

# Nomination form

This form can be used to nominate an individual/individuals to receive policy benefits on your death for some or all of your accounts held under our Group Personal Pension, Stakeholder Pension Schemes or Transplan schemes (post 1 August 2011).

## Important notes

This nomination form should not be completed for accounts you wish to place under an individual trust. This nomination form should not be used for accounts you wish to place, or have placed, under an individual trusts. If an account is under an individual trust, we will pay any death benefits to the trustees of that trust to pay out as they decide.

If your policy is not under an individual trust, Aviva will use its discretion (as Scheme Administrator) to decide who should receive the policy benefits on your death. In making this decision, we will take into account the terms and conditions governing the policy and, if it is held in a pension scheme, the rules of that scheme. To help us make this decision, please fill in the form on page 2. Before completing this form, you should read the notes below.

- This nomination can be withdrawn or amended in writing at any time. If your circumstances change please complete a new nomination form.
- It is important to note that this nomination applies only to lump sum death benefits. A lump sum death benefit is a lump sum paid from a pension scheme following the death of the member or beneficiary. For further details see your scheme documents.
- This nomination will not apply to any account which you have placed under individual trust.
- Lump sum death benefits will be distributed at Aviva's discretion between any one or more of the following individuals or bodies:
  - Any person, charity, association, club, society or other body whose names you have notified to Aviva in writing during your lifetime;
  - Your surviving spouse or civil partner;
  - Your dependants;
  - Your parents or grandparents or any children or remoter issue of any of them, which means further generations of these people;
  - If you are married or in a civil partnership at the time of your death, the parents or grandparents of your husband, wife or civil partner or any children or remoter issue of any of the those parents or grandparents;
  - Any person, charity, association, club, society or other body entitled under your Will to any interest in your estate;
  - Your legal personal representatives.

For this purpose, a relationship acquired by legal adoption is as valid as a blood relationship.

Please complete this form using BLOCK CAPITALS throughout.

- All sections of this form must be fully completed and returned to us. If you are returning the form by post, our address is **Aviva, PO Box 1550, Salisbury, SP1 2TW**.
- We, Aviva Life & Pensions UK Limited ('Aviva'), cannot make any decisions about benefits, or any payments, until we have full details of all the possible beneficiaries.
- Under current law, the benefits will not normally form part of your estate for inheritance tax purposes.
- Please give details of the people you would like to nominate to receive any lump sum payable under the scheme if you die before you take your pension benefits.
- If you would like to change your nomination, please complete another of these forms. Each time we receive a new form, the previous ones are disregarded.

## A Your details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>				
First name(s)	<input type="text"/>				
Permanent residential address	<input type="text"/>				
	<input type="text"/>				
	Town/City <input type="text"/>				County <input type="text"/>
	Postcode <input type="text"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>				
National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy number (if known)	<input type="text"/>				
Scheme name	<input type="text"/>				

## B Nominee information

### To the scheme administrator

I understand that the scheme administrator will pay the lump sum death benefits under the scheme at their discretion. I would, however, like the scheme administrator to consider paying benefits to the people named below.

You can select up to five nominees using this form. If you wish to select more than five, please continue on a separate sheet. You should keep a copy of this form for your own records.

However you divide the benefits among the people you nominate, the total of the benefits you ask us to give to all of them together need to add up to 100%.

## B Nominee information *Continued*

Full name

Relationship (if any)

Address

  

Town/City

County

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Percentage of benefit

 %

Full name

Relationship (if any)

Address

  

Town/City

County

Postcode

Date of birth

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

Percentage of benefit

 %

Full name

Relationship (if any)

Address

  

Town/City

County

Postcode

Date of birth

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

Percentage of benefit

 %

Full name

Relationship (if any)

Address

  

Town/City

County

Postcode

Date of birth

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

Percentage of benefit

 %

## B Nominee information *Continued*

Full name

Relationship (if any)

Address

  

Town/City

County

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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Percentage of benefit

 %

## Financial Crime

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

A record may be kept of any searches carried out and any suspicion of financial crime and related details may be retained and used to assist other companies for verification and identification purposes. The search is not a credit check and your credit rating should not be affected.

## 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). It's updated from time to time to take account of changes in our business activities, legal requirements and to make sure it's as transparent as possible, so please check back in to see the latest version.

A paper copy can be provided on request by writing to **Data Protection Team, PO Box 7684, Pitheavlis, Perth PH2 1J**.

## Your personal information

We collect and use your personal information as part of this nomination process. If you would like more information about how we use and process personal information and your rights in relation it, you can find further detail in our full privacy policy at [aviva.co.uk/privacypolicy](https://www.aviva.co.uk/privacypolicy) or request a copy by writing to us at The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.

## C Policyholder's declaration

I understand that Aviva will use the nominations I have given on this form to guide its discretion when deciding who should receive death benefits under my policy. I also understand that Aviva isn't bound to follow my nomination, and that this nomination replaces any I have made before.

I understand that I can't give the Scheme Administrator instructions which they are required to follow. I have set out above how I would like them to divide up any lump sum benefits available if I die. This replaces any previous nominations I have made.

**Note: If you are under the age of 18, this notice must be signed by your parent or guardian.**

Signature

Print name

Today's date

D		D		M		M		Y		Y		Y		Y
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# Get in touch

Remember, your employer will normally be your first point of contact.

If you have any questions, you can:



Call us on **0345 602 9221**

at the following times: **Monday to Friday between 8.30am and 6pm.**

- We may record calls to improve our service.
- Calls may be charged and these charges will vary, please speak to your network provider.



Email us at [ngp.questions@dgaviva.com](mailto:ngp.questions@dgaviva.com)



Write to us at **Aviva, PO Box 1550, Salisbury SP1 2TW, United Kingdom**

## Need this in a different format?

Please get in touch if you'd prefer this form (**NG08078**) in large print, braille, or as audio.

**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.  
Member of the Association of British Insurers.

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