

Group Life Application Form for Flexible Benefit Spouse & Partner Policies



This form is for a Group Life Spouse/Partner policy with Aviva Life & Pensions UK Limited.

The responsibility for the completion of this form is with the Trustee(s) of the Policy. If you are applying for a Group Life policy which is not a flexible benefits policy, please do not complete this form - you will need our Group Life application form (GR01015) instead.

Please complete the form electronically where possible, but however you choose to complete the form please send this to flex@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 flex@aviva.com or on 0800 051 2541. Calls to and from Aviva may be recorded and/or monitored.

Policy number(s) (if known)	<input type="text"/>									
Illustration number including variation	<input type="text"/>	Illustration number – the illustration number you wish to accept, including the variation number, for example '12345/1'								
Start date	<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	Start date – we cannot accept cover without a start date. We must have a future start date before we can assume risk.
D	D	M	M	Y	Y	Y	Y			
Anniversary date (if different from above)	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td></tr></table>	D	D	M	M					
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"/>									

Principal Employer's details		
Full name (registered name where applicable)	<input type="text"/>	Full name – the registered business name of the employer.
Policy name if different	<input type="text"/>	Policy name – the name you give your policy. Please note that our system can only show a maximum of 80 characters.

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 Proposal.
- 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.

<p>To identify the nature of the Principal Employer please tick the relevant box below</p> <p>A Limited company or plc <input type="checkbox"/></p> <p>A Partnership <input type="checkbox"/></p> <p>A Limited Liability Partnership <input type="checkbox"/></p> <p>An unincorporated body (such as a charity) <input type="checkbox"/></p> <p>Other – please advise <input type="text"/></p>	<p>Principal Employer – this is where an employer has special rights or responsibilities, such as appointing trustees. For example, if several employers run a policy together, the one who set it up will be the principal employer.</p>
<p>For UK policies only</p> <p>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 <input type="checkbox"/></p>	<p>Excepted – Spouse/partner benefits are set up under an Excepted Policy</p>
<p>To identify the status of the proposed Trustees please tick the relevant box (s) below:</p> <p>Limited Company or plc <input type="checkbox"/> (please complete signatories section 1)</p> <p>A Limited Liability Partnership <input type="checkbox"/> (please complete signatories section 2)</p> <p>A Trustee Company <input type="checkbox"/> (please complete signatories section 3)</p> <p>Individual Trustees <input type="checkbox"/> (please complete signatories section 4)</p>	<p>Please note that where an unincorporated body' or 'other' has been selected above as the nature of the Principal Employer, the status of the proposed trustees can either be a 'trustee company' or 'individual trustees'.</p>

Section 1) Signatories Section – Limited Company or plc

If the Principal Employer is a limited company or plc and assumes the role of **Trustee**, two directors (or a director and company secretary) should sign.

Full name

Position in company

Signature

Date signed

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

Full name

Position in company

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Section 2) Signatories Section – Limited Liability Partnerships

If the Principal Employer is a limited liability partnership and assumes the role of Trustee, at least two designated members should sign

Full name

Signature

Date signed

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

Full name

Signature

Date signed

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

Full name

Signature

Date signed

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

Full name

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Section 3) Signatories Section – Trustee Company

If a Trustee Company assumes the role of Trustee, two directors (or a director and company secretary) of the Trustee Company should sign. Please note that the directors and company secretary (if applicable) must be listed on Companies House.

Trustee company name

Trustee company registered office address

<input type="text"/>
<input type="text"/>
<input type="text"/>

Postcode

Date signed

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

Full name

Signature

Date signed

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

Full name

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Section 4) Signatories Section – Individual Trustees

If individuals assume the role of Trustee, all individuals (minimum of two) should sign below. Please continue onto a separate sheet if necessary.

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

Policy Authorisation

This form should be used to provide individuals with authority to act on behalf of the Trustees under a Group Life Policy.

Aviva Life & Pensions UK Limited 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 signatory. All liability remains with the Trustees of the policy.

Any payments made in accordance with the provisions of this authority will be good and sufficient discharge to Aviva Life & Pensions UK Limited.

We the Trustees, instruct Aviva Life & Pensions UK Limited to accept our authority to act upon the instructions of the persons detailed below for the duties specified, on behalf of the Trustees. This instruction will remain in force until such time that we advise Aviva otherwise, in writing.

Authorised Signatory Details

Full name	<input type="text"/>	Authorised Duties								
Position in company	<input type="text"/>	<input type="checkbox"/> Day to day administration								
Signature	<input type="text"/>	<input type="checkbox"/> Release payment of claims								
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	<input type="checkbox"/> Make changes to appointment of intermediaries
D	D	M	M	Y	Y	Y	Y			
		<input type="checkbox"/> Make changes to policy cover								

Full name	<input type="text"/>	Authorised Duties								
Position in company	<input type="text"/>	<input type="checkbox"/> Day to day administration								
Signature	<input type="text"/>	<input type="checkbox"/> Release payment of claims								
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	<input type="checkbox"/> Make changes to appointment of intermediaries
D	D	M	M	Y	Y	Y	Y			
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Full name	<input type="text"/>	Authorised Duties								
Position in company	<input type="text"/>	<input type="checkbox"/> Day to day administration								
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D	D	M	M	Y	Y	Y	Y			
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D	D	M	M	Y	Y	Y	Y			
		<input type="checkbox"/> Make changes to policy cover								

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 the administrator, 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.
- 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 their consent to provide their personal data to Aviva and that 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 decide if Aviva can offer cover and on what terms
 - administer the policy
 - process and underwrite any claims under the Policy
 - help 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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For Intermediary use only

Intermediary name

Address

Telephone number

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:

flex@aviva.com

The postal address to send your completed form to is:

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

| Retirement | Investments | Insurance | Health |

Aviva Life & Pensions UK Limited. Registered in England No 3253947. 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)

GR01028 12/2022 © Aviva



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 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/Building Society

To: The Manager	Bank/Building Society
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Postcode

Date

X	DD / MM / YYYY
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Reference number

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Signature(s)

X

X

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.