 5 above, which explains how my personal data will be used.
- **I'm aware of the importance of reading the policy conditions and the policy summary for the policy I'm applying for. I'm also aware these documents, together with my policy schedule, this declaration and any information given in the application process will apply to my policy.**
- I'm aware that the policy conditions are written subject to the laws of England.
- I'm aware that the residency criteria in section 7 of this form will apply to my policy.
- I'm aware it may be necessary to assess my application and that cover will not start until Aviva has:
 - accepted my application
 - confirmed when cover will start, and
 - received a direct debit mandate.
- I've read the Financial crime section 6 above. I'm aware that Aviva, or a company within the Aviva group of companies, may verify my identity and address using the services of a third party company.

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section 9 – Payment details

Please complete and include the policy number as referenced on the illustration you received from us. If your financial adviser provided you with an illustration please leave the policy number blank.



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



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

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

2	9	4	0	1	6
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Instruction to your Bank or Building Society

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)

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	Address
Preferred payment day (Between 1st and 28th)	Postcode

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.

For Financial Adviser use only

Section 10 – Account information

Agency number	
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Panel ID	
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Adviser reference number	
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Adviser name	
---------------------	--

Company name	
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FCA number	
-------------------	--

Contact details	
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Was advice given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Commission disclosure	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Indemnity commission	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Commission style	<input type="checkbox"/> Initial <input type="checkbox"/> Initial and renewal <input type="checkbox"/> Nil <input type="checkbox"/> Level
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For initial commission only

Commission	<input type="checkbox"/> Required <input type="checkbox"/> Sacrificed Percentage of Lautro <input type="text"/> % Percentage of entitlement <input type="text"/> %
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Commission basis	<input type="checkbox"/> Required <input type="checkbox"/> Sacrificed Percentage of Lautro <input type="text"/> % Percentage of entitlement <input type="text"/> %
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We'll automatically put the policy pack in the post to your client. You may also want to send a copy of your quote with this form.

| Retirement | Investments | Insurance | Health |

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