

Personal Pension - Isle of Man contracts only

Supplementary application to make changes to contributions into your plan.

You can use this form to:

Please tick to show us
what you want to do

- | | |
|---|--------------------------|
| Increase regular contributions | <input type="checkbox"/> |
| Start a new regular contribution for the first time | <input type="checkbox"/> |
| Restart regular contributions | <input type="checkbox"/> |
| Pay a single contribution | <input type="checkbox"/> |

To Transfer money from another Aviva pension and/or Transfer money from another pension provider, you will need to complete a separate transfers form that will be provided on request from us.

Important information

Please ensure that the information you give us on this form is correct. If any of the information you give us is not true or not complete and this might reasonably affect our decision to provide you with this policy then we may refuse your application, change the terms of this policy, restrict the benefits payable under this policy, or cancel this policy and refund the payments paid less our reasonable expenses.

If the plan-holder is aged below 18, the person(s) with 'Parental Responsibility or appointed as Guardian(s)' must complete this form, and both the plan-holder and person with Parental Responsibility or Guardian declarations. Applications on behalf of a minor - a minor is someone aged below 18. Only persons with Parental Responsibility or appointed Guardians, may apply for a minor. Persons with Parental Responsibility or appointed Guardians is defined under The Children and Young Persons Act 2001 (IOM). They are usually the parents or appointed by either the court or by a parent in the event of their death. We may require to see evidence of who can act for the minor.

Your details

Your Aviva plan number

Title

Mr/Mrs/Miss/Ms/Dr/Other

Surname

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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National Insurance Number (NINO)

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Your permanent residential address

This means the address where you currently live

House name (if applicable)

House number

Street name

Town

County

Postcode

Country

Contact details

Contact number

Email address

Please let us know if you've changed your address recently by calling us.

Which of the statements in a. and b. describe your current status? Please complete both a. and b.

a. Tick **one** box only

I am

Employed*

Self-employed*

Unemployed

Other*

*Please state your occupation

b. Tick **one** box only

I live permanently in the Isle of Man

I do not live in the Isle of Man*

*If you have moved to the UK, no further contributions can be paid into this plan. Please contact us to tell us when you left the Isle of Man.

Your contributions (Adding, restarting or increasing regular contributions or making a single contribution. Only complete this section if the contribution is to come from your own personal bank account. See employer section for other contributions.)

Your total regular contribution £ gross

Paid monthly annually

Starting from month year

If you're adding regular contributions for the first time, please choose a collection day between the 1st and 28th:

You will also need to complete the direct debit on page 9.

If your regular contributions are being collected from your employer's bank account, the start date and frequency you give us will be overridden by their instruction.

Your single contribution £ gross

How to make single contributions

By bank transfer

You can make a contribution direct to our bank account using these details:

From UK banks:

Bank: HSBC

Sort code: 40 02 50

Account number: 61224662

Account name: Aviva Life & Pensions UK Limited

Please use your policy number as the payment reference number.

For international transfers:

Bank: HSBC

IBAN: GB54MIDL40025061224662

SWIFT: MIDLGB2110C

Account name: Aviva Life & Pensions UK Limited

Please use your policy number as the payment reference number.

Reference: - Your plan number.

Please let us know if you have made a contribution this way. It may take three to five working days for your money to transfer.

I've made a payment to the above account Yes No Paid on

By cheque

You can also make single contributions by cheque. Please make your cheque payable to Aviva Plc and enclose it with your application form, quoting your policy number on the back of the cheque. If you wish to pay with a Building Society or Bankers Draft, the society or Bank must endorse the cheque with the full name of the person from whose account the funds are drawn.

Indexation (automatic increases to regular contributions)

Some plans give you the option to automatically increase your regular payments on the plan anniversary. If you would like to know more about this, please call us.

Integrated waiver of contributions and life cover

Any restarted contributions will exclude waiver of contribution and integrated life cover. If you previously had these benefits and would like to restart them please call us.

Your employer's contributions and deductions (Adding, restarting or increasing regular contributions or making a single payment. Please complete for all payments to be paid from employer's bank account.)

Your employer must complete this section.

Company name

Address

Postcode

Company registration number

Contact name

Telephone number

Email address

Your employee's contribution

Will you be deducting the employee's contribution from their pay? Yes No

Please confirm the date you will (or did) take the first deduction.

D	D	M	M	Y	Y	Y	Y
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If this is in the calendar month before the first employer regular contribution date, the contribution due date must not be later than the 19th.

We need this information to help us monitor contribution made or passed on by you. This is a requirement of the Isle of Man Financial Services Authority.

Employer's total regular contribution

£ gross

Paid monthly annually

Starting from month year

You will also need to complete the direct debit on page 9.

If you're adding regular contributions for the first time, please choose a collection day between the 1st and 28th:

Employer's single contribution

£

Please refer to how to make single payments on page one.

The person with Parental Responsibility or appointed Guardian under The Children and Young Persons Act 2001 (IOM).

Please complete this section if you, as the person with Parental Responsibility or appointed Guardian (Guardian) are adding, restarting or increasing regular contributions or making single contributions to this plan.

Tick here if a Guardian is making contributions to this plan on the applicant's behalf

These contributions are dependant on the planholder's earnings. If the planholder isn't in receipt of earnings, you can still pay up to £2,880 net per annum.

Please note that in cases where the planholder is under 18 years of age, we require verification of identity for the minor planholder and Guardian.

Full Name

Date of birth

Your permanent residential address
(if different from the applicant)

Contact number

Email address

Guardian regular contribution

£ gross (which will be enhanced by tax relief)

Paid monthly annually

Starting from

You'll also need to complete the direct debit on page 10.

If you're adding contributions for the first time, please choose a collection day between the 1st and 28th:

Guardian single contribution

£ gross (which will be enhanced by tax relief)

Please also complete "How to make single contributions" on page 3.

Investment choice

We'll invest your contributions in the funds and proportions you've already chosen unless you tell us differently in the table below. We recommend you talk to a financial adviser before choosing which funds to invest in. For details of the funds available to your plan, please visit our Fund Centre at aviva.co.uk/retirement/fund-centre/pension-funds.html or contact us. If you want to make a specific fund choice for this request, we MUST have this information before the supplementary application form is submitted.

Existing regular contributions

If you're already making regular contributions, we'll invest your money in the same funds. If you want to change your fund choice please call us, using the contact details on page 11.

Please enter whole percentages only. The percentages of all the funds must add up to 100% for each contribution type.

Fund name	Single contributions %	Regular contributions % (only complete if adding regular contributions for the first time)
Example: Aviva Deposit	100%	
	100%	100%

Nominated beneficiary

Only the policyholder aged 18 or over may make a nomination. A person with Parental Responsibility or Guardian cannot make a nomination on the minor's behalf. If you die before you have taken all your money from this plan, we can pay it to someone else. You can tell us at anytime who you would like us to pay if you die. This won't be legally binding on us, but we'll take your nomination into account when we decide who should receive any lump sum payment on your death.

You should make sure that you regularly review any nominations you've made, especially if your personal circumstances change. Please refer to your plan terms and conditions for further information about nominated beneficiaries.

Changing your nominated beneficiary

If you want to make a new nomination or change an existing nomination, you will need to let us know in writing. Alternatively, you can complete an expression of wish form. Please call us if you would like us to send you a form or would like more information.

Declaration

Please ensure that the information you give us on this form is correct. If any of the information you give us is not true or not complete and this might reasonably affect our decision to provide you with this policy then we may refuse your application, change the terms of this policy, restrict the benefits payable under this policy, or cancel this policy and refund the contributions paid less our reasonable expenses.

Please read the following carefully before signing and dating this application.

Planholder's Declaration

- To the best of my knowledge and belief, the information on this application, including any additional sections and any information not provided by me is correct and complete, and has been included with my agreement.
- I receive income and my employment status has not changed since I last certified to Aviva.
- The total contributions payable under this plan together with any other contributions to personal pension arrangements, retirement annuity contracts or retirement annuity trusts do not exceed the maximum permitted by the Assessor of Income Tax.
- Relevant earnings in respect of which contributions have or will be made, are not in respect of any employment as a Controlling Director of an Investment Company.

Employer contributions

If applicable, I have authorised my employer to deduct my contributions from my earnings. I want my employer to inform Aviva of any changes to my contributions. Aviva should accept these instructions as if they had come from me.

- I agree Aviva will use the information I give (as well as information about me relating to any existing plan I have with Aviva) for administration, underwriting, claims, research and statistical purposes. I agree Aviva may pass information to reinsurers and any agency appointed by Aviva for these purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Aviva will remain responsible for making sure the information is held securely.)

If my details change

I will inform Aviva if:

- I stop living in the Isle of Man, or
- I stop receiving relevant Isle of Man earnings.

I will advise Aviva within 30 days, or by the end of the tax year in which the event occurs if later.

Data Privacy

To learn about how Aviva processes Personal Information, please see our privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy).

It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version. A paper copy can be provided on request by writing to: **Data Protection Team, PO Box 7684, Pitheavlis, Perth, PH2 1JR**

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 to any other organisations, where required to by law and regulatory requirements.

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.

Planholder's signature

If the plan-holder is a minor this must be signed by The person with Parental Responsibility or appointed Guardian under The Children and Young Persons Act 2001 (IOM) [Guardian].

Signed:

Date:

D	D	M	M	Y	Y	Y	Y
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Employer Declaration

To be signed by the employer contributing to this plan and/or forwarding member contributions to this plan (if applicable)

- I/we understand that the planholder (the member) is currently living in the Isle of Man.
- I/we understand that as the employer I/we have no rights to any benefits which are payable under the terms of this policy and the Rules (which may be amended from time to time).
- I/we declare that employer's contributions, if any, in respect of the member will be paid until further notice.
- I/we declare that the member's contribution will be deducted from the member's gross earnings and will be forwarded promptly to Aviva on each payment date. Where applicable, suitable authorisation from the member has been obtained.
- The payment date will be no later than 19 days from the end of the calendar month in which the deduction was made.
- I/we declare that this agreement shall cease to operate in respect of the member, if they leave our employment or on such earlier date as agreed with them. In either case, Aviva shall be notified accordingly.

Employer Name

Employer representative

Name

Job title

Signature

Date

D		D		M		M		Y		Y		Y		Y
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Guardian Declaration

- I declare that I am guardian of the planholder (the member), and I have read, agree with, and signed the declarations.
- I understand I am responsible for this plan as if I were the member until the member reaches age 18.
- I understand that all contributions to this plan may only be returned to the member in the form of benefits payable under the rules of the Scheme.
- I understand that in relation to the prevention of money laundering you may complete an electronic search or require me to provide additional evidence as outlined in the member's declaration.

Signature

Date

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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

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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)

Bank/Building Society account number

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Branch Sort code

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Reference

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Date

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 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.



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

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Name(s) of Account Holder(s)

Signature(s)

Bank/Building Society account number

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Branch Sort code

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Reference

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Date

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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	
<ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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. 	

Get in touch

If you have any questions, you can:



Call us on:

Individual Pension **0800 158 3142**

(overseas **+44 1603 603734**)

Group Personal Pension **0800 145 5744**

- We may record calls to improve our service.
- Calls may be charged and these charges will vary, please speak to your network provider.



Email us at contactus@aviva.com



Write to us at **Aviva, PO Box 520,
Norwich, NR1 3WG**

Need this in a different format?

Please get in touch if you'd prefer this form (SP55134) in large print, braille, audio or in a different colour.



| Retirement | Investments | Insurance | Health |

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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)

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