

Application for Membership of a Personal Pension Plan for Jersey and Guernsey

Agency No.	<input type="text"/>
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Company Rep No.	<input type="text"/>
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This form can be used to apply for a new Personal Pension Plan, or to add/increase single or regular contributions to an existing Plan established after 1 October 2000

Please use BLOCK LETTERS to complete all the appropriate areas on the form in BLACK INK and ensure that all questions are answered as fully as possible.

Introduction

Please note the following points before completing this application form.

- i) Your answers to the questions on this form will be used to assess the application. All material facts must be disclosed since part or all of the plan benefit might be forfeited if relevant information is withheld. A material fact is one that is likely to influence the assessment and acceptance of the application. If you're unsure as to whether a particular fact is material you should disclose it. Any changes to the answers given before the plan comes into force must be notified to Aviva.
 - ii) The Plan will begin as soon as we decide to accept your application, and the cheque or Direct Debit Instruction has been received at an Aviva office. However, if you've requested Waiver of Contribution cover and we feel unable to provide it, we'll obtain your agreement before starting the contract.
- A copy of your completed application together with a copy of our standard plan terms and conditions is available on request.
 - We've a confidentiality policy in place, which means we hold your medical information securely and access is limited to authorised individuals who have a need to see it.

1. Plan details

Introduction

Please insert illustration and date of illustration

D	D	M	M	Y	Y	Y	Y
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If you're applying for a new plan, on which basis is the plan to be established?

Optimiser Lifestyler

If you already have an existing plan please insert existing plan number

2. Personal details

Surname	Mr/Mrs/Miss/Ms/title										
Full forename(s)											
Address											
	Post code										
Date of birth	<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	Marital status	
D	D	M	M	Y	Y	Y	Y				
	Male <input type="checkbox"/>	Female <input type="checkbox"/>									
Exact nature of occupation											
Income Tax reference number											

Note

Claims cannot be paid until proof of age has been given. We recommend that the birth certificate, and where your name might have changed through marriage, a marriage certificate, be forwarded with the application.

3. Eligibility

Jersey Personal Pension Plan ONLY

- a) Have you effected or are you about to effect any other contract approved under Article 131B of the Income Tax (Jersey) Law 1961? For more information please visit the website <https://www.gov.je/TaxesMoney/IncomeTax/Individuals/Pensions/Pages/TaxGuideJerseyPensionSchemes.aspx> Yes No

If YES, please provide details of the contract(s), including the amount of contribution paid.

<input type="text"/>	Amount	<input type="text"/>
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- b) Are you engaged on your own account or as a partner personally acting in some business, profession or occupation? Yes No

If YES

Nature of business Commencement date

D	D	M	M	Y	Y	Y	Y
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- c) i) Are you an employed person? Yes No

If YES, what is the name and address of each of your employers?

Employer's name	<input type="text"/>
Employer's address	<input type="text"/>
	<input type="text"/>

- ii) Do you participate in an approved pension scheme? Yes No

Guernsey Personal Pension Plan ONLY

a) Have you effected or are you about to effect any other contract approved under Article 157A of the Income Tax (Guernsey) Law 1975? Yes No

If YES, please provide details of the contract(s), including the amount of contribution paid.

For which period Amount

b) Are you intending to claim tax relief? Yes No

If YES, please complete the following questions

c) Are you engaged on your own account or as a partner personally acting in some business, profession or occupation? Yes No

If YES

Nature of business Commencement date (if in the current calendar year)

d) i) Are you an employed person? Yes No

If YES, what is the name and address of each of your employers?

Employer's name
Employer's address

ii) Do you participate in an approved pension scheme? Yes No

4. Payments (Section 17 on page 10, note 2)

Regular payment frequency (3) Monthly Annually

	Amount of each gross regular payment	Amount of each gross single payment	Amount of transfer payment
Your payment (subject to minimum)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please ensure SP55051 is completed giving details of any transfer payment.

5. Commencement date

Where a single payment is payable the commencement date will be the date on which Aviva has received this application and banked the cheque. Any regular payments as a result of this application will also commence from that date or the same day of any subsequent month.

If there is no single payment (or if a single payment is being paid and regular payments are to commence from a later month):

From which date (or month) are regular payments to commence?

D	D	M	M	Y	Y	Y	Y
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Date to be advised?

Yes No

6. Choice of investment

To be applied to the Funds as follows (you may invest in a total of six funds). Enter your chosen percentages, **ensure whole percentages are used and they total 100%**.

Fund	Enter percentage to be allocated to each pension fund		
	Regular contributions	Single contributions (if different)	Transfer payment (if different)
Deposit S1	%	%	%
European Equity S1	%	%	%
Gilt S1	%	%	%
Global Bond S1	%	%	%
Global Equity S1	%	%	%
Index Linked Gilt S1	%	%	%
International Index Tracking S1	%	%	%
Liontrust UK Ethical S1	%	%	%
Long Gilt S1	%	%	%
Mixed Investment (0-35% Shares) S1	%	%	%
Mixed Investment (40-85% Shares) S1	%	%	%
My Future Focus Consolidation S1	%	%	%
My Future Focus Growth S1	%	%	%
Pacific Equity S1	%	%	%
UK Equity S1	%	%	%
UK Index Tracking S1	%	%	%
US Equity S1	%	%	%
With-Profit S1	%	%	%
TOTAL	100%	100%	100%

7. Retirement protection strategy (if required)

You may choose one of the following retirement protection strategies

Cautious strategy Balanced strategy Opportunity strategy

Note: If the retirement protection strategy is chosen, Section 6 must also be completed. Please refer to the Plan guide for full details of the retirement protection strategy.

8. Pension age (Section 17 on page 10, note 3)

Your selected pension age

years

months

9. Waiver of contribution (Section 17 on page 10, note 4)

Do you require waiver of contribution cover?

Yes No

If YES, please complete the health and activity questions (Section 13), read the consents (Section 15) and sign the declaration (Section 16).

10. Indexation (Section 17 on page 10, note 5)

Do you require indexation of your regular payments?

Yes No

If YES, please indicate the rate of indexation required 5% 10% Average Weekly Earnings

11. Declaration - by applicant

I declare that to the best of my knowledge and belief the statements on this application and all other declarations relating to it are true and complete. I understand that the benefits provided by the arrangements I'm making with Aviva cannot be transferred, assigned or commuted except as permitted by relevant legislation and that Aviva (the Company) will not accept contributions if I cease to be eligible, or if the plan ceases to be approved by the Comptroller/Administrator of Income Tax.

Where a transfer payment is being made, I request the trustees/scheme administrator/insurance company to make payment to Aviva to provide benefits under the Plan and authorise them to provide such information as may be required in respect of the transfer payment to Aviva.

Prevention of money laundering

In accordance with money laundering regulations, we've to check the identity and address of everybody who's involved with, or has a 'beneficial interest' in, this plan. This can include planholders, premium payers, settlors, third parties and beneficial owners.

How will this be carried out?

We can check your identity and address either electronically, or by asking you to send us some documents.

Electronic verification

To do this, we use a third party company to carry out the check. The check will leave a 'footprint' on your credit file but it isn't a credit check so it won't affect your credit rating. We can use electronic verification if you're applying to us directly, through a financial adviser or an Aviva sales consultant.

Documentary verification

In certain circumstances we may ask you to give us more evidence of your identity and address. If you're applying to us through a financial adviser or an Aviva sales consultant, they'll tell you what evidence we need. If you're applying to us directly, we'll let you know what you need to send us.

How we use your details

I consent to Aviva using the information supplied on this application to administer my plan and acknowledge that it will be held and my plan may be processed by any company within the Aviva Group or by third parties who provide services to Aviva. It may be transferred to any country, including those outside the European Economic area, for any of these purposes. Any information may be used for claims handling purposes and disclosed in confidence to regulatory bodies, other insurance companies (directly or via shared databases), other Aviva Group companies and your financial adviser or the business partner that introduced you to the company (including third parties providing services to them).

In addition, Aviva or, if applicable, the business partner that introduced you to the company, may use some of your information to advise you by post, telephone or e-mail of other products and services offered by Aviva Group companies or the business partner.

Please tick the box if you don't wish to receive this material.

I understand that you may undertake a search with third party companies who provide identity verification services for the purposes of verifying my identity and the details I have submitted as part of this application. To do so, the third party companies may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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IMPORTANT: If you intend to pay contributions by Direct Debit, please ensure that Section 18 is completed.

12. Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller). Aviva Pension Trustees UK limited is an additional controller as trustees of the Aviva Personal Pension Scheme.

Information we collect about you

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.

Where to get more information about our privacy policy

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 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.

Using your personal information

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.

Sharing your information

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

We will keep you updated with offers for Aviva’s products and services

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. 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.

How to amend your marketing 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.

Please complete sections 12 and 15 if waiver of contribution cover is required.

13. Health and activity questions

Genetic tests

In accordance with the Association of British Insurers (ABI) policy on genetics and insurance, you don't currently need to tell us about any genetic test results you've had when applying for waiver of contribution cover.

If you've any concerns or require additional information please ask us for details. Alternatively these details are available from the ABI website (abi.org.uk/consumer2/disclosure.htm)

However you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

If you've undergone a genetic test, the result of which indicates that you haven't inherited the genetic disorder concerned, you're free to tell us about it and we'll take it into account when assessing your application.

In order to decide whether to offer you insurance or the terms on which we'll offer you insurance, we need information about your medical history. The next section of this form asks you to provide the relevant information which will be used for the purposes of insurance administration and may be passed to re-insurers, third parties who provide services to Aviva and other companies within the Aviva group.

Medical details

1. What is your height?

ft	ins	or	m	cm
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2. What is your weight?

st	lb	or	kg
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3. Have you used any tobacco or nicotine replacement products in the last 12 months? Yes No
Tobacco products include cigarettes, vapes, cigars, pipe smoking.

If 'yes', how many?

daily/weekly

If you're currently using tobacco products what is your daily consumption of:

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We may ask you to undergo a simple test to determine your use of tobacco or nicotine replacement products.

4. How many units of alcohol do you drink?

units daily/weekly

A unit of alcohol is equivalent to half a pint of normal strength beer, lager or cider, a standard glass of wine or a single measure of spirits.

If you've given up drinking alcohol/reduced your consumption, please state when, reason and previous consumption.

Date

D	D	M	M	Y	Y	Y	Y
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 Reason

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Previous consumption

units daily/weekly

5. Have you made a previous application to Aviva for life, accident or sickness insurance? Yes No

6. Has any insurer ever declined an application on your life, postponed acceptance or accepted you at special terms, or have you ever withdrawn an application? Yes No

If 'yes', please give details of companies and dates.

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7. Are you currently effecting or intending to effect any other life cover or have you done so in the last 12 months? Yes No

If 'yes', please give details of companies, dates and sums insured.

8. Name and address of your doctor
*A report will not always be required.
 Please also give the name and
 address of your previous doctor
 if you've changed recently.*

Dr
Post Code

Name and address of previous doctor
if applicable

Dr
Post Code

If a medical examination by one of Aviva's independent examiners is required, please specify where you would prefer this to take place, e.g. near your home or near your place of work (if near your place of work, please state location).

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9. Do you engage in any hazardous activity or occupation? Yes No
e.g. aviation, working at heights, climbing, diving, motor sports, etc.

10. Have you lived or worked outside of the European Union (EU), North America, Australia or New Zealand in the last 5 years or have you any intention of doing so? Yes No
If 'yes', please give full details of countries, duration, frequency and reason for visits at the end of this section.

11. Have you ever had or been advised to have any x-rays, medical tests, investigations or operations, or attended or been advised to attend, any hospital, consultant or clinic? Yes No

12. Are you now or have you within the last five years, been on any diet or treatment or are you taking any pills or drugs, or are you in any way disabled? Yes No

13. During the last five years have you had any illness or injury requiring medical attention? Yes No
Colds, influenza and minor injury may be excluded.

14. Have you ever tested positive for HIV/AIDS or Hepatitis B or C, or are you waiting for the result of a test? (If the result of a test you're waiting for turns out to be negative, the fact you had a test won't affect the acceptance terms we offer you). Yes No

(If you've answered yes to question 14, please give details and dates overleaf, or if you would rather tell us in confidence, you can send the information in a sealed envelope addressed to the Chief Medical Officer at the address shown on the back of the application.)

15. Before the age of 60, did any of your parents or your brothers or sisters suffer or die from heart disease, diabetes, cancer, multiple sclerosis, Huntington's disease, polycystic kidney disease, polyposis of the colon or any other hereditary disorder? Yes No

If 'Yes', please fill in the sections below for relatives who are or were affected by the illnesses shown. **Please give the age when they began.** If your relative had cancer, tell us which part of their body **was first affected.**

Current age (if applicable)	LIVING Medical conditions past and present	Age at onset	DECEASED Cause of death	Age at death
Mother				
Father				
Brothers				
Sisters				

16. Do you've any disability or illness which restricts you, or is likely to restrict you in any way from carrying out your current occupation? Yes No

If you've answered 'yes' to any of the questions, please give full details including dates, results and follow-up investigations below *(If you need extra space please supply details on a separate sheet).*

14. Sharing medical information

If we ask you to have a medical examination or screening we'll need to share the relevant information from your application with another company we've authorised to arrange such examinations or screenings.

We may need to share with your usual doctor any information we've obtained from a medical examination or screening.

We may need to send your application and relevant medical reports to those authorised to underwrite on our behalf and to our reinsurers for their opinion and agreement. We may also need to send your details at a later stage for purposes related to managing the plan.

15. Consent to obtain a medical report

We may need to get medical reports to support your application. Before we can ask any doctor that you've consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. **Your rights under the act are as follows:**

- You don't need to give your permission, but if you don't, we may not be able to go ahead with your application. This doesn't prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we'll tell the doctor to keep the report for 21 days so that you can arrange to see it. If you haven't made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health including any care, medication or treatment you're currently receiving.
- The results of referrals or tests you're waiting for.
- Any time off work in the last three years.
- Your past health including details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you've a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide; or
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years or
- Any history of disease among your parents or brothers or sisters that you've told your doctor about.

We'll ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health.

Where the amount of cover you've requested in respect of life insurance is £500,000 or less we'll ask your doctor not to reveal information about:

- predictive genetic test results unless there is a favourable test result which shows that you haven't inherited a condition your family suffers from

Where the amount of cover you've requested in respect of life insurance is £500,001 or more we'll ask your doctor to reveal information about predictive genetic test results that you've taken that the Governments Genetics and Insurance Committee has approved. We'll ask about the following tests:

- Huntington's disease

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you've any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to: Head of Underwriting, Aviva, Wellington Row, York, YO90 1WR.

16. Declaration for waiver of contribution cover

All the information provided and questions answered in this application and any attached or associated statements or questionnaires are truthful, accurate and complete. These disclosures will form part of the contract of insurance which is being proposed on my life. I also understand that failure to provide all relevant and correct information may result in a contract being declared invalid and the non-payment of a claim.

I agree:

- The Company's liability will not commence before it has assessed and formally accepted the application, received any outstanding documentation or information and received the first premium, or an acceptable method of collecting it. If the application is not accepted at normal terms, the Company will advise me of its revised terms and await my agreement before starting the cover. The Company will tell me when the cover is in force.
- To immediately notify the Company of any changes to the answers or the information provided in this application before the company notifies me that the cover is in force. I understand that such changes may affect the terms and the extent of benefits the Company can provide and that failure to notify the Company may result in the contract being declared invalid and the non-payment of a claim.
- To the Company seeking information, including medical reports, from any doctor I have consulted about anything that affects my physical or mental health and I authorise the giving of such information. This consent shall remain valid for a period of up to six months after the start of the contract and I agree that if I haven't disclosed all information relevant to my application, the Company may need to reconsider the terms offered to me or cancel my cover.
- To the Company seeking relevant information from other insurers to whom I have applied or am currently applying and I authorise the giving of such information.
- To authorise those who are asked for such information to provide it on production of a copy of this consent.
- To the Company processing all information associated with my application and resulting plan.
- That in the event of a claim being made, including a claim on death, the Company may seek information, including medical reports from any doctor I have consulted about anything that affects my physical or mental health and I authorise the giving of such information. I agree that if I haven't disclosed all information relevant to my application or my claim the Company may not pay the claim or may reduce the amount of the claim.
- This plan will be subject to the law of England.

I have read the declaration and important notes. I have read the notes relating to my rights of access to medical reports:

I do **not** want to see the report before it is sent to the Company.

I **do** want to see the report before it is sent to the Company.

Signature to declarations and consents:

Full name Signature Today's date:

17. Important notes

1. Contributions

Minimum amounts

The minimum regular contribution is £50 per month or £500 per annum, if paid annually.

The minimum single contribution or transfer payment is £2,000.

The minimum additional single contribution or transfer payment is £500.

Payment

If paying annually by cash or single contributions, the cheque(s) for the initial contribution should be attached to this Application. Please make your cheque payable to Aviva. If you wish to pay with a Building Society cheque or Bankers Draft, the Society or Bank must endorse the cheque with the full name of the person whose account from which the funds are drawn. For example, the cheque should be made payable as follows: Aviva i.r.o. John Smith (include investor's full name)

2. Pension age

This must be exact age in complete years and months. Specific dates cannot be accepted.

3. Waiver of contribution

Waiver of contribution is only available if you're under age 55 and paying regular contributions.

4. Indexation

Indexation in line with the U.K. Average Weekly Earnings Index is subject to a minimum of 5%, maximum 15%.

If you're adding regular contributions to an existing contract, indexation in line with the U.K. Average Weekly Earnings Index is the ONLY option available.



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



Aviva Life & Pensions UK Limited, 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
4 0 9 6 6 2

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)

Bank/Building Society account number

Empty box for signature or stamp

Branch Sort code

Date DD MM YY YY

Reference

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

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 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.
You can cancel a Direct Debit at any time by simply contacting your bank or building society.

Need this in a different format?

Please get in touch if you'd prefer this Application Form (**SP55030**) in large print, braille, audio or in a different colour.