

Application number: BAP



# Life event benefit - additional cover for life insurance or critical illness cover

Please insert the policy number of your original policy

If included on your policy, following a specified event you can increase your cover by taking out further policies to run alongside your original policy, without further underwriting. You can only apply to increase your cover for the specified events included on your policy.

You have to apply for the additional cover within a limited time frame following the specified event occurring, and you'll need to provide the appropriate evidence.

Your new policy can only include the options that are on your original policy as long as they're available at the time.

There are some further restrictions on using this benefit, including age limits and total cover amount. You can find further information and details of any restrictions in your original policy conditions.

The new policy issued will be subject to our current policy conditions, which may be different to those applicable to your original policy. The premium you pay will be based on the rates available for your age, smoker status and the cover you request.

You should have received a copy of the policy summary with this application. Please ask for a copy of the policy conditions if you would like to see these now. We will automatically issue the current policy conditions with any new policy schedule. You'll have 30 days to change your mind. If there is anything that you don't understand then please contact us.

## How to apply

1. Please use **black ink**, and make sure you sign and date this form at sections 8 and 9.
2. If your original policy is under trust, please make sure all the trustees sign the declaration.
3. Return this application form, together with the appropriate evidence. You may also want to send a copy of your quote with this form.

## Important

You should only complete the details of the life or lives to be covered under the new policy. If your original policy is a joint life policy and includes the option to take out a new policy on a single life basis, then all policyholders will need to be in agreement and the other policyholder should complete and sign the authority section.

If you've made, or consider that you may be eligible to make, a claim for any benefit under the policy (except for children's benefit or upgraded children's benefit) then you would not be eligible to increase your cover under this application.

If the original policy is written under trust the new policy will be issued to the first named trustees of that trust, but all trustees should sign the declaration.

**If you need further information please refer to your policy conditions.**

# Section 1 – Specified event

1. Please tick the event that has taken place

- Event**
- Increased mortgage due to a house move or purchase, or completed home improvements
  - Marriage or civil partnership
  - Divorce, dissolution of civil partnership, or separation
  - Having or adopting a child
  - At least a 20% increase in salary due to change of employer or promotion

- Evidence required**
- Evidence of new mortgage or increase on existing mortgage, or builder's receipts for work carried out
  - Marriage or civil partnership certificate
  - Decree absolute or dissolution order, evidence of new mortgage, mortgage transfer or new separate addresses
  - Birth or adoption certificate
  - Copy of recent payslips within 90 days of each other

2. Please confirm what evidence you have enclosed with the application

3. Date of evidence

/ 
   /

# Section 2 – Personal details

Title

Forename(s)

Surname

Address

Date of birth

Gender

Telephone number

Email address

Current occupation

**First life covered**

Postcode

/ 
   /

Male       Female

Mobile:

Home:

**Second life covered**

Postcode

/ 
   /

Male       Female

Mobile:

Home:

## Section 2 – Personal details *continued*

Smoking, tobacco and nicotine use. We need accurate information about your use of cigarettes, cigars, a pipe or any other tobacco or nicotine products including nicotine gums, patches, inhalers, tablets, lozenges, sprays and electronic products, even if only on an occasional basis. It's an important factor in our assessment of terms and payment of claims. We may carry out tests to confirm use.

### First life covered

- Never used
- Regular, occasional or social use
- Completely stopped within last 12 months
- Completely stopped more than five years ago
- Completely stopped more than three years ago
- Completely stopped more than 12 months ago

### Second life covered

- Never used
- Regular, occasional or social use
- Completely stopped within last 12 months
- Completely stopped more than five years ago
- Completely stopped more than three years ago
- Completely stopped more than 12 months ago

## Section 3 – Cover required

Please complete this section in full for the extra cover you would like on the new policy.

1. If your original policy is a joint life policy, do you want the new policy to be issued on a joint life or single life basis?

Joint life

Single life

2. Cover amount

*Please refer to your original policy conditions regarding the cover amount limits.*

£

3. Policy term

*The policy must end before the life covered's 70th birthday (for a joint life policy this would apply to the oldest life).*

Years

4. Cover type

*If your original policy is family income cover, you don't need to select an option. Your new policy will automatically be set up as family income cover.*

- Level
- Decreasing

*The decreasing cover will reduce each month using an 8% interest rate.*

5. If your new policy is for life insurance and your original policy includes critical illness, is critical illness required on your new policy?

First life

Yes  No

Second life

Yes  No

6. Waiver of premium

*Also known as premium protection benefit. The deferred period cannot be shorter than on the original policy.*

First life

Yes  No

Deferred period

1 month

3 months

6 months

Second life

Yes  No

Deferred period

1 month

3 months

6 months

7. Total permanent disability

*Only available with critical illness cover and if included on your original policy as a separate benefit OR if defined within the conditions covered under your original critical illness cover.*

First life

Yes  No

Second life

Yes  No

## Section 3 – Cover required *continued*

8. Upgraded critical illness <i>Only available with critical illness cover</i>	First life <input type="checkbox"/> Yes <input type="checkbox"/> No	Second life <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Extra Care Cover <i>Only available with critical illness cover</i>	First life <input type="checkbox"/> Yes <input type="checkbox"/> No	Second life <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Upgraded children's benefit <i>Only available with critical illness cover</i>	First life <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. When do you want your new policy to start?	First life D D / M M / Y Y Y Y	Second life D D / M M / Y Y Y Y

## Section 4 – Authority form

**Section 4 only applies if your policy is a joint life policy where the lives covered are also the policyholders.**

**If the original policy was a joint life policy and this application is for a single life only policy then the person not applying should complete, sign and date this section.**

1. Your authority	I give my authority for Name to take out a single life policy and I understand if this happens, the cover amount contributes to the overall limits available under this benefit option, as detailed in the original policy.
2. Your signature	Name Signature Date D D / M M / Y Y Y Y

## Section 5 – Important information

**We'll take into account all information you provided when you applied for your original policy or used any options or benefits. A copy of the completed application form is available on request.**

**The policy conditions and policy summary for your policy are important and you should take time to read them.**

**You should have received a copy of the policy summary with this application. We'll automatically issue the current policy conditions with any new policy schedule, but please ask for a copy of the policy conditions if you would like to see these now.**

**Please remember that the policy conditions for the new policy may be different to those applying to your original policy.**

# Section 6 – Data protection statement

## Personal Information

We collect and use personal information so that we can provide you with a policy that suits your insurance needs. This notice explains the most important aspects of how we use personal information. You can get more information about the terms we use, and view our full Privacy Policy at: [www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy), or request a copy by contacting us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

As the insurer of the product, Aviva Life & Pensions UK Limited is the data controller responsible for processing this personal information. Any applicable reinsurers are additional controllers, along with your adviser who is responsible for the sale and distribution of the product.

## Personal information we collect and how we use it

We will use personal information collected from you and other sources to:

- provide you with insurance. We need this to:
  - decide if we can offer insurance and, if so, on what terms,
  - administer your policy,
  - handle any claims,
  - manage any renewal.
- support legitimate interests that we have as a business. We need this to:
  - manage arrangements we have with reinsurers,
  - for the detection and prevention of fraud, help us better understand our customers and improve our customer engagement. This includes profiling and customer analytics which allows us to make certain predictions and assumptions about your interests, make correlations about our customers to improve our products and to suggest other products which may be relevant or of interest to customers, which includes marketing products and services to you.
- meet any applicable legal or regulatory obligations. We need this to:
  - meet compliance requirements with our regulators (e.g. Financial Conduct Authority),
  - comply with law enforcement,
  - manage legal claims.
- carry out other activities that are in the public interest, e.g. we may need to use personal information to carry out anti-money laundering checks.

We may also use personal information about other people. This may include, for example, other people whose lives will be insured under the policy, the family or personal history of the insured, or appointed trustees where policies are placed under trust. **If you're providing information about another person, we expect you to ensure that they know you are doing so. You might find it helpful to show them this privacy notice.**

The personal information we collect and use will include name, address, date of birth, occupation, lifestyle, current state of health and any existing conditions of each person insured. If a claim is made we'll also collect personal information about the claim from you and any relevant third parties. We recognise information about health is particularly sensitive information. We'll ensure that we

will only use that information where we need to for our insurance purposes (including assessing the terms of your insurance contract, dealing with changes to your policy and/or dealing with claims). There may be times when we need consent to use personal information for a specific reason. If this happens, we'll make this clear to you at the time. If you give us consent to using personal information, you are free to withdraw this at any time by contacting us at [dataprt@aviva.com](mailto:dataprt@aviva.com). Please note that if consent to use this information is withdrawn, we'll not be able to continue to process the information you gave us for this/these purpose(s). This would not affect our use of the information where consent is not required.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need, we may not be able to proceed with your application or any claim you make.

Some of the information we use as part of this application may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties, medical records and from industry databases, including fraud prevention agencies and databases.

## Automated decision making

We carry out automated decision making to decide whether we can provide insurance to you and on what terms. In particular, we use an automated underwriting engine to process the personal and medical information you provide as part of this application process (including your age, whether you smoke, your answers to our health and lifestyle questions, including your family history), along with the amount of cover you wish to obtain. We do this to calculate how much that cover will cost you. Without this information we're unable to provide a price that is relevant to your individual circumstances and needs. In some scenarios, we may also use an automated underwriting engine to process medical information provided as part of our process for sampling policies after they've been taken out. We do this to check that the price of your cover and terms of your policy are correct and if you are selected for this process, we will contact you to make this clear to you. We regularly check the way our underwriting engines work to ensure we're being fair to our customers. After the automatic decision has been made, you have the right to speak to someone from Aviva, who may review the decision and provide a more detailed explanation. If you wish to invoke this right please contact us at [SECUNNO@aviva.com](mailto:SECUNNO@aviva.com).

## How and when we share your information with others?

We may share personal information with:

- the Aviva group, our agents and third parties who provide services to us, to help us administer our products and services,
- regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation,
- other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes,
- reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They'll keep your data for the period necessary for these purposes. We may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies.

## Section 6 – Data protection statement *continued*

Some of the organisations we share information with may be located outside of the European Economic Area (“EEA”). We’ll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

### How long do we keep your personal information for?

We maintain a retention policy to ensure we keep personal information for as long as we reasonably need it, for the purposes explained in this notice. We’ll need the data for the period necessary to administer your insurance and deal with claims and queries on your policy. We may need to keep information after our relationship with you has ended, for example, to ensure we have an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes.

### Your rights

You have various rights in relation to your personal information, including

- the right to request access to your personal information,
- correct any mistakes on our records,

- erase or restrict records where they are no longer required,
- object to our use of personal information based on legitimate business interests, including for profiling and marketing,
- asking not to be subject to automated decision making if the decision produces legal or other significant effects on you, and
- data portability.

For more details in relation to your rights, including how to exercise them, please see our full Privacy Policy or contact us at [dataprt@aviva.com](mailto:dataprt@aviva.com)

### Contacting us

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing them at [dataprt@aviva.com](mailto:dataprt@aviva.com) or writing to them at Data Protection Officer, Level 4, Pitheavlis, Perth, PH2 0NH.

If you have a complaint or concern about how we use your personal information please contact us in the first instance, and we’ll attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

## Section 7 – Financial crime

To prevent financial crime, your information may be used by any company within the Aviva group and may be shared with third parties who provide services to us, as well as other organisations where required to by law and regulatory requirements.

A record may be kept of any searches carried out and any suspicions of financial crime and related details may be retained and used to assist other companies for verification and identification purposes. The search is not a credit check and your credit rating should not be affected.

# Section 8 – Payment details

Please complete and include the policy number as referenced on the illustration you received from us. If your financial adviser provided you with an illustration please leave the policy number blank.



Aviva Life & Pensions UK Limited,  
Wellington Row, York, YO90 1WR

## INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT



Please fill in the whole form using a ball point pen and send it to: Aviva Life & Pensions UK Limited, PO Box 520, Norwich, NR1 3WG.

Name and full postal address of your Bank or Building society

To The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of Account Holder(s)


Bank/Building Society account number

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

Branch Sort code

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

Reference

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

Service user number

2	9	4	0	1	6
---	---	---	---	---	---

Instruction to your Bank or Building Society

Please pay Aviva Life & Pensions UK Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Aviva Life & Pensions UK Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
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Date
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

**This is not part of the Instruction to your Bank or Building Society and must be detached by Aviva Life & Pensions UK Limited before submission to the Paying Bank.**

Account holders address	Address
Preferred payment day (Between 1st and 28th)	Postcode

**This guarantee should be detached and retained by the payer.**

### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Aviva Life & Pensions UK Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Aviva Life & Pensions UK Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Aviva Life & Pensions UK Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Aviva Life & Pensions UK Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

# Section 9 – Declaration to Aviva Life & Pensions UK Limited ('Aviva')

**We've provided some really important information as part of your application. If you want to continue with your application you will need to take the following steps:**

- If you're a **life covered** - read Part 1 of the Declaration then sign and date it and return it to us.
- If you're a **policyholder and life covered** - Read Part 2 of the Declaration then sign and date it and return it to us.
- If you're a **policyholder or trustee** (and not a life covered) - Read Part 3 of the Declaration then sign and date it and return it to us.

## Part 1

I confirm:

- The answers I've provided are truthful, accurate and complete.
- I'm aware that Aviva may use any relevant information submitted for my policy. If Aviva finds any relevant information either in relation to the original application, or in relation to this application, is not truthful, accurate or complete, then this may result in the both the old policy and the new policy being amended or cancelled, the amount payable in the event of a claim being reduced, or in a claim not being paid.
- I'll let Aviva know if any of the answers on this application change before they confirm when cover will start. I am aware that any changes may result in alterations to the cover, premium or benefits offered.
- I've read the Data protection statement section, which explains how my personal data will be held and used, and am happy to continue with this application.

## Part 2

I confirm:

- I understand that Aviva may use any relevant information submitted for my policy. If Aviva finds any relevant information either in relation to the original application, or in relation to this application, is not truthful, accurate or complete, then this may result in the both the old policy and the new policy being amended or cancelled, the amount payable in the event of a claim being reduced, or in a claim not being paid.
- I understand it may be necessary to assess my application and that cover will not start until Aviva has accepted my application, confirmed when cover will start, and received a direct debit mandate.
- I've read the Data protection statement, which explains how my personal data will be held and used, and am happy to continue with this application.
- I've read the Financial crime section and agree that Aviva, or a company within the Aviva group of companies, may verify my identity and address using the services of a third party company.
- **I'm aware of the importance of reading the policy conditions and policy summary for any new policy or policies I'm applying for and that these documents, together with my policy schedule, this declaration and any information given in the application process will apply to my policy.**
- I understand that the policy conditions will be subject to the laws of England.
- I understand that to be eligible for additional cover for a specified event, this option must be available on my original policy. If this option is not valid on my original policy then the policy issued under the specified event will also be invalid.
- I understand that the residency criteria in the policy conditions and policy summary will apply to my policy.

## Signature declaration

### First life covered

Signature

Date:   /   /

### Second life covered

Signature

Date:   /   /



# Section 9 – Declaration *continued*

If the application is being made by the trustees of an existing trust we'll write to the first person named on the trust. However, we'll still only act on the instructions of all the trustees.

### Part 3

I confirm:

- I understand that Aviva may use any relevant information submitted for my policy. If Aviva finds any relevant information provided by the life or lives covered either in relation to the original application, or in relation this application, is not truthful, accurate or complete, then this may result in the both the old policy and the new policy being amended or cancelled, the amount payable in the event of a claim being reduced, or in a claim not being paid.
- I understand it may be necessary to assess my application and that cover will not start until Aviva has accepted my application, confirmed when cover will start, and received a direct debit mandate.
- I've read the Financial crime section and agree that Aviva, or a company within the Aviva group of companies, may verify my identity and address using the services of a third party company.
- I've read the Data protection statement section, which explains how my personal data will be held and used, and am happy to continue with this application.
- **I'm aware of the importance of reading the policy conditions and policy summary for any new policy or policies I'm applying for and that these documents, together with my policy schedule, this declaration and any information given in the application process will apply to my policy.**
- I understand that the policy conditions will be subject to the laws of England.
- I understand that to be eligible for additional cover for a specified event, this option must be available on my original policy. If this option is not valid on my original policy then the policy issued under the specified event will also be invalid.
- I understand that the residency criteria in the policy conditions and policy summary will apply to my policy.

#### First Policyholder/Trustee

Mr/Mrs/Miss/Ms	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Last name	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Or Name of Company	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Signature	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

#### Second Policyholder/Trustee

Mr/Mrs/Miss/Ms	<input type="text"/>
First name	<input type="text"/>
Middle name	<input type="text"/>
Last name	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Or Name of Company	<input type="text"/>
Address line 1	<input type="text"/>
Address line 2	<input type="text"/>
Town/City	<input type="text"/>
County	<input type="text"/>
Postcode	<input type="text"/>
Signature	<input type="text"/>
Date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If there are more than 2 trustees please tick this box

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 proposal made by the trustees of [name of existing trust] and ensure all the above information is captured and signed.

## Section 10 – Account information

<b>Agency number</b>	
<b>Panel ID</b>	
<b>Adviser reference number</b>	
<b>Adviser name</b>	
<b>Company name</b>	
<b>FCA number</b>	
<b>Contact details</b>	
<b>Was advice given?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Commission disclosure</b>	<input type="checkbox"/> On <input type="checkbox"/> Off
<b>Indemnity commission</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Commission style</b>	<input type="checkbox"/> Initial <input type="checkbox"/> Initial and renewal <input type="checkbox"/> Nil <input type="checkbox"/> Level
<b>For initial commission only</b>	
<b>Commission</b>	<input type="checkbox"/> Required <input type="checkbox"/> Sacrificed
<b>Commission basis</b>	Percentage of Lautro <input type="text"/> % Percentage of Entitlement <input type="text"/> %

We'll automatically put the policy pack in the post to your client. You may also want to send a copy of your quote with this form.

| Retirement | Investments | **Insurance** | Health |

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