

International Investment Bond and International Portfolio Bond from Aviva

Application for Additional Investment



This form should be completed if you wish to make additional investments to your existing bond.

Please read the Key Features leaflet and illustration(s) before completing this application form.

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 and belief. If you are in any doubt, please contact your financial adviser. **On completion please return to: Aviva Life International Limited, Operations, 6 Georges Dock, International Financial Services Centre, Dublin 1, Republic of Ireland.**

1 Bond details

Type of bond
(tick as appropriate)

International
Investment Bond

International
Portfolio Bond

Name of bondholder(s)

Bond number

Correspondence address

Country

Postcode

2 Additional investment details

The additional investment will be added to your existing bond 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. The minimum additional investment is £5,000, €7,500 or \$7,500. **You must complete the Source of Wealth Questionnaire in section 6.** Any additional investment will be allocated to the same funds and in the same proportions as the previous investments held immediately prior to the additional investment, **unless** instructed otherwise via completion of the Investment fund choice section overleaf.

I / We wish to invest

Enter amount and delete as appropriate

UK sterling (£) / Euro (€) / US dollar (\$) / other*

*Please contact us on +353 1 802 8494 before submitting the application if you wish to send another 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.

5 Declaration

In this declaration the singular shall include the plural.

I hereby apply to make an additional investment to my existing bond and confirm that (please tick the relevant boxes, then sign and date the application):

- I have read the fund guide and understand the charges for each fund that I have chosen in section 4 of this application.
- I consent to Aviva using the information supplied on this application to enable this application or any subsequent transactions to be processed
- I consent that the information supplied on this application may be held and processed by any company within the Aviva Group, by reinsurers and 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 supplied in this application may be disclosed in confidence to regulatory bodies, other insurance companies (directly or via a central register) and my financial adviser.
- If applicable, I have received the consent of the lives assured to act as lives assured and to have their information held and processed by any company within the Aviva Group, by reinsurers and by third parties who provide services to Aviva Life International Limited transferred to any country including those outside the European Economic Area for any of these purposes and disclosed in confidence to regulatory bodies, other insurance companies (directly or via a central register) and my financial adviser. Where the lives assured are under 18, I have obtained consent from the appropriate guardians.
- 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.
- I am not a resident of the United States of America, also I am not by virtue of my 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 my country’s laws permit me to invest in this contract.
- I 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.
- I 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.
- I 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.
- I wish to exercise my option regarding the language of my Policy Conditions and hereby request that they be issued in English and I confirm that my contract will be subject to the law of England and Wales.
- (For UK resident investors only) I hereby undertake to inform Aviva Life International Limited should I become resident or ordinarily resident in Ireland and I have read and understood the residence definitions contained within the ‘Declaration of residence outside Ireland’ section of this application.

If there are two applicants please tick one box as appropriate:

- I authorise Aviva Life International Limited to accept instructions from either of us in respect of all transaction requests apart from full surrender please tick appropriate box yes no

If no, joint instructions will be required for all transactions. If you make no selection we will proceed as if you had answered no.

- I acknowledge that to fully cash in the bond, both our signatures will be needed. This authority extends if appropriate to any transactions conducted by electronic means.

First applicant’s signature		Date	
Second applicant’s signature		Date	

6 Source of wealth questionnaire

Please note these details are required for all investments under anti-money laundering regulations to help prevent unlawful activity. Please complete all sections of Part 1 and Part 2 and the Declaration. Please note that insufficient details may delay investment and acceptance.

Part 1: Questions to be answered by the introducing financial adviser

1. How long have you known the applicant(s)?
2. Who introduced the applicant(s) 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

Part 2: Questions to be answered by the applicant

If more than one sale please indicate details on a separate sheet.

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:
Name of investment(s)
Date of sale Day Month Year
3. Where the source of wealth for this application derives from savings, 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.)
4. Where the source of wealth for this application is from the sale of property, please provide the following information:
Address of property

Postcode
Date of sale Day Month Year
Amount received
5. Where the source of wealth for this application is from inheritance, please provide the following details:
Date received Day Month Year
From
6. For all other sources of wealth such as gifts, compensation payments, lottery wins or anything else please provide details:
(please note that we expect detail of the dates and circumstances in which this wealth was accumulated):

Aviva reserves the right to request further documentary evidence of source of wealth should it be considered necessary.

6 Source of wealth questionnaire - Continued

Declaration to Aviva Life International Limited

I 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:

Introducing financial adviser signature

Date

 Day Month Year

Name of introducing financial adviser

Introducing financial company

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 (eg contract notes) that these are legitimate sources of funds.

For branch use only

Consultant code

Branch code

EILOC / SD code

Quote number

For financial advisers use only

Commission

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 300 2114/5

Commission Options

Please tick one of the following options.

Commission Option A:

Initial Only (plus enhancement)

Or

Commission Option B:

Renewal Only.

If you choose this option,
then Initial Commission Amount
will not apply.

Or

Commission Option C:

A mix of initial and renewal
commission (plus enhancement)

Please choose and specify amount for one of the following options (if applicable):

Please read the notes section before completing this section.

Notes:

- Commission will be rebated on a 1:1 basis.
- For example, if 2% initial commission is rebated to increase the amount invested, the amount invested is increased by 2%.
- The reduction in the establishment charge term is rounded up to a whole month.
- The reduction in the Establishment Charge amount is rounded up to the next 0.0001%.

I. Initial Commission to be given up to increase the allocation of the bond %

Or

II. Initial Commission to be given up to reduce the Establishment Charge Term %

Or

III. Initial Commission to be given up to reduce the Establishment Charge Rate %

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

