



Appointment of third party payee as beneficiary

To: Aviva, Customer Services Department, PO Box 1550, Salisbury, SP1 2TW, England

Important – Using this form may not be an effective solution if your objective is to reduce the inheritance tax payable by your estate on death. We recommend that you take appropriate advice before signing the form.

Name of policyholder (If held in joint names, insert names of all joint policyholders)

Name of policy:

Policy number:

To: Aviva

* Delete as appropriate

Subject to any future revocation (means cancellation) or appointment, I/we* hereby appoint the following person/persons* as beneficiary in the share/shares* indicated below.

This appointment doesn't apply to any of the following, if included in the policy:

- Critical Illness and Disability Benefit,
- Terminal illness Benefit, or
- Total and Permanent Disability Benefit.

Full name and address of the beneficiary	Share of benefit (%) (whole numbers adding up to 100%)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Certified identification and verification of residential address for each beneficiary will be required at the time of the claim.

If you are unable to contact the beneficiary at the time of any payment please contact the following person/persons*.

Name of contact:

Address:

Telephone number:

If no contact name is given, this will not affect the validity of this appointment. Names and details of other contact persons may be attached if desired.

I/We* confirm that I/we* have taken legal advice before signing this form or I/we* have elected not to do so.

I/We* understand that this appointment revokes (means cancels) any previous appointment of beneficiary. I/We* also understand that the beneficiary appointment made on this form shall be revoked (means cancelled) by any surrender assignment or disposal of the policy and also by my death/the death of the survivor of us* if at my death/the death of the survivor of us* I am/we are* survived by other persons named as life assured on the schedule to the policy.

In the event that the policy is written on a joint life first death basis, the death benefit will be payable to the surviving policyholder if one survives the life assured.

This document shall form part of the policy and the appointment is made in accordance with the relevant provision of the policy.

Signed (all joint policyholders must sign)

Signature
Date

Signature
Date

Signature
Date

Signature
Date

Accepted by Aviva on

Date

How to contact us

Office address: PO Box 1550, Salisbury,
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Telephone: **+(44(0) 1722 415 088**
Email: **olab@dgaviva.com**
Website: **olab.aviva.com**

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