

# Group Life Application Form



**This form is for a Group Life policy with Aviva Life & Pensions UK Limited.**

The responsibility for the completion of this form is with the Trustee(s) of the Policy.

Please complete the form electronically where possible, but however you choose to complete the form please send this to [groupprotection@aviva.com](mailto:groupprotection@aviva.com) or Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.

**All the information you give us will be treated in strict confidence.**

It's important that you answer all the questions on this application form fully, truthfully and accurately. If you don't answer all the questions fully, truthfully and accurately this could affect how much we pay out if a claim is made and could mean we won't pay the claim at all.

As Trustee(s), you have to complete and sign this form on behalf of all the people to be insured. If you are unsure about any of the information we ask for, you should check with the person who it relates to. If any of the details you provide on this application form are different to those on the illustration, we may revise or withdraw the illustration.

This application form (including trustee proposal), together with your policy wording and policy schedule forms your contract of insurance with Aviva. We recommend that you keep a record of all the information that you have given us regarding this application.

If you require any assistance with this form or the completion of this form, please contact us at [groupprotection@aviva.com](mailto:groupprotection@aviva.com) or on 0800 051 3472. Calls to and from Aviva may be recorded and/or monitored.

**Illustration number including variation**

**Illustration number** – the illustration number you wish to accept, including the variation number, for example '12345/1'

Start date

Anniversary date (if different from above)

Payment of premiums

Annually By Bank Transfer	<input type="checkbox"/>	Annually By Direct Debit	<input type="checkbox"/>		
Half-yearly By Direct Debit (Non-Flex schemes only)	<input type="checkbox"/>	Quarterly By Direct Debit (Non-Flex schemes only)	<input type="checkbox"/>	Monthly By Direct Debit	<input type="checkbox"/>

**Start date** – we cannot accept cover without a start date. We must have a future start date before we can assume risk.

**Payment of premiums** – half-yearly and quarterly payment frequencies by direct debit are for non-Flex schemes only.

**1. Principal Employer's details**

Full name (registered name where applicable)

Policy name if different

To identify the nature of the Principal Employer please tick the relevant box below

A limited company or plc	<input type="checkbox"/>	A limited liability partnership	<input type="checkbox"/>
A partnership	<input type="checkbox"/>	An unincorporated body (such as a charity)	<input type="checkbox"/>
Other – please advise	<input type="text"/>		

**Full name** – the registered business name of the employer or otherwise.

**Policy name** – the name you give your policy. Please note that our system can only show a maximum of 80 characters.

### 1. Principal Employer's details, continued

Registered company number (where applicable)

Registered office address (where applicable)

Postcode

Business correspondence address (if different from above)

Postcode

Phone number

Participating companies


**Participating companies** – cover can only be provided for employees/partners of the policyholder, or wholly owned/associated businesses; for example, a parent company and its wholly owned subsidiary that is registered with Companies House.

### 2. Illustration correct?

Does the illustration that you want to accept (the one you have quoted on the first page of this form) accurately describe the benefits you want the policy to provide and correct policy cease age(s)?

Yes  No

If **no**, please provide details in the box below. Depending on the change, we may need to provide a further illustration.

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**The cease age(s)** – the age at which members will no longer be covered by the policy. The maximum age available is 75.

### 3. Authorised Individuals

**Please list below those individuals who you wish to act on behalf of the Trustees for the Group Life policy. Unless instructed otherwise, Aviva will assume that the authorised individuals will be able to deal with; the day to day administration; make changes to appointment of intermediaries; make changes to policy cover; release payment of claims.**

Aviva reserves the right to obtain confirmation, at any time, that the authority given on this form remains in force. Where Aviva is dealing with the benefit of a member of the policy who is also a Trustee we will only act upon the instructions of another Trustee and not an authorised individual. All liability remains with the Trustees of the policy. Any payments made in accordance with the provisions of this authority will be a good and sufficient discharge to Aviva Life & Pensions UK Limited.

Name	Position in Company

# Trustee proposal section



**This section must be completed in all circumstances**

It is important that you answer all the questions on this proposal section fully, truthfully and accurately as it forms the basis of the contract between you and us.

The name and address of the Principal Employer and all Trustees should be included on the Application Form.

The Trustees should complete the relevant signatories section(s) which follows.

**One Trustee should sign and date the Declaration at the end of the Proposal.**

Aviva will act on the instruction of the Trustees or those they have specifically authorised to act on their behalf under the Policy Authorisation section of this form. Where Aviva is dealing with the benefit of a member of the Policy who is also a Trustee, we will only act upon the instructions of another Trustee.

**For UK Policies, please select all that may apply**

The policy is to cover registered benefits with HMRC as a Registered Occupational Pension Scheme In Accordance with Part 4, Chapter 2 of the Finance Act 2004

Please supply the HMRC scheme reference number (PSTR number) or the SF/PSO reference previously provided for an exempt approved policy

The policy is to cover Excepted benefits that meet the conditions as set out in Section 480 of the Income Tax (Trading and Other Income) Act 2005

The policy is to cover benefits under a Supplementary Relevant Life Policy and meets the criteria as set out in subsection 393B(4) (b) of the Income Tax (Earnings and Pensions) Act 2003

**Registered** – a policy that has been registered with HMRC.

**Reference number** – current reference number format should be 00000000XX. Older numbers may be in the format PS or SF 00/000000/000000

**Excepted** – please tick this box if all or only part of your policy has Excepted benefits. If only part of the policy is, then you should also tick registered and supply the HMRC number.

**Supplementary Relevant Life** – to cover one life only for benefits not covered by the Registered policy.

**For non UK policies**

a) The policy is or will be approved under Article 131 of the Income Tax (Jersey) Law 1961;

b) The Jersey Comptroller of Taxes has confirmed or will confirm that the policy is satisfactory for income tax purposes as though it were approved under Article 131 of the Income Tax (Jersey) Law 1961;

c) The policy is or will be approved under the Income Tax (Guernsey) Law 1975;

d) The policy is or will be approved under the Isle of Man Income Tax (Retirement Benefit Policies) Act 1978

**a)** – only applicable if policy is part of a Jersey pension scheme

**b)** – only applicable for standalone Jersey group life policies

**b, c & d)** – in each of these circumstances Aviva will apply for approval for new policies from the relevant authority listed

To identify the status of the proposed Trustees, please tick the relevant box(es) below:

Principal employer to be trustee and is a Ltd Company or plc  Two directors (or a director and Company Secretary) should sign Signatories Section 1

Principal employer to be trustee and is a LLP  At least two designated members should sign Signatories Section 1

Individuals to be Trustees  All individuals should sign Signatories Section 2

Trustee Company to be trustee  Complete Trustee Company address below.  
Two directors (or a director and Company Secretary) should sign Signatories Section 1

Postcode

\*Please note that where the principal employer is an ‘unincorporated body’, the status of the proposed trustees can either be a ‘trustee company’ or ‘individual trustees’

## Signatories Section

### Section 1) – Limited Company, plc, Limited Liability Partnership or Trustee Company

Full name	<input type="text"/>								
Position in company	<input type="text"/>								
Signature	<input type="text"/>								
Date signed	<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		

Full name	<input type="text"/>								
Position in company	<input type="text"/>								
Signature	<input type="text"/>								
Date signed	<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		

Full name	<input type="text"/>								
Position in company	<input type="text"/>								
Signature	<input type="text"/>								
Date signed	<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		

Full name	<input type="text"/>								
Position in company	<input type="text"/>								
Signature	<input type="text"/>								
Date signed	<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		

## Section 2) - Individual Trustees

Full name	<input type="text"/>								
Address	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/> Postcode								
Signature	<input type="text"/>								
Date signed	<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		

Full name	<input type="text"/>								
Address	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/> Postcode								
Signature	<input type="text"/>								
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D	D	M	M	Y	Y	Y	Y		

Full name	<input type="text"/>								
Address	<input type="text"/>								
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D	D	M	M	Y	Y	Y	Y		

Full name	<input type="text"/>								
Address	<input type="text"/>								
	<input type="text"/>								
	<input type="text"/> Postcode								
Signature	<input type="text"/>								
Date signed	<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		

## Declaration

We, the Trustees of the policy declare that:

- The information given is, to the best of our knowledge and belief, true and accurate
- We will advise Aviva immediately of any change of Trustee(s) or employer, or other changes affecting the status of the employer, the Trustees or the registered status of the policy.
- We agree to give notice to Aviva Life & Pensions UK Limited, if any insured person's occupation changes to an occupation not already included in the membership or if any insured person intends to live outside the United Kingdom, Channel Islands or Isle of Man.
- We agree on behalf of the policyholder and the membership of the policy to accept and conform to the terms of the policy when issued and in particular to pay the premium for all persons insured by the policy in accordance with the policy wording.
- On behalf of all persons to be covered, I/we have ensured they are aware of their right to object to its use by Aviva, for the purpose of data processing by computer and other processing and use (which may be in any part of the world) of personal and medical details by the data controllers and relevant third parties (including disclosure to relevant intermediaries and medical providers) for the purposes of:
  - this application and to decide if Aviva can offer cover and on what terms
  - administering the policy
  - processing and underwriting any claims under the Policy
  - helping detect and prevent fraudulent activity

### Customer Due Diligence – Prevention of Money Laundering

In accordance with EU and UK legislation relating to the prevention of money laundering we are obliged to verify the identity and address of all parties (e.g. Trustees, employer, third parties including beneficial owners) to this contract. In the case of legal arrangements we are also required to establish the identity of any controllers that are not named parties as well as individuals who have a specified beneficial interest in the contract.

Where a financial adviser or Aviva Representative is involved they will let you know of any evidence you need to produce.

### Data Protection

As part of this application we collect and process personal data about members. You acknowledge that each party will be a separate and independent data controller in relation to the personal data processed for the purposes of the policy. You agree that the data protection provisions set out in the Policy Wording apply.

Trustee(s) signature  
on behalf of all the  
policy Trustees

Date signed

D	D	M	M	Y	Y	Y	Y
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Name of signatory

## What happens next?

Please ensure that:

- You have completed all questions, and
- You have signed and dated the declaration, and
- If applicable, you have completed the Group Protection Direct Debit Mandate.

### The email address to send your completed form to is:

groupprotection@aviva.com

### The postal address to send your completed form to is:

Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.

## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form and send to: Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF

### Name and full postal address of your Bank/Building Society

To: The Manager	Bank/Building Society
Postcode	

### Name of account holder(s)

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### Branch sort code

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### Signature(s)

X
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### Bank/Building Society account number

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X
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### Reference number

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Service User Number	1	6	9	4	2	0
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For Aviva Life & Pensions UK Limited official use only  
This is not part of the instruction to your Bank/Building Society.

Please tick your preferred payment option:

Monthly	<input type="checkbox"/>	Annual	<input type="checkbox"/>
Half-yearly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>

Instruction to your Bank/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.

Date

X	DD / MM / YYYY
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Banks/Building Societies may not accept Direct Debit instructions for some types of account.

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 7 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.

