

Verification of third party premium payer

Important note

One form must be completed for each individual third party premium payer

Please complete this form and return it to us at the following address: Aviva, PO Box 1550, Salisbury, SP1 2TW. This must be completed and returned to us along with certified proof of identity and address. Please see the **Evidence of Identity and Residency** guide for further details.

Policy number

Section A - The premium payer

Full name of premium payer
(in block capitals)

Occupation

Nature of Employer's business

Section B - Third Party Paying the Premium

1. Please confirm the relationship between the owner of the policy and the third party premium payer(s)

2. Please provide a detailed explanation why the premium is being paid by a third party

Full name (in block capitals)

Signed

Dated

D	D	M	M	Y	Y	Y	Y
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Please ensure you have included proof of address and identity documents which follow the **Evidence of Identity and Residency** guide?

We reserve the right to ask for further information or supporting documentation, which may cause a delay to your request.

Need this in a different format?

Please get in touch if you require this form (HL66011) in large print, braille, as an audio or in a different colour.

Contact Us



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