Personal Pension -

Isle of Man contracts only Supplementary application



You can use this form to:	Please tick to show us what you want to do	
Increase regular payments		If you have any questions, please call us:
Start a new regular payment for the first time		Individual Pension planholder no: 0800 068 6800
Restart regular payments		Group Personal Pension
Pay a single payment		helpdesk no: 0800 145 5744
		Please return your completed application form to: Aviva, PO Box 520, Norwich, NR1 3WG
		If any information is missing it will delay your application.
To Transfer benefits from another Aviva pension and/or T transfers form that will be provided on request from us.	L ransfer benefits from another	
Important information Please ensure that the information you give us on this formight reasonably affect our decision to provide you with the benefits payable under this policy, or cancel this policy.	this policy then we may refus	se your application, change the terms of this policy, restrict
Your details		
Your Aviva plan number		
Title	Mr/Mrs/Miss/Ms/[Or/Other
Surname		
Forename(s)		
Date of birth*	D D M	M Y Y Y Y
* If the plan holder is aged below 18, their legal guardian r	nust complete this form, and b	ooth the planholder and the legal guardian declarations.
National Insurance Number (NINO)		
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		
Telephone number		
Mobile number		
Your preferred contact number (between 9:00 am & 5:00	om)	
Your email address		
Please let us know if you've changed your address re	ecently by calling us.	

Which of the statements in	a. and b. describe your curr	ent status? Please complete bot	h a. and b.	
a. Tick one box only				
I am Employed*	Self-employed*	Unemployed	Other*	
*Please state your occupation	n			
b. Tick one box only				
I live permanently in the Isle				
I do not live in the Isle of Man				
*If you do not live in the Isle o	of Man, no further contributions 	s can be paid into this plan. Pleaso	e contact us to tell us when you left the	e Isle of Man.
Your payments (Addin	ng, restarting or increasing re	egular payments or making a s	ingle navment)	
Your total regular pa			ingle payment,	
		gross		
Paid monthly	annually	Starting from	for the first time, please choose a colle	year yetion day
		between the 1st and 28th:	Tor the first time, please choose a colle	ection day
		You will also need to comp	olete the direct debit at the back of th	is form.
			re being collected from your employer I frequency you give us will be overrid	
Your single payment	£	gross		
How to make single By bank transfer	payments			
-	ect to our bank account using th	nese details:		
Account number - 6122466	2			
Sort code - 40-02-50				
Reference - Your plan numb	oer.			
Please let us know if you have	made a payment this way. It ma	ay take three to five working days fo	or your money to transfer.	
I've made a payment to the	e above account Yes	No Paid on		
By cheque				
on the back of the cheque. If y		Society or Bankers Draft, the soci	n your application form, quoting your ety or Bank must endorse the cheque	
Indevation (automat	tic increases to regula	r nremiums)		
		-	anniversary. If you would like to know	more about
this, please call us.	on to automatically increase you	ar regular payments on the plant	anniversary. If you would like to know	nore about
Integrated waiver of	premium and life cov	ver er		
Any restarted premiums will e them please call us.	xclude waiver of premium and	integrated life cover. If you previo	usly had these benefits and would like	to restart

Your details continued

Your employer's payments and deductions (Adding	Your employer's payments and deductions (Adding, restarting or increasing regular payments or making a single payment)							
Your employer must complete this section.								
Company name								
Address								
	Postcode							
Company registration number	rostcode							
Contact name								
Telephone number								
Email address								
Your employee's payment								
Will you be deducting the employee's payment from their pay?	Yes No							
Please confirm the date you will (or did) take the first deduction.	D D M M Y Y Y							
If this is in the calendar month before the first employer regular pay	ment date, the payment due date must not be later than the 19th.							
We need this information to help us monitor payments made Services Authority.	or passed on by you. This is a requirement of the Isle of Man Financial							
Employer's total regular payment	£ gross							
Paid monthly annually	Starting from month year							
	You will also need to complete the direct debit at the back of this form.							
	If you're adding payments for the first time, please choose a collection day							
	between the 1st and 28th:							
Employer's single payment £								
Please refer to how to make single payments on page one.								

Investment choice

We'll invest your payments 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 premiums

If you're already making regular payments, we'll invest your money in the same funds. If you want to change your fund choice please call us. **Please enter whole percentages only. The percentages must add up to 100% for each investment.**

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

Nominated beneficiary

If you die before you have taken all your benefits from this plan, we can pay them 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 payments 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 payments 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 payments from my earnings. I want my employer to inform Aviva of any changes to my payments. 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. 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

It ti	ne pi	lanho	lder	is a	minor	this	musi	be	signea	by t	he le	egal	gu	ara	ian
-------	-------	-------	------	------	-------	------	------	----	--------	------	-------	------	----	-----	-----

•					_	_		0 0	
Signed:									
Date:	D	D	M	M	Υ	Υ	Υ	Υ	

Employer Declaration

To be signed by the employer contributing to this plan and/or forwarding member payments 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 payments, if any, in respect of the member will be paid until further notice.
- I/we declare that the member's payment 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	Υ	Υ	Υ	Υ

Legal guardian Declaration

- I declare that I am legal 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 payments 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	D	D	M	M	Υ	Υ	Υ	Υ	



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 s	society	Service user number
To The Manager Bank	/Building Society	4 0 9 6 6 2
Address		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
Postcode		passed electronically to my Bank/Building Society.
Name(s) of Account Holder(s)		Signature(s)
Bank/Building Society account number		
Branch Sort code		Date
Reference		
Banks and Building Societies may not accept Dire	ect Debit Instructio	ons for some types of account.
	Building Society a	and must be detached by Aviva Life & Pensions UK Limited before
submission to the Paying Bank.		
	Address	
Account holders 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.



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Name and full postal address of your Bank or Buildin	g society	Service user number					
To The Manager Ba	nk/Building Society	2 9 4 0 1 6					
Address		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					
Postcode		passed electronically to my Bank/Building Society.					
Name(s) of Account Holder(s)		Signature(s)					
Bank/Building Society account number							
Branch Sort code		Date					
Reference							
Banks and Building Societies may not accept D	Pirect Debit Instructi	ons for some types of account.					
	or Building Society	and must be detached by Aviva Life & Pensions UK Limited before					
submission to the Paying Bank.							
	Address						
Account holders address							
		Postcode					
Preferred payment day							
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