



Group Life Change Policy Type Form

Use this form if you wish to change your Aviva Life & Pensions UK Limited Group Life policy (or a category of members insured under it) from a Registered Group Life policy to Excepted and/or Single Relevant Life polic(ies).

Note: Please note that whilst a Registered Group Life policy can include multiple categories of insured benefit, an Excepted or Single Relevant Life policy can only accommodate one category. If your Registered Group Life policy has more than one affected category, we'll set up an Excepted Group Life policy for each of those categories. Additionally, if there's only one member in a category, we'll set up a Single Relevant Life policy for that member. The Excepted and/or Single Relevant Life policies will be linked together for the purposes of rates, event limits, automatic acceptance limits etc.

Death in service pensions can't be insured under Excepted Group Life or Single Relevant Life policies.

If, after the Registered Group Life cover for your affected members have been terminated, you have no other categories of members who are still entitled to Registered Group Life cover, the original policy will be terminated and you'll need to end your Registered Group Life Scheme. If you're in the Aviva Life & Pensions UK Limited Registered Group Life Master Trust, then you'll be removed from that Trust on the termination date of your Registered Group Life polic(ies). If you have your own Registered Group Life Trust, the Scheme Rules will explain what you need to do to end the Scheme. You'll also need to tell HMRC that the Scheme has ended.

This form can only be used if there is no change to the basis of cover. If you need a change in the basis of cover (e.g. change the multiple of salary or cover cease age), then email groupcoveramendments@protection.aviva.com with the details of the change you're requesting.

Changing the type of policy triggers the start of a new policy contract between you and Aviva Life & Pensions UK Limited for your affected members.

By completing and returning this form, the Policyholder is instructing Aviva Life & Pensions UK Limited to transfer affected members' insured cover from the Registered Group Life polic(ies) detailed below to new Excepted Group Life or Single Relevant Life polic(ies).

Effective date of transfer			
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Section A - Current policy details

Policyholder's name

Please provide the full policy numbers of the Registered Group Life policies to be moved to Excepted Group Life or Single Relevant Life policies

Full policy numbers

Section B - Excepted Group Life Trust

There must be the appropriate discretionary trust in place when this change is made. You must either establish your own trust or you can use our Excepted Group Life Assurance Trust "template" to set up the trust. If you use our Excepted Group Life Assurance Trust "template", you must download it from our protection.aviva.com. Please complete it and return it to us, alongside this form.

Note: If a member entering a new Excepted Group Life Trust has been diagnosed with a terminal illness before the Excepted Group Life Trust is set up, this may result in an inheritance tax charge. In these circumstances, you should seek specific tax and legal advice before deciding if it's appropriate to set up the Excepted Group Life Trust.

Please tick as appropriate:

- I am using my own Excepted Group Life Trust
- I am using the Aviva Life & Pensions UK Limited Excepted Group Life Assurance Trust to establish the trust and include a copy of the completed trust documentation

Section C - Payment instructions if paying by Direct Debit

If you are currently making payments by Direct Debit, you need to tell us if payment will continue to be made by the existing Direct Debit, or if you're setting up a new Direct Debit.

- The existing Direct Debit should continue
- A new Direct Debit is needed (if you tick this box, please complete the Direct Debit instruction at the end of this form)

Section D - Data Protection statement

Aviva Life & Pensions UK Limited is the data controller in its capacity as insurer and holds and processes all personal data in accordance with the Data Protection Act 2018 (DPA).

The information supplied in this form, including special categories of data, as defined by the DPA, may be used by Aviva Life & Pensions UK Limited for administration, customer service, reporting and fraud prevention or to meet legal or regulatory requirements. It may also be shared with your adviser, other companies in our Group, insurers, reinsurers, service providers and other third parties who may carry out work on Aviva Life & Pensions UK Limited's behalf.

Sometimes we, or third parties acting on our behalf, may need to transfer personal information to parties located in other countries that have data protection regimes that are different to those in the country where you're based, including countries which haven't been found to provide adequate protection for personal information by the UK Government. When making these transfers, we will take steps to ensure that your personal information is adequately protected and transferred in accordance with the requirements of data protection law. Further details can be found in our privacy policy, which can be found at protection.aviva.com/privacy-policy.

Section E - Declaration and signatures

I, the undersigned

- am authorised to make these changes on behalf of the trustees of the scheme;
- apply to Aviva Life & Pensions UK Limited to [terminate cover for affected members in]/[terminate in full] the Registered Group Life polic(ies) detailed in Section A and assume risk for replacement Excepted Group Life and/or Single Relevant Life polic(ies) with no break in cover;
- confirm the payment instructions provided for the Registered Group Life policy also apply for these new polic(ies) except where I have instructed Aviva Life & Pensions UK Limited to set up a new Direct Debit in this form, in which case the new Direct Debit instruction will apply to these new polic(ies);
- confirm that a fair presentation of the insured risk has been made after a reasonable search, in compliance with the Insurance Act 2015, and that any fundamental changes in that risk that occur during the cover period will be notified to Aviva Life & Pensions UK Limited; and
- confirm that I've had access to the applicable Policy Terms and Conditions which contain important information about the cover and the duty of fair presentation of the risk and the Insurance Act 2015.

I declare that the information given in this form and any statements or declarations made on behalf of the principal employer and/or trustees (and all other participating employers who are covered under the policy) to Aviva Life & Pensions UK Limited are complete and accurate.

Name	
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Signature	
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Capacity	
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E-mail address	
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Date			
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Name	
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Signature	
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Capacity	
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E-mail address	
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Date			
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Please scan the form and email it to groupcoveramendments@protection.aviva.com. For any questions please call us on 020 3003 6262.

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