

# Policy Authorisation Form

## Group Protection

**This form should be used to provide individuals with authority to act on behalf of the Policyholders under a Group Life (including Group Life Master Trust), Group Income Protection or Group Critical Illness policy.**

If more than three signatories are required, please complete another Policy Authorisation Form and submit together.

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 Policyholder, we will only act upon the instructions of a joint policyholder and not an authorised signatory. All liability remains with the Policyholder(s) 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.

Policy name	
Policy number(s)	

### Authorised Signatory Details

Print name <input style="width: 90%;" type="text"/>  Position in company <input style="width: 90%;" type="text"/>	<b>Authorised Duties</b> - tick all that apply <input type="checkbox"/> Day to day administration <input type="checkbox"/> Release payment of claims (for Group Life and Group Life Master Trust) <input type="checkbox"/> Make changes to appointment of intermediaries and authorised signatories <input type="checkbox"/> Make changes to policy cover
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**Authorised mailbox details**

Access to the mailbox detailed below should be restricted only to individuals authorised to view any sensitive employee data.

**Policyholder Signatures**

**For Group Income Protection, Group Critical Illness and Group Life Master Trust:** The Policy Authorisation 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.

**For Group Life:** The Policy Authorisation form must be completed and signed by an individual authorised to act for and on behalf of the Trustees. If the company/LLP is trustee and the form is not signed by a company Director or Designated Member, we require further evidence of the authority held. This can take the form of board minutes, copy of a power of attorney or a company headed letter or email directly from a Director/Designated Member confirming they are authorised.

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

Signatory name <input style="width: 90%;" type="text"/> Position in company <input style="width: 90%;" type="text"/> Signature <input style="width: 90%; height: 30px;" type="text"/> Date signed <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Signatory name <input style="width: 90%;" type="text"/> Position in company <input style="width: 90%;" type="text"/> Signature <input style="width: 90%; height: 30px;" type="text"/> Date signed <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15px;">D</td><td style="width: 15px;">D</td><td style="width: 15px;">M</td><td style="width: 15px;">M</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td><td style="width: 15px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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## Need this in a different format?

Please get in touch if you'd prefer this document (**GR06409 12/2024**) in large font, 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.