

International Premier Portfolio from Aviva

Application Form – for Trustee Investors

International Premier Portfolio from Aviva

Application for trustee investors

Please read the Key Features leaflet and your personal illustration(s) before completing this application. A copy of your personal illustration should be attached to this application.

It is advisable to seek legal and taxation advice prior to taking out this bond to ensure suitability. A copy of this completed application form and the bond policy documents are available on request.

Please answer all questions fully in block capitals and tick boxes where appropriate. It is important that your answers are accurate to the best of your knowledge. Incomplete or inaccurate applications may delay the issue of the Bond. If you are in doubt, please contact your Financial Adviser.

On completion, please return all appropriate forms to:

Aviva Life International Limited, 6 Georges Dock, International Financial Services Centre, Dublin 1, Ireland.

To speed up the handling of this application please fax it to 0845 300 4424.

Is International Premier Portfolio to be taken out by the trustees of one of the following trusts:

Discretionary Discounted Gift Trust, Discretionary Loan Trust or Discretionary Gift Trust (Investment)?

Yes No

If yes, please state the type of trust and attach the relevant Trust documentation

Is International Premier Portfolio being taken out by the trustees of a Discretionary Discounted Gift Trust?

Yes No

If yes, and you require an underwriting decision to establish the value of any discounted Chargeable Lifetime Transfer you must not date the Discretionary Discounted Gift Trust or this application form until we advise you of the underwriters decision.

1 Details of the trust making the investment

Please insert the name of the existing trust in which the Premier Portfolio Bond will be issued.

Date the trust was created

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Please insert details of the Settlor(s) of the Trust.

First Settlor

Second Settlor

Surname

Forename(s)

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"/>
Day		Month		Year			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

The Settlor details below only need to be completed where the Settlor is still living.

Residential address

<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"/>

Full contact telephone number

E-mail address

Occupation
(or occupation retired from)

Date of retirement
(if applicable)

Gross annual salary/income
(Income i.e. pension income,
non-salary related income)

2 Individual trustee details

If the trust is administered by a corporate trustee please go to Section 3.

Please give details of all the current trustees. We will send all correspondence to the first trustee detailed below.

	First Trustee	Second Trustee <i>(if any)</i>
Surname	<i>Mr/Mrs/Miss/Ms/title</i>	<i>Mr/Mrs/Miss/Ms/title</i>
Forename(s)		
Residential address		
	<i>Country</i>	<i>Country</i>
	<i>Postcode</i>	<i>Postcode</i>
Full contact telephone number		
E-mail address		
Occupation (or occupation retired from)		
Date of retirement (if applicable)		

Correspondence to be sent *(Please advise who is to receive correspondence.)*

First trustee only First trustee and Financial Adviser

If nothing is ticked then Applicant(s) and Financial Adviser will receive correspondence. Financial Adviser only*

*Financial Adviser will receive all the Applicant's correspondence.

Correspondence Address

<i>Country</i>
<i>Postcode</i>

If there is an Individual Trustee and a Corporate Trustee, please confirm to whom we should send client correspondence.

Individual Trustee Corporate Trustee

2 Individual trustee details – Continued

	Third Trustee <i>(if any)</i>	Fourth Trustee <i>(if any)</i>
Surname	<i>Mr/Mrs/Miss/Ms/title</i>	<i>Mr/Mrs/Miss/Ms/title</i>
Forename(s)		
Residential Address		
	<i>Country</i>	<i>Country</i>
	<i>Postcode</i>	<i>Postcode</i>
Full contact telephone number		
E-mail address		
Occupation (or occupation retired from)		
Date of retirement (if applicable)		

3 Corporate Trustee details (if applicable)

If a Regulated Corporate Trustee*, please state number and Regulator.

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* *Regulated Corporate Trustee is defined as a corporate trustee authorised to engage in regulated activity by the UK Financial Services Authority, the Jersey Financial Services Commission, the Guernsey Financial Services Commission and the Isle of Man Financial Services Commission.*

Name of corporate trustee

Registered address

Country	Postcode

Full contact telephone number

E-mail address

If the Company is quoted on a recognised stock exchange please state which one.

List below all the authorised signatories of the company, alternatively attach a certified copy of an authorised signatory list (certified by the Financial Adviser).

Certified authorised signatory list attached? Yes No

Please confirm the minimum number of authorised signatories required to contract/provide instructions on behalf of the company.

We will send all correspondence to the first named signatory at the Company's registered address.

First authorised signatory
Print full name

Signature and date

Day	Month	Year							

Second authorised signatory
Print full name

Signature and date

Day	Month	Year							

Third authorised signatory
Print full name

Signature and date

Day	Month	Year							

Fourth authorised signatory
Print full name

Signature and date

Day	Month	Year							

Please continue on a separate sheet as necessary.

4 Details of lives to be insured up to a maximum of 10

Full name	Sex	Date of birth	Relationship to the Trust making the investment e.g. Beneficiary
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	
	male / female	<input type="text"/>	

Day Month Year

If this application is part of a Discretionary Discounted Gift Trust the settlor or their spouse (or civil partner) must not be lives assured.

5 Investment details

The bond will start when we have accepted this application form at our Head Office in Dublin **and** we have received cleared funds in our bank account. Please do not attach any payments to this application form as this will cause delays. **You must also complete the Source of Wealth Questionnaire in Section 15.** The minimum investment is £50,000 of investable assets (€75,000 or \$75,000) for charging options 1, 2 and 3 and £100,000 (€150,00 or \$150,000) for charging options 4 and 5.

If your investment amount is received in a currency different to your chosen investment currency we will convert the amount into your chosen currency. You will have to pay the expenses involved in converting the currency.

Investment amount

Please select your investment currency Sterling (£) Euro (€) US Dollar (\$)

(Tick one box only - please note that this will be the currency in which your bond will be denominated.
Please note that your investment can only be made in one currency.)

Payable by:
Telegraphic transfer Please complete the telegraphic transfer section of the pre-printed payment form provided

Cheque Please complete the cheque section of the pre-printed payment form provided

The personalised payment reference number, shown on the payment form **MUST** be entered here.
Please also attach the Aviva duplicate copy of the payment form to this application form.

Asset transfer (for discretionary management option only)
Please tick this box if you wish to invest into the Bond with an asset transfer.

Please complete the 'Application for Asset Transfers' Form (IN85045) and attach it to this completed form.

Bond charging structure Option 1 Option 2 Option 3 Option 4 Option 5

Illustration
Please attach a copy of the presales illustration signed by you or provide the illustration reference number shown on the last page of the illustration.
Illustration Number

9 Investment options

The International Premier Portfolio can be linked to thousands of funds. You can nominate a discretionary manager to look after your investment by completing **Section A** or you can choose your own funds by completing **Section B**.

Section A – Discretionary Manager

Please enter the details of the nominated Discretionary Manager below. (If you wish to nominate more than one discretionary manager to manage your investment, please contact us. The appointment of the nominated discretionary manager is subject to Aviva's agreement.)

Name of firm:

Contact telephone number:

Contact name:

You will need to complete a 'Discretionary Manager and Custodian Appointment Request Form' (IN85039) to enable us to appoint a Discretionary Manager. This form is available on our website www.aviva.co.uk/international.

Please attach the 'Discretionary Manager and Custodian Appointment Request Form' to this application.

Please indicate what percentage of your investment you wish the appointed % Discretionary Manager to manage.

If the percentage indicated is 100%, Section B does not need to be completed. Please go directly to Section 13 'Regular withdrawal facility' and continue to complete the rest of this application form.

If the percentage indicated is less than 100%, please complete Section B.

Section B - Investment Options

If all or part of your International Premier Portfolio is non-discretionary managed, there are restrictions placed upon the asset categories and specific assets that are permitted in the non-discretionary portion of your bond.

For a list of assets that we have already made available for inclusion in the non-discretionary managed portion of your Bond, please see the 'Allowable Funds List' on our website. If a selected asset is not currently part of our allowable list, please provide a Prospectus. In these circumstances, we will not invest in this asset and we will place the money in the cash account until such time as the asset has been reviewed by us. There is a risk that the asset choice will not be accepted. If this happens, we will contact you for further instructions.

A fund selected for the Bond may have income or accumulation versions, or different currency versions. Aviva will select one version of the fund for the illustration unless a specific version of the fund is requested.

When completing this application, please take the details for each fund from the Allowable Funds List on our website rather than your illustration .

It is your responsibility to ensure that the details in this application match the details in the Allowable Funds List for each chosen fund.

The International Premier Portfolio Bond is to be linked to the following assets and in the proportions shown. The minimum investment into each asset is £1,000, €1,500 or \$1,500 or subject to the minimum investment requirement of the fund manager or deposit taker. Your Bond will also contain a cash account. The cash account will be used to fund charges and withdrawals taken from the Bond.

9 Investment options – continued

Please note the percentages confirmed below will be applied to the amount available for investment. This is your premium plus any extra allocation or your premium less any initial charges.

* When completing this section, please take the 'Fund Unique Identifier' for each fund from the Allowable Funds List on our website rather than your illustration .

Investment Manager	Fund Name	*Fund Unique Identifier (Sedol /ISIN/CUSIP)	Fund Currency	Whole % to be invested

Deposit account – Name of account	

Cash account	%
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			Total	Total investment between Section A+B must equal 100%
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Please continue on a separate sheet if necessary.

All of the information requested above must be provided. Any omission could delay the placing of your deals.

Please note income from income paying funds will be credited to the cash account.

We will not take a dealing charge, but may take a custody charge, for carrying out the dealing instructions listed above. However, if you place all of your investment into the cash account initially any subsequent dealing instructions may be subject to a dealing and custody charge.

Any transaction requests received by 4:00pm will be processed on the same day and funds dealt the next day or at the next available opportunity. Requests received after 4:00pm will be processed on the following working day and funds dealt the day after that or at the next available opportunity.

10 Cash account

Only complete this section if your bond is non-discretionary managed.

Charges will be taken from the cash account. If there is insufficient funds in the cash account to cover the charges, then the cash account will be overdrawn.

Should the cash account become overdrawn please indicate the fund you would like us to sell from. If you do not nominate a specific fund we will sell from the largest holding or from a fund of our choice. You will be charged a dealing charge and a custody charge for this. We will charge interest on the amount overdrawn in the cash account.

Instruction to clear cash account overdraft

Fund Name	Fund Unique Identifier (SEDOL/ ISIN/CUSIP)	Fund Currency

11 Appointment of an Investment Adviser

Do you wish to appoint an Investment Adviser to perform investment transactions on your behalf and pay them a fee, which may be up to a maximum of 1% Change to each year of the bond value for carrying out this service?

Yes No

If yes, please complete and forward to us a separate 'Investment Adviser Appointment Form – International Premier Portfolio (IN85026), which is available on our website www.aviva.co.uk/international

Please note the Investment Adviser fee is not the same as explicit trail commission. Please refer to the 'Charging Structures' leaflet (IN85006) for further details on explicit trail commission.

14. Identity Verification Certificate – continued

Full name of fourth Trustee/
Authorised Signatory

Date of Birth

Day	Month				Year				

Current Address

Postcode

Previous address
if applicant has changed address in last
three months

Postcode

If the Settlers are not current Trustees and are still living, please provide their details below.

Full name of first Settlor

Date of Birth

Day	Month				Year				

Current Address

Postcode

Previous address
if applicant has changed address in last
three months

Postcode

Full name of second Settlor (if any)

Date of Birth

Day	Month				Year				

Current Address

Postcode

Previous address
if applicant has changed address in last
three months

Postcode

Section 3

CONFIRMATION – FSA Regulated Firm (Please tick if applicable)

I/we confirm that:

- (a) the information above was obtained by me/us in relation to the customer(s);
- (b) the evidence I/we have obtained to verify the identity of the customer(s):

[tick only one]

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;

or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

- (c) where the underlying evidence taken in relation to the verification of the customer's(s') identity is held outside Ireland, in the event of any enquiry from Aviva or Irish law enforcement agencies or regulators, copies of the relevant customer records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

14. Identity Verification Certificate – continued

CONFIRMATION – EU Regulated Financial Services Firm (Please tick if applicable)

We confirm that:

- (a) the information above was obtained by us in relation to the customer(s);
- (b) the evidence we have obtained to verify the identity of the customer(s) meets the requirements of our national money laundering legislation that implements the EU Money Laundering Directive, and any relevant authoritative guidance provided as best practice in relation to the type of business or transaction to which this confirmation relates;
- (c) where the underlying evidence taken in relation to the verification of the customer's(s') identity is held outside Ireland, in the event of any enquiry from Aviva or Irish law enforcement agencies or regulators, copies of the relevant customer records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

CONFIRMATION – Non-EU Regulated Financial Services Firm (Please tick if applicable)

We confirm that:

- (a) the information above was obtained by us in relation to the customer(s);
- (b) the evidence we have obtained to verify the identity of the customer(s) meets the requirements of local law and regulation;
- (c) where the underlying evidence taken in relation to the verification of the customer's(s') identity is held outside Ireland, in the event of any enquiry from Aviva or Irish law enforcement agencies or regulators, copies of the relevant customer records will be made available under court order or relevant mutual assistance procedure, to the extent that we are required under local law to retain these records.

Jurisdiction

Full name of regulator firm

Name of regulator

Regulator reference number

Signed*

Name

Position

Date
Day Month Year

Company stamp:

*This certificate must be signed by the person who has seen the original documentary evidence, and must carry an original signature, or electronic equivalent.

15 Source of wealth questionnaire

Please note these details are required for all investments under anti-money laundering regulations to help prevent unlawful activity. Please note that insufficient details may delay investment and acceptance.

Please complete all sections of Part 1 and Part 2 and the declaration.

PART 1: QUESTION TO BE ANSWERED BY THE INTRODUCING FINANCIAL ADVISER

1. How long have you known the trustees?

2. Who introduced the trustees to you?

3. Is the applicant(s) a Politically Exposed Person (PEP) in accordance with local law and regulation? If yes, further due diligence may be required. Yes No

Signature of introducing Financial Adviser

Name of introducing Financial Adviser

Introducing Financial Company

Date

Day		Month			Year				

***Note for financial adviser:**

We would also expect you (the introducing Financial Adviser) to see original documents of sale, contract notes, audited accounts, bank statements and similar documents as evidence of a legitimate source of funds. By signing the above declaration, you are confirming that you have seen evidence (e.g. contract notes) that these are legitimate sources of funds.

PART 2: QUESTIONS TO BE ANSWERED BY THE TRUSTEES/AUTHORISED SIGNATORIES

1. Are there any other parties indirectly involved with this application who have not already been disclosed (i.e. lender, potential borrower)?, if so please give full details: Yes No

2. Where the source of wealth for this application derives from investments please provide the following details:

How were the savings accumulated? (Please note that we expect details of the dates and circumstances in which these savings were accumulated.)

Name of Investment(s)

Date of sale

		Day			Month			Year
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If date of sale is over three months ago, where were funds held since?

Amount received from sale of investment(s)

If there are other owners of the Investment(s) above, other than the applicant, please tick this box and provide full names and address identification for all owners.

15 Source of wealth questionnaire - continued

Declaration to Aviva Life International Limited

I/we the company declare that to the best of my knowledge and belief, the information given in this questionnaire and its accompanying application form is true and complete.

SIGNED BY:

First trustee / authorised signatory

Print Name

Signature

Date

Day		Month		Year					

Second trustee / authorised signatory (if any)

Print Name

Signature

Date

Day		Month		Year					

Third trustee / authorised signatory (if any)

Print Name

Signature

Date

Day		Month		Year					

Fourth trustee / authorised signatory (if any)

Print Name

Signature

Date

Day		Month		Year					

16 Declaration of residence outside Ireland - To be completed by Channel Islands and Isle of Man residents only.

This section must be completed by all the trustees and the settlor(s).

All trustees and settlors resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

I/we the company declare that:

- I/we have read the explanation of the terms detailed in the note entitled 'residence definitions' overleaf;
- I/we am/are the applicant in respect of which this declaration is being made;
- If applicable, I am the settlor of an existing trust;
- I/we am/are not resident or ordinarily resident in Ireland.

I/we the company hereby undertake to inform the insurance company of any change in my/our* country of residence during the life of the policy. (*delete as appropriate)

Corporate trustees/personal trustees/settlor(s) (as applicable): *(If corporate trustees please state capacity in which declaration is made.)*

Names & principal places of residence/address

Signature of settlor(s)

--

Date

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

Day Month Year

Signature of trustee / authorised signatory

--

Date

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

Day Month Year

Signature of trustee / authorised signatory

--

Date

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

Day Month Year

Signature of trustee / authorised signatory

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Date

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

Day Month Year

16 Declaration of residence outside Ireland - continued

Notes for the declaration of residence outside Ireland

1. This form may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish Law to make a false declaration.
2. This declaration must be signed by Bondholders and Settlor(s) (if applicable) who are neither resident nor ordinarily resident in Ireland. It may also be signed by a person who holds power of attorney from the Bondholders and Settlor(s) (if applicable). A certified copy of the power of attorney should be furnished with this declaration.

Residence definitions

Residence – Individual

An individual will be regarded as being resident in Ireland for a tax year if she/he:

- 1) spends 183 days or more in the State in that tax year;

or

- 2) has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding tax year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at the end of the day (midnight).

Ordinary Residence – Individual

The term 'ordinary residence' as distinct from 'residence', relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

For example, an individual who resident in the state for the tax years:

- 1 January 2006 to 31 December 2006,
- 1 January 2007 to 31 December 2007 and
- 1 January 2008 to 31 December 2008

will become ordinarily resident with effect from 1 January 2009.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which she/he is not resident. Thus, an individual who is resident and ordinarily resident in the tax year 1 January 2006 to 31 December 2006 and departs from the State in that year **will remain** ordinarily resident up to the end of the tax year 1 January 2009 to 31 December 2009.

Residence – Company

A company which has its central management and control in the Republic of Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:

- the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU Member States or, in countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a taxation treaty country

or

- the company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in Section 23A Taxes Consolidation Act 1997.

17 Declaration

I/we the trustees sign this application on behalf of the settlors detailed in Section 1. (Please tick the relevant boxes and sign and date the application).

In this declaration the singular shall include the plural.

I/we the trustees:

- consent to Aviva using the information supplied on this application to enable this application or any subsequent transactions to be processed.
- consent that the information supplied on this application may be disclosed to, stored and processed by any company within the Aviva Group, by reinsurers or by third parties who provide services to Aviva. It may be transferred to any country including those outside the European Economic Area for any of these purposes. Any information may be disclosed in confidence to regulatory bodies, other insurance companies (directly or via a central register), and your financial adviser.
- received the consent of the lives assured to act as lives assured and to have their information supplied in this application disclosed to and stored and processed by any company within the Aviva group, by reinsurers or by third parties who provide services to Aviva. I have received their consent that the information may be transferred to any country including those outside the European Economic Area for any of these purposes and that it may be disclosed in confidence to regulatory bodies, other insurance companies (directly or via a central register) and their financial adviser. Where the lives assured are under 18, consent should be sought from the appropriate guardians.
- confirm that the information contained in this application is true and complete to the best of my knowledge and belief and the information provided together with any conditions in this application, the Policy Terms and Conditions and the Policy Schedule forms the basis of my contract with Aviva Life International Limited.
- confirm that the applicant is not a resident of the United States of America, also is not by virtue of its country of residence or nationality, subject to any taxation, exchange control legislation that would make this investment unlawful and confirm that it is my responsibility to ensure that the country's laws permit investment in this contract.
- have read the literature relating to the product for which I am applying herewith and have sufficient knowledge of the English Language to fully understand what I have read in addition to this declaration I am now signing.
- understand that as the investment choice to which my policy may be linked is mine, Aviva Life International Limited is not responsible for the investment performance or for any loss whatsoever arising from such choice. I therefore hold Aviva Life International Limited indemnified against any claim in respect of these clauses.
- understand that where I am applying on the advice of a financial adviser, that financial adviser is acting as my agent and not as an agent of Aviva Life International Limited.
- As a trustee, I am authorised under the terms of the trust identified in Section 1 to make this application and to use the trust money to effect a non income producing life assurance bond.
- **My financial adviser has fully explained the charging structures of International Premier Portfolio to me and I fully understand the charges, including any maintenance charges that will be taken from my International Premier Portfolio.**
- **(For UK resident investors only) We hereby undertake to inform Aviva Life International Limited should we become resident or ordinarily resident in Ireland and have read and understood the Residence definitions contained within the 'Declaration of residence outside Ireland' section of this application.**

First trustee/authorised signatory's signature

Date

Day		Month		Year			

Second trustee/authorised signatory's signature

Date

Day		Month		Year			

Third trustee/authorised signatory's signature

Date

Day		Month		Year			

Fourth trustee/authorised signatory's signature

Date

Day		Month		Year			

For Financial Adviser use only

18 Commission

Your email address

Aviva agency code

Your Agency Enhancement Rate

 %

If you do not know your agency enhancement rate that you are entitled to, please contact Aviva's Commission and Agency Department on 0845 3002114/5

**Please complete the table below for the charging option you have selected.
For guidance please refer to "Notes" on the next page.**

Initial Commission	Option 1	Option 2	Option 3	Option 4	Option 5
	<p>Initial commission may be rebated to improve the product terms for your client by reduced establishment charges or increased allocation.</p> <p><i>Please complete ONE of the following options.</i></p> <p>I. Take full commission <input type="text"/></p> <p>II. Initial Commission to be given up to increase the allocation of the bond <input type="text"/></p> <p>III. Please specify how many quarters the establishment charge term is to be reduced by <input type="text"/></p> <p>IV. Initial Commission to be given up to reduce the establishment charge rate <input type="text"/></p>	<p>Any initial commission will be added to the initial charge applied to the International Premier Portfolio.</p> <p><i>Please enter initial commission in box below.</i></p> <p><input type="text"/> %</p>	<p>Initial commission may be rebated to improve the product terms for your client by reduced establishment charges or increased allocation.</p> <p><i>Please complete ONE of the following options.</i></p> <p>I. Take full commission <input type="text"/></p> <p>II. Initial Commission to be given up to increase the allocation of the bond <input type="text"/></p> <p>III. Please specify how many quarters the establishment charge term is to be reduced by <input type="text"/></p> <p>IV. Initial Commission to be given up to reduce the establishment charge rate <input type="text"/></p>	<p>The amount of initial commission taken, once calculated against the number of years the establishment charges are selected, will effect the overall establishment charge paid by the applicant(s).</p> <p><i>Please enter initial commission in box below.</i></p> <p><input type="text"/> %</p> <p>Please enter the number of WHOLE years (1-10) the establishment charges will remain payable for <input type="text"/></p>	<p>Any initial commission will be added to the initial charge applied to the International Premier Portfolio.</p> <p><i>Please enter initial commission in box below.</i></p> <p><input type="text"/> %</p>
<p>Explicit trail commission</p>	<p>Any explicit trail commission taken will result in the deduction of a maintenance charge from the International Premier Portfolio. The maximum rate of explicit trail commission is 2% a year (unless agreed with Aviva) and can be paid in steps of 0.05%.</p> <p><i>Please note this is not the same as the Investment Adviser fee. For further details on the Investment Adviser fee please refer to the charging structure leaflet.</i></p> <p>Please enter the rate of explicit trail commission to be taken. <input type="text"/> %</p>				

I confirm that I have fully explained the charging structures selected above including any maintenance charge to the applicant.

Signed

Date

<i>Day</i>		<i>Month</i>		<i>Year</i>			

Name

Notes:

Initial Commission

For Option 1 and 3

- Allocation rate will be increased by 1% for each 1% of initial commission rebated.
- Reduced Establishment Charge percentage or term
 - Initial commission may be rebated in order to reduce the total establishment charge taken over the establishment charge term.
 - The reduction in total establishment charge is equal to the reduction in initial commission.
- Where the commission sacrifice is to be applied to reduce –
 - The rate of establishment charge, it will be spread evenly over the 5 year establishment charge term
 - The establishment charge term it will only be possible to remove whole quarters of establishment charge and the rate of charge applied to the remaining quarters must remain identical; it is not possible to have steps in the rate of establishment charge.

Aviva Life International Limited is authorised in Ireland by the Financial Regulator and subject to regulation by the Financial Services Authority. Details on the extent of our regulation by the Financial Services Authority are available from us on request. The Financial Services Authority rules and regulations are made under the Financial Services and Markets Act 2000.

If the company should become unable to meet its liabilities, the Financial Services Compensation Scheme will protect the eligible policyholder of an Aviva Life International Limited bond who is habitually UK resident at the time the contract commences. Registered Office: 6 Georges Dock International Financial Services Centre, Dublin 1, Ireland. Registered in Ireland No 303257. Telephone +353 1 802 8494 Fax + 353 1 802 8400 www.aviva.co.uk/international

