

# Application Form



## Master Trust Group Life

**This form is for a Master Trust Group Life policy with Aviva Life & Pensions UK Limited.  
This policy will be administered by Aviva Life & Pensions UK Limited.**

The responsibility for the completion of this form is with the prospective Policyholder (i.e the participating employer whose employees are to be covered under the policy). As this is an application for a Master Trust policy, it is not the responsibility of the policyholder to appoint a trustee. Pitmans Trustees Limited are the trustees for the Master Trust.

Please complete this form in BLOCK CAPITALS in black ink if completing by hand.

Please return this form to: Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF

**All the information you give us will be treated in strict confidence.**

It's important that you answer all the questions on this application form fully, truthfully and accurately. If you don't answer all the questions fully, truthfully and accurately this could affect how much we pay out if a claim is made and could mean we won't pay the claim at all.

As Policyholder, you have to complete and sign this form on behalf of all the people to be insured. If you are unsure about any of the information we ask for, you should check with the person who it relates to. If any of the details you provide on this application form are different to those on the illustration, we may revise or withdraw the illustration.

This application form together with your policy wording and policy schedule forms your contract of insurance with Aviva. We recommend that you keep a record of all the information that you have given to us regarding this application.

|   |   |  |                                 |                           |                               |                          |  |                          |                           |                          |   |  |   |
|---|---|--|---------------------------------|---------------------------|-------------------------------|--------------------------|--|--------------------------|---------------------------|--------------------------|---|--|---|
| <p><b>Illustration number including variation</b></p> <input type="text"/>  | <p><b>Illustration number</b> – the illustration number you wish to accept, including the variation number, for example '12345/1'</p> |  |                                 |                           |                               |                          |  |                          |                           |                          |   |  |   |
| <p>Start date <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>Anniversary date (if different from above) <input type="text" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/></p> <p>Payment of premiums</p> <table><tr><td>Annually By cheque</td><td><input type="checkbox"/></td><td>Annually By Direct Debit</td><td><input type="checkbox"/></td></tr><tr><td>Half-yearly Direct Debit only</td><td><input type="checkbox"/></td><td>Quarterly Direct Debit only</td><td><input type="checkbox"/></td><td>Monthly Direct Debit only</td><td><input type="checkbox"/></td></tr></table> | Annually By cheque  | <input type="checkbox"/>                   | Annually By Direct Debit        | <input type="checkbox"/>  | Half-yearly Direct Debit only | <input type="checkbox"/> | Quarterly Direct Debit only                | <input type="checkbox"/> | Monthly Direct Debit only | <input type="checkbox"/> | <p><b>Start date</b> – we cannot accept cover without a start date. We must have a future start date before we can assume risk.</p> <p><b>Payment</b> – would you like to pay your premium once a year by cheque or Direct Debit, or monthly/quarterly/half-yearly by Direct Debit?</p> |  |   |
| Annually By cheque  | <input type="checkbox"/>  | Annually By Direct Debit                   | <input type="checkbox"/>        |                           |                               |                          |  |                          |                           |                          |   |  |   |
| Half-yearly Direct Debit only   | <input type="checkbox"/>  | Quarterly Direct Debit only                | <input type="checkbox"/>        | Monthly Direct Debit only | <input type="checkbox"/>      |                          |  |                          |                           |                          |   |  |   |
| <p><b>Please select the type(s) of Mastertrust policy you require:</b></p> <p>The Master Trust policy registered with HMRC as a Registered Occupational Pension Scheme In Accordance with Part 4, Chapter 2 of the Finance Act 2004 <input type="checkbox"/></p> <p>The Excepted Master Trust policy to cover Excepted benefits that meet the conditions as set out in Section 480 of the Income Tax (Trading and Other Income) Act 2005 <input type="checkbox"/></p>   |   |  |                                 |                           |                               |                          |  |                          |                           |                          |   |  |   |
| <p><b>1. Participating Employer's details</b></p> <p>Full name (registered name where applicable) <input type="text"/></p> <p>Policy name if different <input type="text"/></p> <p>To identify the nature of the Principal Employer please tick the relevant box below</p> <table><tr><td>A limited company or plc</td><td><input type="checkbox"/></td><td>A limited liability partnership</td><td><input type="checkbox"/></td></tr><tr><td>A partnership</td><td><input type="checkbox"/></td><td>An unincorporated body (such as a charity)</td><td><input type="checkbox"/></td></tr><tr><td>Other – please advise</td><td colspan="3"><input type="text"/></td></tr></table>  | A limited company or plc  | <input type="checkbox"/>                   | A limited liability partnership | <input type="checkbox"/>  | A partnership                 | <input type="checkbox"/> | An unincorporated body (such as a charity) | <input type="checkbox"/> | Other – please advise     | <input type="text"/>     |   |  | <p><b>Full name</b> – the registered business name of the employer or otherwise.</p> <p><b>Policy name</b> – the name you give your policy. Please note that our system can only show a maximum of 80 characters.</p> |
| A limited company or plc  | <input type="checkbox"/>  | A limited liability partnership            | <input type="checkbox"/>        |                           |                               |                          |  |                          |                           |                          |   |  |   |
| A partnership   | <input type="checkbox"/>  | An unincorporated body (such as a charity) | <input type="checkbox"/>        |                           |                               |                          |  |                          |                           |                          |   |  |   |
| Other – please advise   | <input type="text"/>  |  |                                 |                           |                               |                          |  |                          |                           |                          |   |  |   |

## 1. Participating Employer's details, continued

|  |                                       |   |
|--|---------------------------------------|---|
| Registered company number <i>(where applicable)</i>              | <input type="text"/>                  | <b>Additional Participating companies</b> – cover can only be provided for employees/partners of the policyholder, or wholly owned/ associated businesses; for example, a parent company and its wholly owned subsidiary that is registered with Companies House. |
| Registered office address <i>(where applicable)</i>              | <input type="text"/>                  |   |
|  | <input type="text"/>                  |   |
|  | <input type="text" value="Postcode"/> |   |
| Business correspondence address <i>(if different from above)</i> | <input type="text"/>                  |   |
|  | <input type="text" value="Postcode"/> |   |
| Telephone number   | <input type="text"/>                  |   |
| Participating companies  | <input type="text"/>                  |   |
|  | <input type="text"/>                  |   |

## 2. Illustration correct?

|   |   |
|---|---|
| <p>Does the illustration that you want to accept (the one you have quoted on the first page of this form) accurately describe the benefits you want the policy to provide and correct policy cease age(s)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If <b>no</b>, please provide details in the box below. Depending on the change, we may need to provide a further illustration.</p> <input type="text"/> | <p><b>The cease age(s)</b> – the age at which members will no longer be covered by the policy. The maximum age available is 75.</p> |
|---|---|

## 3. Authorised Individuals

Please list below those individuals who you wish to act on behalf of the Policyholder under a Master Trust Group Life policy. Unless instructed otherwise, Aviva will assume that the authorised individuals will be able to deal with; the day to day administration; make changes to appointment of intermediaries; make changes to policy cover; completion of claim form.

Aviva reserves the right to obtain confirmation, at any time, that the authority given on this form remains in force. All liability remains with the Trustees of the policy. Any payments made in accordance with the provisions of this authority will be a good and sufficient discharge to Aviva Life & Pensions UK Limited.

| Name                 | Position in Company  |
|----------------------|----------------------|
| <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"/> |

## Declaration

We, the Policyholders of the policy declare that:

- The information given is, to the best of our knowledge and belief, true and accurate
- We will advise Aviva immediately of any change of employer, or other changes affecting the status of the employer, the registered status of the policy.
- We agree to give notice to Aviva Life & Pensions UK Limited, if any insured person's occupation changes to an occupation not already included in the membership or if any insured person intends to live outside the United Kingdom, Channel Islands or Isle of Man.
- We agree on behalf of the policyholder and the membership of the policy to accept and conform to the terms of the policy when issued and in particular to pay the premium for all persons insured by the policy in accordance with the policy wording.
- On behalf of all persons to be covered, I/we have ensured they are aware of their right to object to its use by Aviva, for the purpose of data processing by computer and other processing and use (which may be in any part of the world) of personal and medical details by the data controllers and relevant third parties (including disclosure to relevant intermediaries and medical providers) for the purposes of:
  - this application and decide if Aviva can offer cover and on what terms
  - administer the policy
  - process and underwrite any claims under the Policy
  - help detect and prevent fraudulent activity
- I agree to participate in the Aviva Registered/Excepted (delete as appropriate) Benefits Group Life Insurance Trust ("the Master Trust") and agree to be bound by and observe the provisions of the Declaration of Trust and Rules dated 1st February 2016 which established the Master Trust. I acknowledge and accept that our participation in the Master Trust will take effect from the date on which the policy, to which this application relates, starts.

### 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 (e.g. Trustees, employer, 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 a specified beneficial interest in the contract.

Where a financial adviser or Aviva Representative is involved they will let you know of any evidence you need to produce.

### Data Protection

As part of this application we collect and process personal data about members. You acknowledge that each party will be a separate and independent data controller in relation to the personal data processed for the purposes of the policy. You agree that the data protection provisions set out in the Policy Wording apply.

Authorised Signatory  
Director/Secretary/Designated  
Member registered at  
Companies House, Partner or  
authorised signatory

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Print name

Position in company

Second Authorised  
Signatory (if required)  
Director/Secretary/Designated  
Member registered at  
Companies House, Partner or  
authorised signatory

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Print name

Position in company

**Please now check you have completed ALL questions. Print off a copy if completed online (you may also wish to keep a copy for your records), sign the form and return.**

## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form and send to: Aviva Group Protection, PO Box 3240, Norwich, NR1 3ZF.

Name of account holder(s)

|                     |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|
| Service User Number | 1 | 6 | 9 | 4 | 2 | 0 |
|---------------------|---|---|---|---|---|---|

Bank/Building Society account number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Branch sort code

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Name and full postal address of your Bank/Building Society

|                 |                       |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
|-----------------|-----------------------|

|          |
|----------|
| Postcode |
|----------|

Reference number

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Signature(s)



For Aviva Life & Pensions UK Limited official use only

This is not part of the instruction to your Bank/Building Society.

Please tick your preferred payment option:

|             |                          |           |                          |
|-------------|--------------------------|-----------|--------------------------|
| Monthly     | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> |
| Half-yearly | <input type="checkbox"/> | Annual    | <input type="checkbox"/> |

### Instruction to your Bank/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.

Date

Banks/Building Societies may not accept Direct Debit instructions for some types of account.

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 7 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.

