

Source of wealth



Policy number

**Source of wealth
(please tick)**

Information required

Details

<input type="checkbox"/>	Savings from income	Amount of income per annum	<input type="text"/>
		Employer's name and address	<input type="text"/> <input type="text"/> <input type="text"/>
		Job title / role	<input type="text"/>

<input type="checkbox"/>	Employer paying premium	Employer's name and address	<input type="text"/> <input type="text"/> <input type="text"/>
		Job title / role	<input type="text"/>
		Reason for payment	<input type="text"/>

<input type="checkbox"/>	Maturity or surrender of a policy	Policy provider's name	<input type="text"/>						
		Policy number/reference	<input type="text"/>						
		Date of maturity/surrender	<input type="text"/> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y	Y	Y		

<input type="checkbox"/>	Sale of shares or other investments	Description of shares/ units/ deposits	<input type="text"/>
		Name of seller	<input type="text"/>
		How long held	<input type="text"/>
		Sale amount	<input type="text"/>

<input type="checkbox"/>	Sale of property	Sold property address	<input type="text"/> <input type="text"/> <input type="text"/>								
		Date of sale	<input type="text"/> <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
		D	D	M	M	Y	Y	Y	Y		
Total sale amount	<input type="text"/>										

<input type="checkbox"/>	Inheritance	Name of deceased	<input type="text"/>
		Date of death	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		Relationship to applicant	<input type="text"/>
		Date inheritance received	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		Total amount	<input type="text"/>
		Solicitor's details	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Gift	Date received	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		Total amount	<input type="text"/>
		Reason for gift	<input type="text"/>
		Relationship to applicant	<input type="text"/>
<input type="checkbox"/>	Other	Please give details	<input type="text"/>

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