

New Generation Group AVC

Application form

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Application

Please use BLOCK CAPITALS and tick the appropriate boxes.

Your details (to be completed by the applicant)

Your title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>
Your surname	<input type="text"/>				
Your forename(s)	<input type="text"/>				
Your permanent home address	<input type="text"/>				
	<input type="text"/>				
	Town/City <input type="text"/>				County <input type="text"/>
	Postcode <input type="text"/>				
Your date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your nationality	<input type="text"/>				
Your daytime telephone number	<input type="text"/>				
Your evening telephone number	<input type="text"/>				
Your email address	<input type="text"/>				
Your National Insurance number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your contributions

I wish to start paying regular voluntary contributions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I wish to increase my existing regular voluntary contributions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Total percentage of plan earnings	<input type="text"/> %	or total amount	£ <input type="text"/>
Date you want to start or increase your contributions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate if you are already subject to the reduced money purchase annual allowance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please provide a copy of the statement you received from the provider of the arrangement(s) you accessed or provide the date you flexibly accessed these savings.	<input type="text"/>	<input type="text"/>	<input type="text"/>

The provider of the arrangement(s) you have flexibly accessed is required to provide a statement to you within 31 days of the date flexi-access occurred. Flexibly accessed generally means that you have taken money purchase benefits other than by purchasing an annuity from an insurance company.

Investment choice

Only complete this section if the trustees have not chosen the investments for you. (If in doubt, please contact the scheme trustees.)

Lifetime investment programmes

Your scheme may offer lifetime investment programmes, details of which can be found in our investment funds brochure. If these are available on your scheme and you would like to select one, please state which one to apply.

Insert name of the **lifetime** investment programme or 'None'

If you have chosen a lifetime investment programme, the 'Investment funds' and 'Lifestyle investment programmes' sections do not apply and must not be completed. Please go to the 'Investment programme retirement date' section.

Investment funds (do not complete if you have chosen a lifetime investment programme)

You may choose to invest in up to ten funds from the funds available, including any lifestyle investment programme funds (see our investment funds brochure for details).

Investment fund name	% of contribution
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
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<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 20px;" type="text" value="%"/>
<input type="text" value="Please use whole percentages only and make sure that the total is 100%."/>	
	<input style="width: 100px;" type="text" value="Total 100%"/>

Lifestyle investment programmes (do not complete if you have chosen a lifetime investment programme)

Your scheme may offer lifestyle investment programmes, details of which can be found in our investment funds brochure. If these are available to your plan and you would like to select one, please state which one to apply.

Insert name of the **lifestyle** investment programme or 'None'

Investment programme retirement date

Your scheme may allow you to choose when your investment programme finishes; this may be different to your selected retirement date (SRD). You can do this now or at any time in the future. If you do not specify an investment programme retirement date (IPRD), any chosen investment programme will end on your SRD. The IPRD should coincide with your chosen birthday.

Your chosen IPRD (birthday)

Important: When your investment programme starts, your pension funds will automatically be proportionately switched in line with your instruction.

Your declaration

Important: It is a serious offence to make false statements. If you do so, you may be prosecuted. The penalties are severe.

I authorise my employer to deduct my voluntary contributions from my salary.

I accept that my benefits will be set up under an Aviva Life & Pensions UK Limited policy, as held by the trustees of my employer's scheme.

I have read over the replies to all the questions in this application. To the best of my knowledge and belief, all information given is correct and complete.

Data protection and Financial Crime

Data protection

Use of personal information

We'll use the information you give us to:

- process and/ or underwrite your application
- decide if we can offer cover and on what terms
- administer your policy and handle any claims
- help detect and prevent fraudulent activity.

Other companies from across the Aviva group, or third parties who provide services to us, in any country (including those outside the European Economic Area) could also use your information in this way. If they do, we'll make sure they agree to treat your information with the same level of protection as we would.

We may share your information with regulatory bodies, other insurers (directly or using shared databases), your insurance intermediary, or third parties providing services to them.

To keep our products and services competitive and suitable for customers' needs, we may also use your information for research and customer profiling.

By signing this form I consent to this use of my personal data as set-out above.

From time to time, we may tell you about other products or services which may be of interest.

I **do not** wish you to contact me by:

Post Phone Email

You can change your mind at any time by contacting us - Aviva, NPE Dept, PO Box 582, Bristol, BS34 9FX.

Financial Crime

To verify your identity and 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.

Your signature

Your name (please print)

Date

How to contact us

If you have any questions, you can phone us or write to us.



Call us on **0345 602 9221** at the following times:
Monday to Friday between 8.30am and 5.30pm.
We may record calls to improve our service. Calls may be charged and these charges will vary; please speak to your network provider.



Write to us at
**Aviva, PO Box 1550, Milford, Salisbury,
Wiltshire SP1 2TW**



For further information on any of our products and services, visit our website **www.aviva.co.uk**.

Aviva office

Financial adviser

Please tick as appropriate

Advised sale Advice given after 31/12/2012

Please note that commission cannot be taken if advice was given after 31/12/2012.

Non-advised sale By ticking this box, Aviva will assume **no** advice was given.

Adviser name

Address

Town/City

County

Your postcode

Telephone

Email address

Adviser's 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"/>
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Aviva Life & Pensions UK Limited.

Registered in England No. 3253947. Registered office: Aviva, Wellington Row, York, YO90 1WR.
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Telephone 0345 602 9189 – calls may be recorded. www.aviva.co.uk

