

Stakeholder Pension

Application form



Adviser Business Account E.g. (012 12345A) or (ABC 1234)

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Illustration ref no

Has financial advice been given in respect of this application?

Yes

No

When to use this form

- You can use this form to make single and regular payments and transfer money in from other registered pension schemes.

How to use this form

Please complete this form in black ink using BLOCK CAPITALS, then sign the declaration and return to:
Aviva, PO Box 520, Norwich NR1 3WG.

You'll need to send us:

- Your completed and signed application form, including the signed declarations from:
i) Employer, ii) person with parental responsibility under the Children Act 1989 (Guardian) - see legislation.gov.uk/ukpga/1989/41/contents
- The completed and signed Direct Debit Instruction, if applicable.

If any information is missing it will delay your application. To help you, we've explained the terms you might be unfamiliar with in an online glossary here: library.aviva.com/mm30896.pdf.

Important information

Please ensure that the information you give us on this form is correct. If any of the information you give us isn't true or not complete and this might reasonably affect our decision to provide you with this policy then we may refuse your application, change the terms of this policy, restrict the benefits payable under this policy, or cancel this policy and refund the payments paid less our reasonable expenses.

If you have any questions about this application form, please call us on 0800 056 1723.

Which sections do I need to fill in?

- I'm the only person paying into this pension.**
Complete sections; 1,4,6 (if transferring payments), 7 and 8.
- My employer is paying into this pension/passing on my payments deducted from my salary.**
Complete sections; 1,4,6 (if transferring payments), 7 and 8. Your employer should also complete section 5 and the employer declaration in section 8.
- A third party is paying into this pension.**
Complete sections; 1,4,6 (if transferring payments), 7 and 8. The third party should also complete section 3.
- I'm a person with parental responsibility under the Children Act 1989 (Guardian), completing this application on behalf of someone under age 18.**
Complete sections; 1, 4, 7 and 8 on behalf of the applicant. As the Guardian, you must sign both the applicant declaration and Guardian declaration in section 8 and also complete section 2.
If a third party is paying into this pension (that is, someone other than the applicant or Guardian) the third party should also complete section 3.
- If you haven't received advice from a Financial Adviser, please complete section 9.**
- If you're a Financial Adviser, please complete section 10.**

Each person making regular payments into this plan must complete a direct debit instruction.

1. Applicant's details

Title Mr/Mrs/Miss/Ms/Dr/Other

Surname

Forename(s)

Date of birth*

D	D	M	M	Y	Y	Y	Y
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**If the plan holder is aged below 18, their Guardian must complete this form, and both the applicant and Guardian declarations*

Gender Male Female

Your permanent residential address

(This means the address where you currently live)

House name (if applicable) House number

Street name

Town

County Postcode

Country

Contact details

Contact number

Email address

Chosen retirement age *This must be between the minimum pension age and 75. The minimum pension age is currently 55. From 6 April 2028 this will be age 57 unless you have a protected pension age. To find out more visit [aviva.co.uk/nmpa](https://www.aviva.co.uk/nmpa)*

National Insurance number

*We can't accept this application without a National Insurance number. If you don't have a National Insurance number, please contact us on **0843 515 9454**. We'll send a declaration for you to complete, confirming your current circumstances. If the applicant is under 16, the National Insurance Number can be left blank.*

Do you have another stakeholder pension with Aviva?

Yes No

1.1 Applicant's status

a. Tick **one** box only

I'm:

1. Employed,

6. Caring for a person aged 16 or over,

2. Pensioner,

7. In full time education,

3. Self-employed,

8. Unemployed, or

4. Child under 16,

9. Other (please give details)

5. Caring for one or more children under 16,

b. Tick **one** box only

I live permanently in the UK, or

I'm a Crown servant or the spouse, or civil partner of a Crown servant.

If neither of these statements accurately describes your current circumstances, you can't take out this plan.

1.2 Nomination

When to fill in this section

- If you die before you've taken all your benefits from this plan, we can pay them to someone else. You can use this form to tell us who you'd like us to make lump sum payment(s) to, although this won't be binding on us.
- You should regularly review any nomination you make in light of any changes in your personal circumstances. This is particularly important if a nominee dies before you or if your relationship with the nominee changes.
- When you state the proportion of the benefit that you'd like nominees to receive, please make sure that the overall total equals 100%.

Important notes

- Although we'll take your nomination into account in making our decision as to who should receive any lump sum payment on your death, we won't regard it as binding on us. We'll treat your nomination as an indication of who, at the time of the nomination, you wanted us to consider in deciding who should receive any lump sum payment.
- We'll disregard your nomination:
 - a) for any named person(s), other than trustees, who dies before you, or
 - b) if you subsequently make the policy subject to a valid trust, or
 - c) if you send us details of any changes to your nomination in writing.
 - d) if not made by you (ie. if this form is completed by a Guardian or attorney)
 - e) if it's made in respect of any named person who you're subsequently divorced from, or
 - f) if it's made in respect of a named civil partner when the civil partnership is dissolved.
- Nominations can't be made where the plan holder is below the age of 18.
- Even if you make a nomination, any lump sum payments may be included in your estate for Inheritance Tax purposes. We recommend that you discuss this with your Financial Adviser. If you don't have a Financial Adviser, you can find one at **unbiased.co.uk**.
- This nomination isn't a form of trust. If you want to place your plan under trust, we can send you a trust form. If your policy is subject to a valid trust, we'll pay the money to the trustees of that trust.
- If you expect your benefits to exceed your lump sum & death benefit allowance, you may like to nominate that an income should be payable on your death. If you wish to do this, please write to us.
- If you're unsure how to complete this section or would like to discuss the implications of making your nomination or placing your plan under trust, we recommend that you talk to your Financial Adviser.

1.2 Nomination continued

Please don't complete if you're a Guardian or attorney.

Name(s) of nominee(s)

Full name	<input type="text"/>		
Address	<input type="text"/>		
House name (if applicable)	<input type="text"/>	Number	<input type="text"/>
Street/Road name	<input type="text"/>		
Town/City	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Relationship to you (if any)	<input type="text"/>		
Proportion of benefit	<input type="text"/>	%	

Name(s) of nominee(s)

Full name	<input type="text"/>		
Address	<input type="text"/>		
House name (if applicable)	<input type="text"/>	Number	<input type="text"/>
Street/Road name	<input type="text"/>		
Town/City	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Relationship to you (if any)	<input type="text"/>		
Proportion of benefit	<input type="text"/>	%	

Name(s) of nominee(s)

Full name	<input type="text"/>		
Address	<input type="text"/>		
House name (if applicable)	<input type="text"/>	Number	<input type="text"/>
Street/Road name	<input type="text"/>		
Town/City	<input type="text"/>		
Country	<input type="text"/>	Postcode	<input type="text"/>
Relationship to you (if any)	<input type="text"/>		
Proportion of benefit	<input type="text"/>	%	

2. Person with parental responsibility under the Children Act 1989 (primary Guardian) details

Please make sure you sign the applicant's declaration and the Guardian declaration in section 8.

Title Mr/Mrs/Miss/Ms/Dr/Other

Full name

Date of birth

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

Your permanent residential address (if different from the applicant)

(This means the address where you currently live)

House name (if applicable) House number

Street name

Town

County Postcode

Country

Contact number(s)

Email address

Person with parental responsibility under the Children Act 1989 (secondary Guardian) details

Title Mr/Mrs/Miss/Ms/Dr/Other

Full name

Date of birth

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

Your permanent residential address (if different from the applicant)

(This means the address where you currently live)

House name (if applicable) House number

Street name

Town

County Postcode

Country

Contact number(s)

Email address

3. Third party details (if applicable)

Tick here if a third party is paying into this plan on the applicant's behalf.

(Third parties don't include Employers, please see section 5.)

Title Mr/Mrs/Miss/Ms/Dr/Other

Full name

Date of birth

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

Your permanent residential address (if different from the applicant)

(This means the address where you currently live)

House name (if applicable) House number

Street name

Town Postcode

County Country

Contact number(s)

Email address

4. Regular/single payments (please state the gross/pre-tax amounts)

Payments

All member, Guardian or third party payments by cheque and direct debit should be paid net of basic rate tax. This is the amount after basic rate tax has been deducted. We'll then reclaim the basic rate tax and add it into your pension plan together with your payment.

Regular payments by direct debit

Payment frequency

Monthly Yearly

First payment date (between the 1st and 28th of the month)

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

The payment date must be a date in the future.

Tick this box if you want payments to increase in line with the Average Weekly Earnings Index (Min. 3% increase each year)

If your employer is making payments, their instructions will override any start date or information about indexation that you give us (see section 5).

The total minimum regular payment is £20 gross. If you want to make regular yearly payments, please make the first payment by cheque payable to 'Aviva (Client's full name)', for example, John Smith.

If you have entered into a salary sacrifice arrangement with your employer, it's likely that the only regular payments will be employer payments. If you're unsure about how to complete this section, please call us on **0800 056 1723**.

Your regular payment

£ **GROSS**

Your employer's regular payment

£ **GROSS**

Third party regular payment

£ **GROSS**

Guardian regular payment

£ **GROSS**

Please note that in cases where the policyholder is under 18 years of age, we require verification of identity for the minor policyholder, Guardian and third parties (if applicable).

Please make sure that each person making regular payments completes the relevant direct debit instruction. You don't need to do this if your employer is deducting your payments from your pay and passing them directly to us.

Single payment by cheque - the minimum single payment is £20 gross.

Please make cheques payable to 'Aviva (Client's full name)', for example, John Smith.

Your payment

£ **GROSS**

Your employer's payment

£ **GROSS**

Third party payment

£ **GROSS**

Guardian payment

£ **GROSS**

Working out gross (pre-tax) payments:

Example: If basic rate income tax is 20% and you want to pay £80 a month into your pension, divide the amount you pay in by 0.80 to get the gross amount. Basically, for every £80 you pay in, £100 will actually be paid into your plan.

Money Purchase Annual Allowance

1. I'm subject to the Money Purchase Annual Allowance as a result of flexibly accessing my pension benefits. Flexibly accessing means taking your benefits other than buying an annuity

Yes No

2. If yes, the first date I flexibly accessed benefits was

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

5. Employer's payments or deductions

Your employer must complete this section.

Note to Financial Adviser: Please make sure you submit the anti-money laundering forms for the employer with this application.

Company name	<input type="text"/>
Company address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
Company registration no	<input type="text"/>
Contact name	<input type="text"/>
Contact number(s)	<input type="text"/>
Email address	<input type="text"/>

Regular payments by direct debit

The start date and frequency should be the same for any employee payments, even if they aren't being collected and passed on by the employer. The payment date must be a date in the future.

Payment frequency Monthly Yearly

First payment date (between the 1st and 28th of the month)

We'll set this to be the first day of the first month after we receive the application, unless informed otherwise.

Tick this box if you want payments to increase in line with the Average Weekly Earnings Index (Min. 3% increase each year)

5.1 Record of payments due

We need this information to help us monitor the payments made, or passed on by you.

This is a requirement of The Pensions Regulator.

How often do you pay the employee?

Every week Every two weeks Every four weeks Every calendar month

On which day/date?

Will you be deducting the employee's payments from their pay?

Yes No

If yes, please complete the rest of this section.

Payment method

How often will you take payments from their pay?

Every week Every two weeks Every four weeks Every calendar month

On which day/date?

When did/will you take the first deduction?

When will Aviva receive these plan payments?

In the same month as they're deducted By the 22nd (or 19th if paid by cheque) of the following calendar month
By law, this is the latest date we can accept.

Please make sure you sign the employer's declaration in section 8.

Please complete the direct debit instruction on page 17.

6. Transferring in from another pension

The minimum transfer payment you may pay into this plan is £20.00.

Have you spoken to a Financial Adviser about transferring your pension(s) into this plan?

Yes No

If yes, did your Financial Adviser:

Make a personal recommendation for you to make the transfer(s)? or

Yes No

Provide you with information only to make your own decision?

Yes No

If you've spoken to a Financial Adviser, we may contact them for further details to support your application.

Please complete the following section if you're transferring another pension that belongs to you. Copies of this form may be used for multiple transfers.

If the transfer is as a result of a Pension Sharing Order, please complete the section entitled 'Pension Sharing Order'.

Important notes

Aviva can't accept transfers from the following:

- Any type of scheme if you have already taken benefits from your pension funds, such as a tax-free lump sum or pension income (known as crystallised funds).
- Non-UK registered pension schemes unless the pension to be transferred is a Qualifying Recognised Overseas Pension Scheme (QROPS).
- Any type of scheme that provides any form of safeguarded benefits where the safeguarded benefits are in excess of £30,000 unless you have received advice, irrespective of the outcome, from a Financial Adviser with appropriate permissions from the Financial Conduct Authority (FCA).
- Where there are any ongoing legal issues such as earmarking orders or pension sharing orders.
- Aviva cannot accept transfers into this plan after you have reached the age of 75.

If you can't answer the following questions about the pension you'd like to transfer, please contact your previous provider who will be able to help you. We can't proceed with your transfer if the form is incomplete, so please make sure all the questions have been answered:

Name of transferring provider:

Address of transferring provider:

Name of previous pension scheme/arrangement:

Previous pension scheme/policy/
account number or other
identifying reference number:

Contact number of
previous provider:

Estimated transfer value: £

Does this represent the full value of the plan?:

Yes

No

Please send us any transfer discharge paperwork that needs completing for the other pension provider.

Type of plan (please tick):

Additional Voluntary Contribution (AVC):

Deferred Annuity:

Defined Benefit (also known as Final Salary or Career Average Earnings):

Executive Pension:

Free Standing Additional Voluntary Contributions:

Personal Pension:

Occupational Money Purchase (also known as Occupational Defined Contribution):

6. Transferring in from another pension *continued*

Self-Invested Personal Pension (often abbreviated to SIPP):

Stakeholder Pension:

S226/Retirement Annuity Contract (often abbreviated to RAC):

Section 32 Buyout:

Some of the scheme/benefit types above include valuable and safeguarded benefits which will be lost on transfer. You should think carefully before proceeding and, if in any doubt, you should seek financial advice.

Do you have any form of protection from HMRC?

Yes No

Please note, protection could be lost on transfer.

Is the transfer from a UK registered pension scheme?:

Yes No

If no, is the transfer from a Qualifying Recognised Overseas Pension Scheme (QROPS)?:

Yes No

Have you taken any tax-free lump sums, regular income or crystallised the benefits?:

Yes No

If any of your existing plans is a defined benefit scheme (final salary), do you have less than two years qualifying service in the scheme with no option of retaining benefits and no continuous service?

Yes No

If yes, please provide us with a copy of a letter from your current provider confirming the options available to you.

Is the transfer value enhanced – have you been offered a higher value to transfer away?

Yes No

Are there any current disputes or unsettled claims in respect of pension attachment, earmarking or pension sharing orders on a divorce or on a dissolution of a civil partnership?

Yes No

Does the pension you're transferring contain any of the following safeguarded benefits?

Guaranteed annuity, or annuity rates (GARs)?

Yes No

Guaranteed minimum pension (GMP) or section 9(2b) rights?

Yes No

Any salary related benefits?

Yes No

Any other guaranteed benefit?

Yes No

Does your pension contain any valuable benefits?

Yes No

Valuable benefits include:

- A 'protected tax-free lump sum', probably allowing more than 25% as a tax-free lump sum at retirement.
- 'Protected pension age', allowing the benefits to be taken before the minimum pension age. This is currently age 55. From 6 April 2028 this will be age 57 unless you have a protected pension age. To find out more visit [aviva.co.uk/nmpa](https://www.aviva.co.uk/nmpa).
- Fund guarantees such as a guaranteed growth rate, guaranteed bonus rate or loyalty bonus.
- Additional Life Cover, Critical Illness Cover or Waiver of Premiums.
- Other valuable benefits not listed here.

Your guaranteed and/or valuable benefits may be lost on transfer.

If you decide to cancel this transfer, your other provider doesn't have to accept the transfer back and you'll still lose any guaranteed and/or valuable benefits. If this is the case you'll need to tell us which other registered pension scheme it is to be paid to.

Charges and funds on your existing plan might be different to those on the Aviva plan you're applying for. You should compare your existing charges to ours, including any charges for transferring.

Pension Sharing Order

If the transfer is as a result of a Pension Sharing Order, please complete this section.

This section should be completed where pension credit has been awarded to you from your ex-spouse or former civil partner's pension following a divorce or dissolution of a civil partnership.

Copies of this form may be used for multiple transfers.

6. Transferring in from another pension *continued*

If you can't answer the following questions, please either contact the current provider or your solicitor for help in obtaining this information.

Name of transferring provider:

Address of transferring provider:

Contact number of previous provider:

Previous pension scheme/policy/
account number or other
identifying reference number:

Transfer value (the value of the
pension share in UK pounds sterling):

Please send us any transfer discharge paperwork that needs completing for the other pension provider.

It is important you answer the following question as this will affect how you're able to take the benefits of the plan you want to take out with Aviva and transfer the pension credit into:

Has your ex-spouse or former civil partner taken any tax-free lump sums,
regular income or crystallised the benefits on the plan being shared? Yes No

Has the pension provider offered you membership of their pension scheme? Yes No

If yes, does the pension they're offering contain any of the following safeguarded benefits:

Guaranteed annuity, or annuity rates (GARs)? Yes No

Guaranteed minimum pension (GMP) or section 9(2b) rights? Yes No

Any other guaranteed benefit? Yes No

Does the pension they're offering you contain any valuable benefits? These include:

A 'protected tax-free lump sum', probably allowing more than a 25% tax-free lump sum at retirement. Yes No

'Protected pension age', allowing the benefits to be taken before the minimum pension age. Yes No

This is currently age 55. From 6 April 2028 this will be age 57 unless you have a protected pension age.

To find out more visit aviva.co.uk/nmpa.

Fund guarantees such as a guaranteed growth rate, guaranteed bonus rate or loyalty bonus. Yes No

Additional Life Cover, Critical Illness Cover or Waiver of Premiums. Yes No

Other valuable benefits not listed here. Yes No

Any safeguarded or valuable benefits will not be included in your Aviva plan. If you decide not to accept any offer from the other pension provider, then any such benefits included in that offer will be lost.

Please give details of your ex-spouse/former civil partner:

(We need this information to enable us to request the transfer of the funds from the other provider)

Their title (Mr/Mrs/Miss/Ms/ Other –
please specify):

Full name:

Date of birth:

Address:

National Insurance number:

8. Declaration *continued*

Please read the following carefully before signing and dating this application.

Applicant's Declaration

To be signed by the applicant

I declare that:

- I apply to be a member of the Aviva Stakeholder Pension Scheme (the Scheme).
- I'm eligible to join the Scheme, and for this stakeholder pension plan because:
 - I live in the UK, or
 - I'm a Crown servant, or the spouse/civil partner of a Crown servant.
- I understand that Aviva will administer the Scheme in accordance with the Rules of the Scheme (the Rules), which may be amended from time to time, and the Rules and Stakeholder Pension from Aviva Terms and Conditions will apply to my plan.
- I'm eligible for income tax relief on payments other than transfers because:
 - I live in the UK, or
 - I'm a Crown servant, or the spouse/civil partner of a Crown servant, or
 - I'm in receipt of earnings which are chargeable to UK income tax.
- For any tax year, the total payments I make to any registered pension schemes for which I'm entitled to tax relief under section 188 Finance Act 2004, won't be more than the higher of:
 - The basic amount (currently £3,600 gross a year), and
 - My relevant UK earnings within the meaning of section 189 Finance Act 2004 (earnings chargeable to UK income tax) for that tax year.
- If I've taken benefits from any pension arrangement, with the current or any other pension provider, in a way which means I'm subject to the reduced Money Purchase Annual Allowance (MPAA), I've supplied the date the reduced MPAA first applied to me in the 'Regular/single payments' section on page 7.
- I want a number of arrangements to be created at the start of this pension plan.
- If I don't choose an investment fund or funds, Aviva should direct payments to my plan towards the 'Default Investment Fund/Strategy' applying to the Scheme. I realise that this fund/strategy may change in the future and that if I don't make any investment decisions myself Aviva may redirect or otherwise alter the investments held under this policy in line with investment advice they've obtained.
- If applicable, I've authorised my employer to deduct my payments from my earnings. Aviva should accept instructions from my employer of my initial payment and any changes to my payments as if they had come from me.
- I promise to accept responsibility in respect of any claims, losses and expenses that Aviva and/or the transferring provider(s), may incur as a result of any incorrect information provided by me in this application, or of any failure on my part to comply with any aspect of this application.
- To the best of my knowledge and belief, the information on this application, including any additional sections and any information not provided by me is correct and complete, and has been included with my agreement.

If my details change

I'll inform Aviva if:

- I stop living in the UK, or
- I cease to be a Crown servant or the spouse/civil partner of a Crown servant, or
- I stop receiving relevant UK earnings.

I'll advise Aviva within 30 days, or by the end of the tax year in which the event occurs if later.

Transfers from other registered pension schemes

Instructions to Aviva and the transferring provider(s)

From you to us (Aviva)

Important: it's a serious offence to make false statements. If you do so you may be prosecuted. The penalties are severe.

- This is my application to transfer into my Aviva pension plan. I agree to be bound by the rules of the scheme.
- I agree to Aviva seeking information and obtaining details from the administrator or trustee (and/or relevant insurance company) of any pension scheme, arrangement or contract of which I am, or have been, a member.
- Where the transfer value is less than £30,000 and I haven't chosen to seek any regulated financial advice in relation to the transfer, I acknowledge that Aviva have suggested that I take regulated financial advice; and Aviva have provided me with details of where I may obtain information relating to the transfer.
- I agree Aviva will use the information I give (as well as information about me relating to any existing plan I have with Aviva) for administration, underwriting, claims, research and statistical purposes I agree Aviva may pass information to reinsurers and any agency appointed by Aviva for these purposes. (These agencies may be located in countries outside the UK that don't have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Aviva will remain responsible for making sure the information is held securely.)

From you to the current provider(s)

- I authorise, instruct and apply to the current provider to transfer sums and assets from the plan(s) as listed in Section 6 directly to and to provide any instructions and/or discharge required by any relevant third party to do so.
- I accept that in order to comply with regulatory obligations, Aviva and the current provider named in this application may need to verify my identity and residential address, and may use credit reference agency searches and ask for my documents to verify my identity and address.
- Until this application is accepted and complete, Aviva's responsibility is limited to the return of the total payment(s) to the current provider(s).
- When payment is made to Aviva as instructed, this means that I shall no longer be entitled to receive pension benefits from the whole of the plan(s) listed in Section 6 of this application where the whole of the plan(s) is transferring, or that part of the plan(s) represented by the payment(s) if only part of the plan(s) is transferring.
- I've read any information provided or made available to me by the current provider in connection with this transfer.

8. Declaration *continued*

From you to the current provider(s) and Aviva

- I accept responsibility in respect of any claims, losses, expenses, additional tax charges or any penalties that Aviva and the current provider may incur as a result of any incorrect, untrue, or misleading information in this application or given by me, or on my behalf, or of any failure on my part to comply with any aspect of this application.
- I authorise Aviva, the current provider, any contributing Employer and any Financial Adviser named in this application to obtain from each other, and release to each other, any information that may be required to enable the transfer of sums and assets to Aviva.

Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our retirement and investments products and services. Personal Information means any information relating to you or another living individual who is identifiable by us.

The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases. Where you're a member of an occupational or workplace pension scheme, or if you join a savings product through your employer, we may obtain information from, and share information with, the employer who set up your pension or savings product, the trustees of the pension and any third parties who are providing services to you or them.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at aviva.co.uk/privacypolicy or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you're providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, and to predict the likelihood of certain events arising, e.g. to assess risk or the likelihood of fraud.

We may sometimes make decisions using automated decision making. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the "Automated Decision Making" section of our full privacy policy.

We may use Personal Information we hold about you across the Aviva group for marketing purposes, including sending marketing communications in accordance with your preferences. If you wish to amend your marketing preferences please contact us at: contactus@aviva.com or by writing to us at: Aviva, Freepost,

Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. More information about this can be found in the "Marketing" section of our full privacy policy.

Your Personal Information may be shared with other Aviva group companies and third parties (including service providers and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You've certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our full privacy policy or by contacting us at dataprt@aviva.com.

The Aviva group and its agents would like to contact you from time to time to provide you with updates and offers for Aviva's products and services tailored to you by direct marketing by post, phone, email or text.

Tell us if you don't want to hear from us

How we keep you informed

You can tell us below if you'd prefer not to hear about Aviva products, services, and promotions. You can always tell us if you change your mind.

- Post
 Email
 Telephone
 SMS/Text

Financial Crime

To verify your identity and prevent financial crime, your information may be used by any company within the Aviva group. It may also be shared with third parties who provide services to us, and any other organisations, where required to by law and regulation.

We may record any searches carried out. These, and any suspicion of financial crime, may be used to help other companies with verification and identification. The search isn't a credit check and your credit rating shouldn't be affected.

Applicant's signature

If the applicant is a minor then this must be signed by the person with parental responsibility under the Children Act 1989 (Guardian). The Guardian must also complete the guardian's details section of this form and the Guardian Declaration below.

Signature

Date

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

8. Declaration *continued*

Person with parental responsibility under the Children Act 1989 (Guardian) Declaration

- I declare that I'm the person with parental responsibility under the Children Act 1989 of the applicant (the member), and I've read, agree with, and signed the declarations.
- I understand I'm responsible for this plan as if I were the member until the member reaches age 18.
- I understand that all payments to this plan may only be returned to the member in the form of benefits payable under the rules of the Scheme.
- I understand that in relation to the prevention of money laundering you may complete an electronic search or require me to provide additional evidence as outlined in the member's declaration.

- I understand that tax relief on contributions to this plan will belong to the applicant. Basic rate tax relief will be held within the plan, and where available, higher or additional rate tax relief can be claimed for the applicant outside the pension, based on their income. I understand that neither I nor any other premium payer can claim tax relief on these contributions for ourselves.

Signature

Date

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

Employer Declaration

To be signed by the employer contributing to this plan and/or forwarding member payments to this plan (if applicable)

- I/we understand that the applicant (the member) is currently living in the UK.
- I/we understand that as the employer I/we have no rights to any benefits which are payable under the terms of this policy and the Rules (which may be amended from time to time).
- I/we declare that employer's payments, if any, in respect of the member will be paid until further notice.
- I/we declare that the member's payment will be deducted from the member's earnings, net of basic tax relief, and will be forwarded promptly to Aviva on each payment date. Where applicable, suitable authorisation from the member has been obtained.
- The payment date will be no later than 22 days (19 days if paid by cheque) from the end of the calendar month in which the deduction was made.

- I/we declare that this agreement shall cease to operate in respect of the member, if they leave our employment or on such earlier date as agreed with them. In either case, Aviva shall be notified accordingly.

Employer Name

Employer representative

Name

Job title

Signature

Date

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

Third party Declaration

To be signed by the third party contributing to this plan (if applicable)

- I understand that all payments to this plan may only be returned to the applicant (the member) in the form of benefits payable under the Rules.
- I understand that in relation to the prevention of money laundering you may complete an electronic search or require me to provide additional evidence as outlined in the applicant's declaration.

Signature

Date

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

To be completed if you haven't received advice

9. Applicant's demands and needs

You've selected to invest in the Stakeholder Pension, because this product meets your demands and needs to:

- save for your or your dependant's retirement in a tax efficient way and you can:
- afford to save for your dependant's retirement and
- wait until your retirement to access any saved money, or
- your dependant can wait until their retirement to access any saved money.

You'll need to make sure that the Stakeholder pension is suitable for your circumstances. If you're unsure, you can seek advice from a Financial Adviser.

If you're applying for the Stakeholder Pension without taking advice, please tick the box to state that the Stakeholder Pension meets your demands and needs as stated above.

To be completed by the Financial Adviser

10. Contact details

We want to provide you with a great and responsive service. To help us with this, please tell us how you'd like us to contact you by filling in the relevant boxes below.

Financial Adviser Name	<input type="text"/>	Financial Adviser Company Name	<input type="text"/>
Telephone no	<input type="text"/>	Email address	<input type="text"/>
Administrator	<input type="text"/>	Email address	<input type="text"/>
Telephone no	<input type="text"/>		



INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY
TO PAY BY DIRECT DEBIT



Aviva Life & Pensions UK Limited,
Wellington Row, York, YO90 1WR

Please fill in the whole form using a ball point pen and send it to: Aviva Life & Pensions UK Limited, PO Box 520, Norwich, NR1 3WG.

Name and full postal address of your Bank or Building society

To The Manager	Bank/Building Society
Address	
Postcode	

Service user number

4	0	9	6	6	2
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Instruction to your Bank or 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.

Signature(s)

Date

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort code

Reference

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This is not part of the Instruction to your Bank or Building Society and must be detached by Aviva Life & Pensions UK Limited before submission to the Paying Bank.

Account holders address	Address
Preferred payment day (Between 1st and 28th)	Postcode

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 5 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.

Need this in a different format?

Please get in touch if you'd prefer this form (**SP01006**) in large print, braille, audio or in a different colour

How to contact us

 0800 056 1723

 contactus@aviva.com

 [MyAviva.co.uk](https://www.myaviva.co.uk)

| Retirement | Investments | Insurance | Health |

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[aviva.co.uk](https://www.aviva.co.uk)

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