

Group Life Application Form for Aviva Pension Trust for Independent Schools (APTIS)



This form is for a Group Life policy for schools under the APTIS arrangement. This policy will be administered by Aviva Life & Pensions UK Limited.

The prospective Policyholder is responsible for the completion of this form (i.e the participating school whose employees are to be covered under the policy). If you're unsure about any of the information we ask for, you should check with the person who it relates to. As this is an application for a policy under Aviva's Master Trust Group Life policy, it is not the responsibility of the Policyholder to appoint a trustee. Zedra Governance Ltd are the Trustees for the Aviva Master Trust.

Please complete the form electronically where possible. To do, save the form to your device and open it using a PDF reader that supports interactive features, such as fillable fields and electronic signature boxes. This helps ensure that all features work as intended. Please send your completed form to groupprotectionquotes@aviva.com or melanie.jarred@aviva.com

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, 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.

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've given to us regarding this application.

If you require any assistance with this form or the completion of this form, please contact us at groupprotectionquotes@aviva.com or 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.

Policy start date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	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. PLEASE NOTE: The start date cannot be before you've enrolled at least one member into the APTIS pension scheme.
Anniversary date (if different from above)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="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"/>	

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 <input type="checkbox"/> The Excepted Master Trust (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 <input type="checkbox"/>	If you're unsure what to select, please refer to the 'What it is and How it Works' Employer Guide
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1. Participating School's details

Full name *(registered name where applicable)*

Policy name if different

To identify the nature of the participating school 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 school 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. Cover selected

Please select who you wish to cover and the level of cover you require (tick one box for teachers and one box for non-teaching staff):

Teachers

3x salary

4x

5x

6x

7x

8x

Non-teaching staff

3x salary

4x

5x

6x

7x

8x

No cover

For zero-hours staff, do you require cover to be:

£10k flat benefit

Multiple of P60 earnings

For part-time staff, do you require cover to be based on:

Basic annual salary

Full-time equivalent salary

Selecting cover -

If you wish, you can select differing levels of cover for teaching and non-teaching staff.

3. Authorised Individuals

Please list below those individuals who you wish to act on behalf of the Policyholder under the Group Life policy. Unless we're told otherwise, Aviva will assume those authorised below will be able to:

- deal with the day to day administration;
- make changes to appointment of intermediaries;
- 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 policyholder, we'll only act on instructions from a joint policyholder and not an authorised individual. All liability remains with the policyholder(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 school/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.

5. 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 agree to participate in the **Aviva Master Trust** as indicated on page one 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/we 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.
- 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/privacypolicy/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.

5. Declaration, continued

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.

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.

Please sign below.

Authorised Signatory Director/Secretary registered at Companies House, or authorised signatory	<input type="text"/>	Date signed	<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/school	<input type="text"/>								

Second Authorised Signatory (if required) Director/Secretary registered at Companies House, or authorised signatory	<input type="text"/>	Date signed	<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/school	<input type="text"/>								

What happens next?

Please ensure that:

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

Email your completed form to:

groupprotectionquotes@aviva.com or melanie.jarred@aviva.com

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01191 01/2026**) in large print, a different colour, in braille or as audio.

 **0800 0513472**

 **groupprotection@aviva.com**

 **aviva.co.uk**

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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 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
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Postcode

Reference number

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y
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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.