

Online services for Employers for MyAvivaBusiness



Authorisation Form – Change of Authorised Signatory (Company Owner)

Please complete the relevant sections of the form below, sign and return.

Scheme Name	<input type="text"/>
Scheme Number	<input type="text"/>

Amending access for your Online services for employers are in accordance with the terms and conditions previously accepted. We may notify you of and ask you to accept any additional terms and conditions online and/or by revisions to this document.

From MyAvivaBusiness the authorised signatory can:

- Add employees to your scheme.
- Make payments to your scheme.
- Set up additional users to manage your regular scheme activity for you.
- Delete any users that no longer need access.
- Tell us if the primary point of contact for your scheme changes.

New Authorised Signatory (Company Owner)

Please enter details of the person you want to add as the company's new Authorised Signatory (Company Owner).

The Authorised Signatory (Company Owner) needs to be your Managing Director, Other Company Director, a partner or Sole Proprietor or somebody who is in a position of authority within the company.

Title:	Mr <input type="text"/>	Mrs <input type="text"/>	Miss <input type="text"/>	Dr <input type="text"/>	Other <input type="text"/>
First Name:	<input type="text"/>	Surname:	<input type="text"/>		
Date of Birth:	<input type="text"/>	(dd/mm/yyyy)	Position:	<input type="text"/>	
Email Address:	<input type="text"/>	<i>Please enter it carefully, as we'll send their username and activation details to this email address.</i>			
Business Address:	<input type="text"/>				
Contact Number:	<input type="text"/>				

Removing user access (The current authorised signatory)

Please enter the details of the user whose access you want to remove. Once you do this, they'll no longer have access to MyAvivaBusiness and won't be able to manage your pension scheme online.

Please remove online access for the following individual:

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Email Address:	<input type="text"/>	Existing Online Account Number:	<input type="text"/>

Authorisation

As the authorised signatory of the Workplace Pension Scheme stated above, I authorise the above individual(s) on behalf of the whole organisation I represent.

Existing Authorised Signatory – This needs to be signed by the existing authorised signatory if they are still employed by the business

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Email Address:	<input type="text"/>	Contact Number:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

New Authorised Signatory

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Position:	<input type="text"/>	Contact Number:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

This form must be forwarded to: Aviva BCC, PO Box 520, Norwich, NR1 3WG or via Email to: pensions.billing@aviva.com

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