

User access request form



Issued for use by Financial Advisers only

This information has not been approved for use with customers

The following information is required to enable Aviva to set up access to our online services. Please send this document and, where applicable, the Business Terms application form, to: Aviva Life International Limited, Montague House, Adelaide Road, Dublin 2, Ireland.

Note: This form should be completed by the same person who signed the 'Business terms application form' to request access to our online services for themselves and any additional users as required. If additional access is required please contact us on our Adviser hotline 0845 3002114.

Name of Company	<input type="text"/>
Aviva Life International Agency Code	<input type="text"/>
Employee Name	<input type="text"/>
Position	<input type="text"/>
Employee Name	<input type="text"/>
Position	<input type="text"/>
Employee Name	<input type="text"/>
Position	<input type="text"/>
Employee Name	<input type="text"/>
Position	<input type="text"/>
Employee Name	<input type="text"/>
Position	<input type="text"/>

Declaration

- I have signed the 'Business terms application form'.
- The above are the employees I also wish to have access to Aviva's online services.
- By signing this form I am acting on their behalf and will be responsible for their actions.
- I understand that if I require access myself, I will indicate this in one of the above spaces.

On receipt of this form Aviva will issue the above individuals with the required information to access the online services.

Name	<input type="text"/>		
Position	<input type="text"/>		
Authorised Signature	<input type="text"/>	Date	<input type="text"/>