

Personal pensions – UK only

Supplementary application



You can use this form to make changes to your existing Aviva personal pension

Please tick the relevant box to show us what you want to do

- Increase regular payments
- Start a new regular payment for the first time
- Restart regular payments
- Pay a single payment

If you have any questions, please call us on **0800 158 3142** (overseas **+44 1603 603734**).

If you're a Financial Adviser you can call us on **0800 056 1723**.

Group Personal Pension helpdesk: **0800 145 5744**

Please complete this form in black ink using BLOCK CAPITALS, then sign the declaration and return to:

Aviva, PO Box 520, Norwich NR1 3WG.

If any information is missing it will delay your application.

To transfer benefits from another Aviva pension and/or transfer benefits from another pension provider, you'll need to complete a separate form, provided on request.

You may be able to arrange for a charge to be paid to your Financial Adviser who has provided you or will provide you with advice in connection with making the above change(s) to your existing Aviva pension plan.

If you/your Financial Adviser haven't already done so, please email ackey@aviva.com for an illustration to show how the charges will affect the policy. You'll also need to complete a separate Adviser Charge Agreement as provided with your illustration. We won't apply the charge until an illustration has been issued and the completed Adviser Charge Agreement received.

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.

Your details

Your Aviva plan number

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 planholder is aged below 18, the person with parental responsibility under the Children Act 1989 (Guardian) must complete this form, and both the planholder and the Person with parental responsibility under the Children Act 1989 (Guardian) declarations.

National Insurance Number. (If the applicant is under 16 this can remain blank.) - -

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

Your details continued

Employment status

Employed*

Self-employed*

Unemployed

Other*

*Please state your occupation

Place of residence

I live permanently in the UK

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

I don't live in the UK*

*Please tell us when you left the UK

D	D	M	M	Y	Y	Y	Y
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(If you can't tell us the exact date, let us know the tax year.)

Your payments (Adding, restarting or increasing regular payments or making a single payment. Only complete this section if payment is to come from your own personal bank account. See employer or third party section payments from these sources).

If you're not in receipt of earnings, you can still pay up to £3,600 gross per annum if you're a UK resident.

Please provide the amount to be collected from your account (net payment). We'll apply appropriate tax relief as described.

EXAMPLE: If basic rate income tax is 20% and you pay in £80 a month, £100 will be paid into your plan. This is calculated by dividing the amount you pay in by 0.80.

Your regular payment £ net

Paid monthly annually

Starting from

M	M
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Y	Y	Y	Y
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If you're adding payments for the first time, please choose a collection day between the 1st and 28th:

You'll also need to complete the direct debit on page 9.

Your single payment £ net

Money Purchase Annual Allowance

1. I'm subject to the Money Purchase Annual Allowance as a result of flexibly accessing my pension benefits.

Yes No

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

D	D	M	M	Y	Y	Y	Y
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How to make single payments

By bank transfer

You can make a payment direct to our bank account using these details:

From UK banks:

Bank: HSBC

Sort code: 40 02 50

Account number: 61224662

Account name: Aviva Life & Pensions UK Limited

Please use your policy number as the payment reference number.

For international transfers:

Bank: HSBC

IBAN: GB54MIDL40025061224662

SWIFT: MIDLGB2110C

Account name: Aviva Life & Pensions UK Limited

Please use your policy number as the payment reference number.

Please let us know if you've made a payment this way. It may take three to five working days for your money to transfer.

I've made a payment to the above account

Paid on

D	D	M	M	Y	Y	Y	Y
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By debit card (personal payments only)

You can pay by personal Debit Card by calling us on **0800 158 3142**. This payment will be invested on the same day the payment is made.

Alternatively, the above payment methods may be supported through your MyAviva account.

By cheque

You can also pay by cheque. Please make your cheque payable to Aviva Plc and enclose it with your application form, quoting your policy number on the back of the cheque. If you wish to pay with a building society or banker's draft, the society or bank must endorse the cheque with the full name of the person from whose account the funds are drawn.

Indexation (automatic increases to regular contributions)

Some plans give you the option to automatically increase your regular payments on the plan anniversary. If you'd like to know more about this, please call us using the contact details on page 1.

Integrated waiver of premium and life cover (where applicable)

Any restarted contributions will **exclude** waiver of premium and integrated life cover. If you previously had these benefits and would like to restart them please call us. Restarting these benefits are subject to medical underwriting and some restrictions may apply.

Your employer's payments and deductions (Adding, restarting or increasing regular payments or making a single payment. Complete for all payments to be paid from employer's bank account.)

Your employer must complete this section.

Company name

Address

 Postcode

Company registration number

Contact name

Contact number

Email address

Your Employee's Payment

Will you be deducting the employee's payment from their pay? Yes No

Please confirm the date you will (or did) take the first deduction.

If this is in the calendar month before the first employer regular payment date, the payment due date must not be later than the 19th.

We need this information to help us monitor payments made or passed on by you. (This is a requirement of The Pensions Regulator.)

Employee amount deducted from salary £

Is this contribution raised by an existing salary sacrifice/exchange agreement?* Yes No

*Your employee has agreed to reduce their salary in exchange for a pension contribution. The contribution reduces their earnings leading to lower tax and national insurance payments. As tax benefit is gained within the salary process, it'll be applied as gross employer contribution. If you're unsure, call us on **0800 158 3142** to discuss this matter further, or provide a copy payslip showing the pension deduction.

Employer's Regular Payment

Employer Contribution £ or not applicable (applied as gross employer contribution)

Paid monthly annually

Starting from

You'll also need to complete the direct debit on page 10.

If you're adding payments for the first time, please choose a collection day between the 1st and 28th:

Single Payment

Employee amount deducted from salary £

Is this contribution raised by an existing salary sacrifice/exchange agreement?* Yes No

*Your employee has agreed to reduce their salary in exchange for a pension contribution. The contribution reduces their earnings leading to lower tax and national insurance payments. As tax benefit is gained within the salary process, it'll be applied as gross employer contribution. If you're unsure, call us on **0800 158 3142** to discuss this matter further, or provide a copy payslip showing the pension deduction.

Employer Contribution £ or not applicable (applied as gross employer contribution)

Total Single Payment £

Please also complete "How to make single payments" on page 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. Employers or Guardian can make payments to this plan by completing their appropriate section within this form.)

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

Your full name and title

Date of birth

D	D	M	M	Y	Y	Y	Y
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Your permanent residential address (if different from the applicant)
(This means the address where you currently live)

House name

House number (if applicable)

Street name

Town

Postcode

County

Country

Contact number

Email address

Third party regular payment

£ net (which will be enhanced by tax relief)

Paid monthly annually

Starting from

M	M
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Y	Y	Y	Y
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You'll also need to complete the direct debit on page 10.

If you're adding payments for the first time, please choose a collection day between the 1st and 28th

Third party single payment

£ net (which will be enhanced by tax relief)

Please also complete "How to make single payments" on page 3.

The person with parental responsibility under the Children Act 1989 (Guardian) payments (Adding, restarting or increasing regular payments or making a single payment)

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

These contributions are dependant on the planholder's earnings. If the planholder isn't in receipt of earnings, you can still pay up to £2,880 net per annum. Please note that in cases where the planholder is under 18 years of age, we require verification of identity for the minor planholder and Guardian.

Full Name

Date of birth

D	D	M	M	Y	Y	Y	Y
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Your permanent residential address (if different from the applicant)

Postcode

Contact number

Email address

The person with parental responsibility under the Children Act 1989 (Guardian) payments

(Adding, restarting or increasing regular payments or making a single payment) continued

Guardian regular payment

£ net (which will be enhanced by tax relief)

Paid monthly annually

Starting from M M Y Y Y Y

You'll also need to complete the direct debit on page 10.

If you're adding payments for the first time, please choose a collection day between the 1st and 28th:

Guardian single payment

£ net (which will be enhanced by tax relief)

Please also complete "How to make single payments" on page 3.

Investment choice

We'll invest your payments in the funds and proportions you've already chosen unless you tell us differently in the table below.

We recommend you talk to a financial adviser before choosing which funds to invest in. For details of the funds available to your plan, please visit our Fund Centre at aviva.co.uk/retirement/fund-centre/pension-funds.html or contact us.

If you want to make a specific fund choice for this request, we MUST have this information before the supplementary application form is submitted.

Existing regular premiums

If you're already making regular payments, we'll invest your money in the same funds. If you want to change your fund choice please call us, using the contact details on page 1.

Please enter whole percentages only. The percentages of all the funds selected must total 100%.

Fund name	Single payments %	Regular payments % (only complete if adding regular payments for the first time)
Example: Aviva Deposit	100%	
Total	100%	100%

Nominated beneficiary (Please note that nominations can't be made where the planholder is below the age of 18.)

If you die before you've taken all your benefits from this plan, we can pay them to someone else. You can tell us at anytime who you'd like us to pay if you die. This won't be legally binding on us, but we'll take your nomination into account when we decide who should receive any lump sum payment on your death.

You should make sure that you regularly review any nominations you've made, especially if your personal circumstances change. Please refer to your plan terms and conditions for further information about nominated beneficiaries.

Changing your nominated beneficiary

If you want to make a new nomination or change an existing nomination, you'll need to let us know in writing. Alternatively, you can complete an expression of wish form. Please call us if you'd like us to send you a form or would like more information.

Declaration

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. For more information on how we use your personal information please view our Privacy Policy at [aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/](https://www.aviva.co.uk/services/about-our-business/products-and-services/privacy-policy/).

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

Planholder's Declaration

I declare that:

- 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, or
 - I was living in the UK when I joined the scheme and no more than five tax years have passed since I stopped living in the UK.
- 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 Money Purchase Annual Allowance (MPAA), I've supplied the date the MPAA first applied to me in the 'Your payments' section on page 2.
- If applicable, I've authorised my employer to deduct my payments from my earnings. I want my employer to inform Aviva of any changes to my payments. Aviva should accept these instructions as if they had come from me.
- 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.

Data Privacy

To learn about how Aviva processes personal information, please see our privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy)

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.

Planholder's signature

If the planholder is a minor this must be signed by the person with parental responsibility under the Children Act 1989 (Guardian)

Signature

Date

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 planholder (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 19 days 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
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Person with parental responsibility under the Children Act 1989 (Guardian) Declaration

(all Guardian's must sign and date)

- I declare that I'm the person with parental responsibility under the Children Act 1989 (Guardian) of the planholder (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 persons making payments can claim tax relief on these contributions for ourselves.

Signature

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Date

D	D	M	M	Y	Y	Y	Y
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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 planholder (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 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 persons making payments can claim tax relief on these contributions for ourselves.

Signature

Date

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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

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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.

Name(s) of Account Holder(s)

Signature(s)

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Bank/Building Society account number

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Branch Sort code

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Date

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Reference

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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 five 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.



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

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Signature(s)

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Name(s) of Account Holder(s)

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Bank/Building Society account number

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Branch Sort code

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Reference

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Date

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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 five 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 (**SP55130**) in large print, braille or as audio.

How to contact us?

 0800 145 5744

 contactus@aviva.com

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

| 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.

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