

Please use CAPITAL LETTERS and write in BLACK INK when completing this form. It's essential you complete the form IN FULL, otherwise we will not be able to process it. We've provided notes in italics to help you complete the application accurately.

Essential checklist - complete after filling in the form

Please use and complete this checklist to ensure you have fully completed all sections accurately and attached relevant documents/cheques. This is vital to avoid any delay in processing this application.

- Section 1 – Details of your investment
- Section 2 – Who is the life assured?
- Section 3 – Who is applying for the bond?
- Section 4 – Where would you like your money invested?
- Section 5 – Do you require regular payments from your bond? (if applicable)
- Section 6 – Identity Verification Certificate (to be completed by the financial adviser)
- Section 7 – Declarations
- Section 8 - Financial adviser's section (complete if you are a financial adviser)

Which of the following have you attached?

We need you to complete this section so we can check we've received everything you've enclosed.

- Trust Forms (if applicable. Please detail the type of trust submitted - e.g. Bare Trust, Probate Trust. Remember you can apply for the Probate and Discretionary Gift Trusts online)
- Payment for bond
- Illustration (Financial Advisers only)
- Other (please detail).....

Discretionary Discounted Gift Trust Applications

If this application is from the Trustees of a Discretionary Discounted Gift Trust and you have submitted an underwriting form, this application form must not be dated and submitted until after we advise you of the underwriting decision. To avoid any potential gift with reservation issues neither the settlor or their spouse (or civil partner) must be lives insured.

Where do you need to send this completed application form?

Please ensure all corresponding documentation, including cheque is attached to this application and send to:

**Aviva
PO Box 520
Norwich
NR1 3NG**

Date of commencement will be when Aviva receives the fully completed application and payment at the above address.

If you are paying via telegraphic transfer please tick this box and complete the details below.

Please insert the submission date of payment

Sender details: account name

Sort code Account no.

Please send payment to sort code 40-02-50 and account number 01057081, quoting account name Aviva Cash Management Account and any reference numbers (if known) e.g. policy number, electronic declaration reference number or client name.

Section 2 - Who is the life assured?

A maximum of two lives assured is allowed

First life assured

Title (e.g. Mr, Mrs)

Surname

Forenames

Date of birth

D D M M Y Y Y Y

Second life assured (if any)

Date of birth

D D M M Y Y Y Y

Address

House No

Street

Town

County

House No

Street

Town

County

Postcode

Telephone No

(including STD Code)

If either life assured is the owner of the bond, you must complete the occupation and salary details below.

Occupation

Gross annual salary

(If you are retired you should detail the gross annual salary that fits your pension income).

The death benefit for joint life bonds will normally be payable on second death

If you would like the death benefit to be payable on first death, please tick this box

Section 3 - Who is applying for the bond?

Please complete section 3a, 3b or 3c (only complete one section)

3a First life assured only Second life assured only Both lives assured

If you have ticked any of the above boxes please go straight to Section 4. If not, please complete either section 3b or 3c and supply personal details in section 3d below.

3b Trustees of existing trust Name of trust

Date of trust

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 We do not need to see the trust document now but may need to at a later date.

3c Any other person

3d

First applicant or trustee

Second applicant or trustee (if any)

Title (e.g. Mr, Mrs)

Surname

Forenames

Date of birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

House No
Street
Town
County

House No
Street
Town
County

Postcode

Telephone no
 (include STD code if landline)

Relationship to the life assured

A maximum of two applicants is allowed. Section 3f on the next page is for third and fourth trustees only

Where funds are coming directly from a Settlor or Trustee, please complete this section.

3e Occupation

Gross annual salary

(If you are retired you should detail the gross annual salary that fits your pension income).

Section 3 - Who is applying for the bond? *continued*

3f	Third trustee (if any)	Fourth trustee (if any)																																																
Title (e.g. Mr. Mrs)	<input type="text"/>	<input type="text"/>																																																
Surname	<input type="text"/>	<input type="text"/>																																																
Forenames	<input type="text"/>	<input type="text"/>																																																
Date of birth	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <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> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <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> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>									D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y																																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																											
D	D	M	M	Y	Y	Y	Y																																											
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																											
Address	House No	House No																																																
	Street	Street																																																
	Town	Town																																																
	County	County																																																
Postcode	<input type="text"/>	<input type="text"/>																																																
Telephone no <i>(including STD Code)</i>	<input type="text"/>	<input type="text"/>																																																
<p>If there are more than four trustees, please tick this box <input type="checkbox"/></p> <p><i>If there are any additional trustees, please attach their details on a separate sheet. Please confirm in writing on this attachment that 'this is the continuation of the application made by the trustees of [name of existing trust]' and ensure all the above information is detailed in each case.</i></p>																																																		

Section 4 – Where would you like your money invested? *continued*

- 466 Aviva Global Equity
- 467 Aviva International Index Tracking
- 657 Aviva Invesco Perpetual International Equity
- D76 Aviva Investec Global Free Enterprises
- A38 Aviva JPM Global Equity Income
- A79 Aviva Jupiter Ecology
- A17 Aviva M&G Global Basics
- A18 Aviva M&G Global Leaders
- A84 Aviva Jupiter Merlin Worldwide Portfolio
- A43 Aviva Neptune Global Equity
- A55 Aviva Newton Global Higher Income
- A47 Aviva Schroder Global Climate Change
- A48 Aviva Schroder Global Equity Income
- 646 Aviva SF Absolute Growth
- 645 Aviva SF Global Growth
- 672 Aviva Threadneedle Global Select
- 223 Aviva World Leaders

European Equities

- D69 Aviva Artemis European Growth
- 740 Aviva BlackRock Continental European
- A71 Aviva BlackRock European Dynamic
- A72 Aviva Cazenove European
- 469 Aviva European Equity
- 207 Aviva Fidelity European
- D72 Aviva Fidelity European Opportunities
- 674 Aviva Gartmore European Selected Opportunities
- 655 Aviva Invesco Perpetual European Equity
- 656 Aviva Invesco Perpetual European Smaller Companies
- A77 Aviva JPM Europe
- D78 Aviva JPM European Dynamic
- 716 Aviva JPM European Smaller Companies
- A40 Aviva Neptune European Opportunities
- A92 Aviva Schroder European Alpha Plus
- 644 Aviva SF European Growth
- 670 Aviva Threadneedle European Select
- 671 Aviva Threadneedle European Smaller Companies

UK Equities

- 649 Aviva Aberdeen UK Equity Income
- 648 Aviva Aberdeen UK Growth
- A67 Aviva AEGON Ethical Equity
- D68 Aviva Artemis Capital
- A68 Aviva Artemis UK Growth
- A69 Aviva Artemis UK Smaller Companies
- A11 Aviva Artemis Income
- D84 Aviva BlackRock UK
- 744 Aviva BlackRock UK Dynamic
- 743 Aviva BlackRock UK Smaller Companies
- D85 Aviva BlackRock UK Special Situations
- A12 Aviva CIS Sustainable Leaders Trust
- A62 Aviva Fidelity UK Aggressive
- A61 Aviva Fidelity UK Growth
- 673 Aviva Gartmore UK Equity Income
- 804 Aviva Invesco Perpetual Income 2
- A14 Aviva Invesco Perpetual High Income
- 653 Aviva Invesco Perpetual UK Smaller Companies
- D75 Aviva Investec UK Smaller Companies
- 679 Aviva JPM Premier Equity Growth
- D82 Aviva Jupiter Income
- A85 Aviva Jupiter UK Growth
- 227 Aviva Jupiter Undervalued Assets
- 661 Aviva M&G Recovery
- 660 Aviva M&G UK Growth
- A42 Aviva Neptune Income
- 214 Aviva New Star Higher Income
- 216 Aviva New Star UK Alpha
- 212 Aviva Newton Higher Income
- A91 Aviva Old Mutual UK Select Mid Cap
- A60 Aviva Rathbone Income
- A49 Aviva Schroder Income Maximiser
- 221 Aviva Schroder UK Alpha Plus
- 220 Aviva Schroder UK Mid 250
- 643 Aviva SF UK Growth

- A96 Aviva Threadneedle UK Equity Income
- 465 Aviva UK Equity
- 499 Aviva UK Equity Growth
- 784 Aviva UK Equity Income
- 473 Aviva UK Ethical
- A19 Aviva UK Focus
- 468 Aviva UK Index Tracking
- D88 Aviva UK Special Situations

Asia Pacific Equities

- D66 Aviva Aberdeen Asia Pacific
- A63 Aviva Fidelity South East Asia
- A33 Aviva First State Asia Pacific Leaders
- A75 Aviva First State Greater China Growth
- 654 Aviva Invesco Perpetual Asian
- A76 Aviva Investec Asia ex Japan
- A78 Aviva Jupiter China
- A54 Aviva Martin Currie Asia Pacific
- 213 Aviva Newton Oriental
- 471 Aviva South East Asian Equity

Emerging Market Equities

- A30 Aviva Allianz RCM Bric Stars
- A64 Aviva Fidelity Emerging Europe, Middle East and Africa
- A34 Aviva First State Global Emerging Market Leaders
- 224 Aviva Gartmore China Opportunities
- 226 Aviva Gartmore Emerging Market Opportunities
- D77 Aviva JPM Emerging Markets
- D80 Aviva JPM New Europe
- D81 Aviva Jupiter Emerging European Opportunities
- D90 Aviva Threadneedle Latin America

Japanese Equities

- 208 Aviva Fidelity Japan
- 658 Aviva Invesco Perpetual Japanese Smaller Companies
- 472 Aviva Japanese Equity
- A80 Aviva Jupiter Japan Income
- D89 Aviva Schroder Tokyo
- A20 Aviva SG Japan Core Alpha

North American Equities

- 737 Aviva BlackRock US Dynamic
- 738 Aviva BlackRock US Opportunities
- 206 Aviva Fidelity American
- 219 Aviva Investec American
- 718 Aviva JPM US
- A16 Aviva M&G American
- A53 Aviva Martin Currie North America
- A94 Aviva Schroder US Mid Cap
- 669 Aviva Threadneedle American Select
- 470 Aviva US Equity

Property

- A45 Aviva Asia Pacific Property
- D94 Aviva European Property
- D93 Aviva Global Property
- A22 Aviva New Star International Property
- 464 Aviva Property
- 222 Aviva Property Investment
- A93 Aviva Schroder Global Property Securities

Specialist/Other

- D71 Aviva Artemis UK Special Situations
- A70 Aviva BlackRock European Absolute Alpha
- D83 Aviva BlackRock Gold & General
- A32 Aviva BlackRock UK Absolute Alpha
- A73 Aviva Cazenove UK Absolute Target
- A74 Aviva First State Global Listed Infrastructure
- A35 Aviva First State Global Resources
- D74 Aviva Investec Global Energy
- A58 Aviva Investec Global Gold
- D79 Aviva JPM Natural Resources
- 229 Aviva Jupiter Financial Opportunities
- 667 Aviva GLG Technology Equity
- A95 Aviva Threadneedle Absolute Return Bond

Section 5 – Do you require regular payments from your bond? *continued*

5c Complete if you are taking the distribution option from the Aviva Balanced Distribution Fund and/or the Aviva Managed High Income 2 Fund

For more information on the distribution options, please refer to the Portfolio Fund guide.

Where would you like to take the distribution option from (you can choose one or both options)?

Aviva Balanced Distribution Fund

Aviva Managed High Income 2 Fund

What payment frequency would you like?

Monthly

Quarterly

Termly

Termly payments are made 3 times a year

Half-yearly

Yearly

The first available date distribution payments can start is the 1st of the month following one full payment period. They will normally be paid into your account within seven working days.

Do you want payments to start as soon as possible? Yes No

If no, please insert a payment start month and year below

Payment start month and year

5d Taking an income from the Aviva With-Profit Income Fund

For more information on the income options of the Aviva With-Profit Income Fund, please refer to the Portfolio fund guide

Please tick the relevant income option from below:

Natural Income

OR

Fixed Income Option

please insert percentage % pa

What payment frequency would you like?

If you're taking an income from the Aviva With-Profit Income Fund at the same time as distributions from the Aviva Balanced Distribution Fund and/or the Aviva Managed High Income 2 Fund, your chosen payment date and frequency must be the same on all these funds.

Monthly

Quarterly

Termly

Termly payments are made 3 times a year

Half-yearly

Yearly

Do you want payments to start as soon as possible? Yes No

If no, please insert a payment start month and year below

Payment start month and year

(you can only defer payments for a maximum of 12 months)

Section 6 – Identity Verification Certificate (to be completed by financial adviser) *continued*

Full name of third applicant	<input type="text"/> <input type="text"/>																
Date of Birth	<table border="1"> <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> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Current Address	<table border="1"> <tr><td>House No</td></tr> <tr><td>Street</td></tr> <tr><td>Town</td></tr> <tr><td>County</td></tr> </table>	House No	Street	Town	County												
House No																	
Street																	
Town																	
County																	
Postcode	<input type="text"/> <input type="text"/>																
Previous address if applicant has changed address in last three months	<table border="1"> <tr><td>House No</td></tr> <tr><td>Street</td></tr> <tr><td>Town</td></tr> <tr><td>County</td></tr> </table>	House No	Street	Town	County												
House No																	
Street																	
Town																	
County																	
Postcode	<input type="text"/> <input type="text"/>																

Full name of fourth applicant	<input type="text"/> <input type="text"/>																
Date of Birth	<table border="1"> <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> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
Current Address	<table border="1"> <tr><td>House No</td></tr> <tr><td>Street</td></tr> <tr><td>Town</td></tr> <tr><td>County</td></tr> </table>	House No	Street	Town	County												
House No																	
Street																	
Town																	
County																	
Postcode	<input type="text"/> <input type="text"/>																
Previous address if applicant has changed address in last three months	<table border="1"> <tr><td>House No</td></tr> <tr><td>Street</td></tr> <tr><td>Town</td></tr> <tr><td>County</td></tr> </table>	House No	Street	Town	County												
House No																	
Street																	
Town																	
County																	
Postcode	<input type="text"/> <input type="text"/>																

Section 6 – Identity Verification Certificate (to be completed by financial adviser) *continued*

Section 2

CONFIRMATION – FSA Regulated Firm (Please tick if applicable)

I/we confirm that:

- (a) the information in section 1 above was obtained by me/us in relation to the applicant(s)/Settlor(s);
- (b) the evidence I/we have obtained to verify the identity of the applicant(s)/Settlor(s):

[tick only one]

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;

or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

- (c) where the underlying evidence taken in relation to the verification of the applicant's(s')/Settlor's(s') identity is held outside the UK, in the event of any enquiry from UK law enforcement agencies or regulators, copies of the applicant/Settlor records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

CONFIRMATION – EU Regulated Financial Services Firm (Please tick if applicable)

We confirm that:

- (a) the information in section 1 above was obtained by us in relation to the applicant(s)/Settlor(s);
- (b) the evidence we have obtained to verify the identity of the applicant(s)/Settlor(s) meets the requirements of our national money laundering legislation that implements the EU Money Laundering Directive, and any relevant authoritative guidance provided as best practice in relation to the type of business or transaction to which this confirmation relates;
- (c) where the underlying evidence taken in relation to the verification of the applicant's(s')/Settlor's(s') identity is held outside the UK, in the event of any enquiry from UK law enforcement agencies or regulators, copies of the relevant applicant/Settlor records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

CONFIRMATION – Non-EU Regulated Financial Services Firm (Please tick if applicable)

We confirm that:

- (a) the information in section 1 above was obtained by us in relation to the applicant(s)/Settlor(s);
- (b) the evidence we have obtained to verify the identity of the applicant(s)/Settlor(s) meets the requirements of local law and regulation;
- (c) where the underlying evidence taken in relation to the verification of the applicant's(s')/Settlor's(s') identity is held outside the UK, in the event of any enquiry from UK law enforcement agencies or regulators, copies of the relevant applicant/Settlor records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

Section 6 – Identity Verification Certificate (to be completed by financial adviser) *continued*

Jurisdiction	<input type="text"/>																
Full name of regulator firm	<input type="text"/>																
Name of regulator	<input type="text"/>																
Regulator reference number	<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"/>																
Signed*	<input type="text"/>																
Name	<input type="text"/>																
Position	<input type="text"/>																
Date	<table border="1"> <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> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Company stamp:</p> </div>																

*This certificate must be signed by the person who has seen the original documentary evidence, and must carry an original signature, or electronic equivalent.

Customer due diligence – prevention of money laundering

In accordance with EU and UK legislation relating to the prevention of money laundering we are obliged to verify the identity and address of all parties (for example, planholder, premium payer, settlor, third parties including beneficial owners) to this contract. In the case of legal arrangements, we are also required to establish the identity of any controllers that are not named parties as well as individuals who have specified a beneficial interest in the contract. Where a financial adviser or Aviva representative is involved, they will let you know what evidence you need to produce. If you are applying to us directly, we will verify your identity with a third party identity verification company. In certain circumstances, you may be required to provide further evidence of your identity and confirmation of address, in which case Aviva will contact you.

Section 7 - Declarations

Declaration by each life assured and each applicant

- I declare that to the best of my knowledge and belief the statements on this application and all other declarations relating to it are true and complete.
- I understand that a copy of the policy conditions and/or a completed application form is available on request.
- I understand that you may undertake a search with third party companies who provide identity verification services for the purposes of verifying my identity and the details I have submitted as part of this application. To do so the third party companies may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

Electronic submission

I agree that my insurance intermediary may submit this application electronically by re-keying the data and transmitting this to the Company. If this happens:

- I will receive a confirmation schedule from the company confirming details of the application received by the company.
- I must check these details are correct and complete.
- If any of the details are incorrect or incomplete I must amend and return the confirmation schedule within 14 days. In such cases, the company reserves the right to amend the terms or decline cover.
- I agree the contract will be governed by the confirmation schedule, policy schedule and the policy conditions.

Data protection

I consent to Aviva using the information supplied on this application to administer my policy and acknowledge that it will be held and my policy may be processed by any company within the Aviva Group, by reinsurers or by third parties who provide services to Aviva. It may be transferred to any country including those outside the European Economic Area for any of these purposes. Any information may be used for underwriting or claims handling purposes and disclosed in confidence to regulatory bodies, other insurance companies (directly or via a central register), your insurance intermediary and to other Aviva Group companies.

Declaration by the investing trustees

Trustees must satisfy themselves that investments in the bond and any taking of withdrawals are in accordance with the terms of the trust and do not breach any of the trust powers. We recommend that the trustees take independent legal advice if in doubt. Aviva can't be held responsible in such circumstances.

We declare that all statements made in the application for this bond are true and complete to the best of our knowledge and belief. We agree that they shall form part of the contract between Aviva and us. We further declare and confirm that our powers under the above named trust are sufficiently wide to allow trust monies to be used to effect this non-income producing policy of life insurance.

<p>First life assured</p> <p>Signature <input style="width: 100%; height: 25px;" type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>Second life assured (if any)</p> <p>Signature <input style="width: 100%; height: 25px;" type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p><i>If the lives assured are also the applicants, there is no need to sign twice.</i></p>	
<p>First applicant/trustee</p> <p>Signature <input style="width: 100%; height: 25px;" type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>Second applicant/trustee (if any)</p> <p>Signature <input style="width: 100%; height: 25px;" type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
<p>Third trustee (if any)</p> <p>Signature <input style="width: 100%; height: 25px;" type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>Fourth trustee (if any)</p> <p>Signature <input style="width: 100%; height: 25px;" type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> <p>Date <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>

If you are a financial adviser, you must complete the details overleaf.

Section 8 - Financial adviser's section

Commission payments

If none of the options below are completed, we will pay commission on a FULL INITIAL BASIS.

What commission payment basis do you require?

Please tick only **ONE** option box.

a As per enclosed illustration
(Illustration must not be older than 30 days)

OR

b Initial only % or amount

OR

c Initial + fund based renewal Initial % or amount Fund based renewal %

Unless you state otherwise, any commission sacrifice will be used to increase the client's allocation rate.

If you have any additional comments on your commission rates, please detail these below.

Financial adviser details

Name

Address

Postcode

Aviva agency number

Your reference (we will quote this in correspondence)

Contact

If we need to contact you after we've received your application, please state below how you wish to be contacted. Being able to contact you quickly will enable us to speed up the processing of this application.

E-mail (Please provide e-mail address)

Phone (Please provide phone number)

What are the best times to contact you between: 9am-1pm 1pm-5pm

Text message (Please provide mobile phone number, if different from above)

E-mail and text messages will not be sent for case-sensitive information. In these instances, we will contact you via phone or letter. E-mails will be received titled "Aviva Portfolio Bond".

If your contact address is different to that stated above, please provide details below.

Name

Address
House No
Street
Town
County

Postcode

Please ensure you have completed all the necessary information, including the checklist on the front page. If you don't complete the form in full, this could result in delays when processing this application.

Investment bonds declaration for electronic business



Note for advisers only:
Please complete only the declaration reference number if submitting electronic business via a service provider. The chosen identifier date and time which appears when you open the product application component (PAC) should be used to complete the boxes on this declaration.

Declaration reference number:

D	D	M	M	Y	Y	D	D	M	M	H	H	M	M

OR

Please complete the plan number if submitting business online. The plan number appears at the end of the online application process.

Plan number:

--	--	--	--	--	--	--	--	--	--	--	--

This declaration has been completed as part of my application for this product. I/we have been supplied with a Key Features document, and have read and understood the notes within the document that relate to my application.

I/we consent to the company using the information supplied to administer my policy and acknowledge that it may be processed by any company within the Aviva group, by reinsurers, third parties who provide services to Aviva and, if applicable, my financial adviser. It may be transferred to any country, including those outside the European Economic Area, for any of these purposes. Any information may be used for underwriting and claims handling purposes and disclosed in confidence to regulatory bodies and other insurance companies (directly or via a central register). Where applicable, information may be passed to the business partner which introduced me to Aviva or to my financial adviser (including third parties providing services to them).

I understand that you may undertake a search with third party companies who provide identity verification services for the purposes of verifying my identity and the details I have submitted as part of this application. To do so the third party companies may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes.

A record of the search will be retained.

I/we understand that when this declaration is complete, it will be posted to Aviva along with any other documents relevant to this application.

Electronic submission

I agree that my insurance intermediary may submit this application electronically whilst I am present or subsequently, having captured the data on a paper form, by re-keying the data and transmitting this to the company. In either event:

- I will receive a confirmation schedule from the company confirming details of the application received by the company.
- I must check these details are correct and complete.
- If any of the details are incorrect or incomplete I must amend and return the confirmation schedule within 14 days. In such cases, the company reserves the right to amend the terms or decline cover.
- I agree the contract will be governed by the confirmation schedule, policy schedule and the policy conditions.

Terms of the contract

- I/we agree that the contract for the provision of this product will be governed by the terms of the following documents:
 - Key Features
 - This declaration notice
 - The confirmation schedule and
 - The policy conditions as amended from time to time
- I/we have supplied the information necessary to submit this application to Aviva. I/we understand that Aviva will prepare a record of this information, known as the confirmation schedule, and send a copy to the first applicant so that I/we can check its accuracy and completeness. I/we will have a period of 14 days from the date of posting of that copy to check all of this information and advise Aviva of any errors or omissions, otherwise it will be deemed to be correct. I must notify Aviva if I do not receive the confirmation schedule within 10 days.
- Aviva will write to tell the first applicant when the policy is in force and the premium has been invested. On commencement of the contract, the first applicant will receive a cancellation notice, which, if desired, gives the applicant(s) the right to cancel the contract within 30 days. Any person covered by this declaration may request confirmation of their own-recorded details on request.

Signature(s):

First applicant

Full name (block capitals)

--

Signature

--

Date

D	D	M	M	Y	Y	Y	Y

Other applicants or lives assured

Full name (block capitals)

--

Signature

--

Date

D	D	M	M	Y	Y	Y	Y

--

--

D	D	M	M	Y	Y	Y	Y

--

--

D	D	M	M	Y	Y	Y	Y

