

# UltimaSave UltimaBond



## Appointment of Third Party as Payee

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

### Important – You should take legal advice before signing this form

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

Policy Number

**\* Delete as appropriate**

#### To: Aviva

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

Full name of the Payee:

Share of Benefit

(whole numbers adding up to 100%)

Address of the Payee:

Email Address of the Payee:

Full name of the Payee:

Address of the Payee:

Email Address of the Payee:

Full name of the Payee:

Address of the Payee:

Email Address of the Payee:

Full name of the Payee:

Address of the Payee:

  
  

Email Address of the Payee:

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

In the event that at the time of any payment you are unable to contact the Payee, you should make enquiries of the following person/persons\* for the purposes of locating the Payee:

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 Payee. I/We\* also understand that the appointment of Payee 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.

This form shall form part of the Policy and the appointment is made in accordance with the relevant provision of the Policy. The expression 'Payee' shall have the meaning given in the Policy.

Signed (All joint policyholders must sign if applicable)

D	D	M	M	Y	Y
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Signed (All joint policyholders must sign)

D	D	M	M	Y	Y
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Accepted by Aviva on

D	D	M	M	Y	Y
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**Aviva Life & Pensions UK Limited.**

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