

# Group Life Master Trust Application Form



**This form is for a Master Trust Group Life policy with Aviva Life & Pensions UK Limited.  
This policy will be administered by Aviva Life & Pensions UK Limited.**

The responsibility for the completion of this form is with the prospective Policyholder (i.e the participating employer whose employees are to be covered under the policy). As this is an application for an Aviva Master Trust policy, it is not the responsibility of the policyholder to appoint a trustee. Zedra Governance Ltd are the trustees for the Master Trust.

Please complete the form electronically where possible. Once completed, 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 the Policyholder, 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 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 to us regarding this application.

If you require any assistance completing this form, please contact us at [groupprotection@aviva.com](mailto:groupprotection@aviva.com) or call us on 0800 051 3472. For your protection and ours, 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  Annually  By Direct Debit

Half-yearly  By Direct Debit (Non-Flex schemes only)  Quarterly  By Direct Debit (Non-Flex schemes only)  Monthly  By Direct Debit

**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.

**Please select the type(s) of Mastertrust policy you require:**

The Master Trust (dated 1st February 2016) policy registered with HMRC as a Registered Occupational Pension Scheme In Accordance with Part 4, Chapter 2 of the Finance Act 2004

The Excepted Master Trust (dated 10th March 2023) policy to cover Excepted benefits that meet the conditions as set out in Section 480 of the Income Tax (Trading and Other Income) Act 2005

**1. Participating 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

**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. Participating Employer's details, continued

Registered company number (where applicable)	<input type="text"/>
Registered office address (where applicable)	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Business correspondence address (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Phone number	<input type="text"/>
Participating companies	<input type="text"/> <input type="text"/>

### Additional 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.

**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 Policyholder under a Master Trust 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; completion of claim form.**

Aviva reserves the right to obtain confirmation, at any time, that the authority given on this form remains in force. All liability remains with the Policyholder 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**

  
  
  
  
  

## 4. Authorised mailbox

Please insert an electronic mailbox that is to be used for day to day administration of the scheme. You will need to ensure that access to your mailbox is restricted only to individuals authorised to view any sensitive employee data.

## 5. Declaration

We, the Policyholders 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 employer, or other changes affecting the status of the employer, 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 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
- I agree to participate in the **Aviva Master Trust** as indicated on Page 1 of this application form and agree to be bound by and observe the provisions of the Declaration of Trust and Rules which established the Master Trust. I acknowledge and accept that our participation in the Master Trust will take effect from the date on which the policy, to which this application relates, starts.

### 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.

**The proposal form must be completed and signed by an individual authorised to act for and on behalf of the policyholder. If we do not feel someone of suitable authority has signed, we may seek further evidence of the authority held. At least one signature is required below. A second signature will only be required if a policyholder's company Constitution or Articles of Association requires it.**

<b>Authorised Signatory</b>	<input type="text"/>	<b>Date signed</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>								
Position in company	<input type="text"/>								

<b>Second Authorised Signatory (if required)</b>	<input type="text"/>	<b>Date signed</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>								
Position in company	<input type="text"/>								

## 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.

| 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)

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# Group Protection Direct Debit Mandate



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

Please fill in the whole form and send to: [groupprotection@aviva.com](mailto:groupprotection@aviva.com) or 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

Branch sort code

### 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
-----------------	-----------------------

Postcode
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Reference number

Signature(s)

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.