

Company Pension / Company Stakeholder at Aviva

Scheme Installation Agreement



Welcome

Thank you for choosing Company Pension / Company Stakeholder at Aviva for your client's new pension scheme. Either of these may be used as an auto-enrolment scheme.

Our aim is to install your scheme in a smooth and timely manner. In addition, providing you and your client with high quality ongoing administration is equally important to us.

By completing this form fully and accurately you will help us achieve our aims.

Any personal data sent electronically MUST be sent securely and password protected.

How to complete this form

This application form confirms the basis and details of the scheme.

To create a new scheme both a fully completed Scheme Installation Agreement and a fully completed Employer Application form (SP03203) are required. If your client is using this scheme for auto-enrolment they will need to complete and sign the Automatic Enrolment Employer Agreement SP03289 which we will send to them. Completing this form is a legislative requirement. It details the nature of the formal agreement between the employer and Aviva to ensure our auto enrolment process is being followed.

A copy of this completed application form together with a copy of the plan terms and conditions, will be available on request for your client.

Please complete the form clearly.

1. Employer information

Name of Employer:

Scheme/category name(s):

Scheme/category numbers:

You should have received this guidance as part of the sales process to set up the scheme.

Please ask for a copy of the guidance if you have not already received it.

If there are any terms that you do not understand you should ask for further information.

2. Scheme requirements and Document routing

Will you hold regulatory responsibility after the scheme has been set up?

Yes

No

Will you continue to service leavers?

Yes

No

Will you provide advice to individual members?

Yes

No

3. Notes

This section is a free format note section for any additional relevant information to be captured

4. Financial Adviser confirmation

Full name of Financial Adviser

Position

Company

Signature or Company stamp

Date

| Retirement | **Investments** | Insurance | Health |

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