

# Additional Investment



This form is for use with the following:

International Investment Bond

International Investment Account

International Savings Plan

International Investment Plan

Guernsey International Pension

UltimaBond

UltimaSave

Versatile Investment Plan

**Part 1 – Introduction – It is most important that you read this part before completing the application form.**

- Please use BLOCK CAPITALS throughout and tick the boxes where appropriate.
- If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.
- Incorrect or incomplete application forms may delay the processing of this proposal. This may also result in the form being returned for completion.
- Proof of Identity and Address will also be required. Please contact us for the relevant guide. Our contact details can be found in the section 'How to contact us' on page 8.

**Part 2 – Details of Existing Policy**

Policyholder name(s)

Policy number

If you have changed your address since effecting the existing policy please provide the details below.

Current residential address (including street name, town and area code if known)

Email address

Contact telephone number

**Part 3 – Financial Adviser Details**

Company name

Contact details for acknowledgement/queries on the application.

Contact name

Telephone number

Email address

Country where advice given

Country where application signed

## Part 4 – Details of Additional Investment

	Regular	Single
Amount of additional investment	<input type="text"/>	<input type="text"/>

Minimum contribution	Regular	Single
International Investment Bond	n/a	GBP 5,000 / USD 7,500 / EUR 7,500
International Investment Account	GBP 50pm / GBP 600pa	GBP 5,000
International Savings Plan	GBP 50pm / GBP 600pa	GBP 2,500
International Investment Plan	GBP 50pm / GBP 600pa	GBP 2,500
Guernsey International Pension	GBP 50pm / GBP 600pa	GBP 2,500
UltimaBond	n/a	GBP 5,000 / USD 10,000 / EUR 7,500
UltimaSave	GBP 20pm / GBP 240pa	GBP 500
	USD 40pm / USD 480pa	USD 1,000
	EUR 30pm / EUR 360pa	EUR 650
Versatile Investment Plan	GBP 35pm / GBP 350pa	n/a

Additional regular premium investments will be increased with effect from the next monthly or annual payment date.

If your existing policy is written as a cluster of policies, your additional investment will be split equally between them.

Each cluster is subject to the minimums shown in this section on page 2.

### Fund choice

Please confirm which fund(s) you wish your increment to be invested in. Up to ten funds can be selected, including those in which you are already invested. For further information on funds please contact us. Our contact details can be found in the section ‘How to Contact Us’ on page 8. If this section is left blank we will assume you wish the fund choice to remain the same as your existing policy. **Please use whole percentages only.**

**Guernsey International Pensions only:** Additional single contributions into the With Profit fund are only permitted provided the plan has a minimum of 10 years to run.

Use existing fund selection. (Please tick if applicable.)

Fund Manager	Fund Name	Currency	% of contribution
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>			<b>100%</b>

### Part 5 – Trusts

If the existing policy is written under trust, the trustees must sign this application authorising the additional investment. If there are more than two trustees, please submit this section from another form.

	Trustee	Trustee
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="D   D   M   M   Y   Y   Y   Y"/>	<input type="text" value="D   D   M   M   Y   Y   Y   Y"/>

### Part 6 – Declaration by the policyholder(s) – as named in the policy schedule

I/We wish to make an additional investment into my/our policy, the details of which are shown above in accordance with the Policy Conditions. I/We understand that this will take effect upon acceptance of the application by Aviva. I/We declare that any information and advice about this product given by my/our Financial Adviser was given only following my/our approach to the Financial Adviser requesting information and advice on life assurance contracts offered by Aviva.

Signature of first policyholder and date	<input type="text"/>	<input type="text" value="D   D   M   M   Y   Y   Y   Y"/>
Signature of second policyholder and date	<input type="text"/>	<input type="text" value="D   D   M   M   Y   Y   Y   Y"/>

## Part 7 – Additional Investment Payment Details

Please provide details of the additional investment payment below. Tick as applicable.

**Direct debit** I authorise you to deduct the increased amount given in Part 4 using the existing bank details you hold. Only available for monthly and annual premium increments.

**Credit card** Please complete the credit card mandate below. Only available for monthly and annual premium increments.

### Credit Card Authority We can only accept Mastercard or Visa



Until further notice in writing, I authorise Aviva to

charge my MASTERCARD/VISA\* account a single unspecified sum

followed by  on or immediately after  (please insert date)

Monthly/Annually\* thereafter. (\*delete as appropriate.)

Card number

Valid from

Expiry date

Cardholder's name  
and initials as  
shown on card

Cardholder  
statement  
address

  
  

Signature

Dated

**Telegraphic Transfer** If payment has already been made to our bank account, please provide us with the details below.

Transfer date

Transfer amount

Transfer reference

**Surrender or Withdrawal payment from a Aviva policy**

Policyholder(s)  
name(s)

Policy number

Policyholder(s)  
name(s)

## Important Notes

The information given in this document is based on Aviva's understanding of current UK/Guernsey law (as appropriate) and taxation practice, which may change. No liability can be accepted for any personal tax consequences of this scheme and for the effect of future tax or legislative changes.

Fund prices may go up and down depending upon investment performance, and are not guaranteed. Please note that securities held within a fund may not be denominated in the currency of that fund and, as a result, fund prices may rise and fall purely on account of exchange rate fluctuations. You may get back less than you have paid in.

Property is an illiquid asset. Where a fund invests in properties, sometimes the properties may not be easy to sell and this means that the fund cannot guarantee to be completely liquid during the lifetime of your investment in it. It must be recognised that an investment in a fund of this type may have liquidity constraints in the future that may lead to delays in the switching or liquidation of fund units. Complaints we cannot settle can be referred to the relevant Financial Services Ombudsman.

Some telephone communications with the company are recorded and may be randomly monitored or interrupted.

## How to Contact Us

Please call us on +44(0) 1722 415088 or email [olab@dgaviva.com](mailto:olab@dgaviva.com) and we will be happy to assist.

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### Aviva Life & Pensions UK Limited.

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