

Group Life Application Form



This form is for a Group Life policy with Aviva Life & Pensions UK Limited. It can be used for both conventional employer paid policies and flexible benefit policies.

As Trustee(s), it is your responsibility to complete and sign this form on behalf of all the people to be insured.

It's important that you answer all the questions on this application form fully, truthfully and accurately. If you don't, this may affect the assessment and acceptance of any cover we offer or continue to offer and could result in: any policy set up for you being cancelled, its terms being amended or in a claim being rejected or a reduction in any claim payment.

Please complete the form electronically where possible, and send it to groupprotection@aviva.com or post it to **Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.**

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

If you're 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 from 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've given us regarding this application.

If you require any assistance completing this form, please contact us at groupprotection@aviva.com or call us on **0800 051 3472**. Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

Illustration number including variation

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

Policy start date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Anniversary date
(if different from above)

D	D	M	M
---	---	---	---

Payment of premiums

Annually By Bank Transfer	<input type="checkbox"/>	Annually By Direct Debit	<input type="checkbox"/>	Monthly 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"/>		

Policy start date - we can't accept an application without a start date. We must have a future start date before we can assume risk.

Payment of premiums - if you've selected to pay by direct debit please complete the attached direct debit mandate.

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 A limited liability partnership

A partnership An unincorporated body (such as a charity)

Other - please advise

Registered company number *(where applicable)*

Registered office address *(where applicable)*

Postcode

Business correspondence address *(if different from above)*

Postcode

Phone number

Participating companies

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.

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. Is the illustration correct?

Does the illustration you've entered details of on page one of this application form accurately reflect the benefits you want the policy to provide?

Yes No

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

3. Authorised Individuals

Please list below those individuals who you wish to act on behalf of the Trustees for the Group Life policy. Unless we're told otherwise, we'll assume that anyone listed below will be able to:

- deal with the day to day administration;
- make changes to appointment of financial advisers;
- make changes to policy cover; and
- release payment of claims.

Aviva Life & Pensions UK Limited may ask for confirmation at any time that the authority given on this form is still valid. If we're dealing with a member who is also a Trustee, we'll only act on instructions from another Trustee and not an authorised individual. All liability remains with the Trustee(s). Any payments made under this authority will be considered a good and sufficient discharge by Aviva Life & Pensions UK Limited.

Full name	Position in Company	Email address	Contact number

4. Authorised mailbox

If you have a shared mailbox you'd like us to use for day-to-day scheme administration, please provide the email address below.

Access to this mailbox should be limited to authorised individuals to ensure the security of sensitive employee data.

This section must be completed in all circumstances

It's 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've 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's also a Trustee, we'll 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 HM Revenue & Customs (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.

Spouse/Partner benefits - These benefits are set up as Excepted Policies. If you're offering the employees this benefit please tick the Excepted benefits box.

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

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

Signatories Section, continued

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								
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D	D	M	M	Y	Y	Y	Y		

Full name	<input type="text"/>								
Address	<input type="text"/> <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

- I/we have read the illustration numbered on page one of this application form.
- I/we confirm that all information I/we've provided to Aviva Life & Pensions UK Limited as part of this application is truthful, accurate and complete.
- I/we understand that if the information provided as part of this application is not truthful, accurate and complete, Aviva Life & Pensions UK Limited may apply different terms to the policy, or this could affect how the claim is assessed including how much is paid out on a claim, and could mean a claim is not paid out at all.
- I/we are aware of the importance of reading the policy wording for the policy applied for, and agree on behalf of the policyholder and the membership of the policy to accept and conform to the terms of the policy in accordance with the policy wording and policy schedule.
- I/we know that the policy wording is written subject to the laws of England.
- I/we understand that if Aviva Life & Pensions UK Limited have agreed to go on risk, the cover is based on the illustration and the policy wording. The policy schedule, confirming the terms of cover, will be issued once Aviva Life & Pensions UK Limited has accepted the application and received confirmation of payment method. I/we will let Aviva Life & Pensions UK Limited know if any of the information provided changes before Aviva has accepted the application.
- I/we acknowledge that if anything has changed before the application has been accepted, Aviva Life & Pensions UK Limited may amend or cancel the policy.
- I/we authorise Aviva Life & Pensions UK Limited to act on instructions provided by the individual(s) named in the 'Authorised Individuals' section of this application form, for the duties specified and on behalf of the policyholder(s). This authority will remain in place until Aviva receives written notice from the policyholder(s) to withdraw it.

Data Protection

- I/we acknowledge that Aviva Life and Pensions UK Limited is the controller responsible for processing any personal data that I/we provide to Aviva in connection with (i) myself/us as the policyholder(s) and (ii) in connection with the policy.
- I/we have certain data rights, if I/we need more information on these and Aviva's processing, I/we can view the Aviva Group Protection Insurance Privacy Policy at <https://www.aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/group-protection-privacy-policy/>, or I/we can request a copy by contacting Aviva by email at dataprt@aviva.com or writing to: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.**
- As part of this application Aviva Life & Pensions UK Limited will collect and process personal data (which includes special category data) about members. I/we 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. I/we have all relevant permissions which includes a lawful basis to share member information with Aviva for the purposes of account set up, administration and assessment of claims under the policy (which includes terms of acceptance and exclusions from cover).
- I/we agree that the data protection provisions set out in the Policy Wording apply.
- On behalf of everyone intended to be covered under the policy, I/we have made sure they are aware of how their personal data will be processed (including their data rights) as part of this application, including providing them with information on how to access Aviva's Group Protection Insurance Privacy Policy.

Customer Due Diligence - Prevention of Money Laundering

- In accordance with EU and UK legislation relating to the prevention of money laundering Aviva Life & Pensions UK Limited 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 Aviva Life & Pensions UK Limited 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 Life & Pensions UK Limited representative is involved they will let you know of any evidence you need to produce.
- By signing this form I/we consent that for all persons to be covered, I/we have ensured they are aware of their right to object to its use by Aviva Life & Pensions UK Limited, for the activities set out above, which will make it easier for you to do business with us and help prevent financial crime. For more information, please contact Aviva Life & Pensions UK Limited using the contact details in the 'What happens next' section later in this form.

Please sign below.

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've completed all questions,
- you've signed and dated the declaration, and
- if applicable, you've completed the Group Protection Direct Debit Mandate.

Email your completed form to:

groupprotection@aviva.com

Or post your completed form to:

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

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01015 11/2025**) in large print, a different colour, in braille or as audio.

 **0800 0513472**

 **groupprotection@aviva.com**

 **aviva.co.uk**

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

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

Please fill in the whole form and send to: groupprotection@aviva.com or **Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.**

Name(s) of Account Holder(s)

Service User Number	1	6	9	4	2	0
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Bank/Building Society account number

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Branch Sort code

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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.

Name and full postal address of your Bank or Building society

To The Manager	Bank/Building Society
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Address

Postcode

Reference

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Signature(s)

X

X

Date

X	DD / MM / YYYY
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Banks and 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.