



# Appointment of third party payee as beneficiary

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.

**\* Delete as appropriate**

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


Name of policy:

Policy number:

**To: Aviva**

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

This appointment does not apply to any Critical Illness and Disability Benefit, Terminal illness Benefit or Total and Permanent Disability Benefit if included in the policy.

Full name and address of the beneficiary

Share of benefit (%)

Full name and address of the beneficiary	Share of benefit (%)

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

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

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 any previous appointment of beneficiary. I/We\* also understand that the beneficiary appointment made on this form shall be revoked 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 form 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
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**Aviva Life & Pensions UK Limited**

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