

Information for Financial Broker

Please note that **Section A (pages 1-9)** of this form is to be used for data capture with **Section B (pages 10-16)** for signatures and the Direct Debit mandate. You can send us Section B by scanning it and uploading it onto Aviva's WriteNow system. Alternatively you can send it by post. **Please do not upload or post Section A.**

Section A - On-line Data Capture Form

Please note carefully

The data entered on this form is a critical part of your application for Protection Cover. Your Financial Broker will keep the form and will enter the data into the Aviva on-line application data capture system.

We will send you a copy of the data entered by your Financial Broker on your behalf. It is your responsibility to ensure the data is correct; you should check it and if you do not agree with any of the data you should make the amendments, sign the document and immediately return it to us at our branch office, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2. We will acknowledge receipt of any amendments within 10 days. If you do not receive this acknowledgement from us within 10 days, please contact us to ensure we have received your amendments.

This data, together with the Customer Application Booklet in Section B that you will sign, will be the basis of your application for Protection Cover.

Material facts are details that we need to know so we can assess applications for cover and claims for benefits. Material facts could include medical history, smoking history and details of occupation, travel and pastimes. If you do not tell us about material facts when you apply for your plan or at the claims stage, this might mean that your contract could be cancelled without premiums being returned, or, that we don't pay a claim and you may encounter difficulty in trying to purchase insurance elsewhere.

If you are in any doubt as to whether certain facts are material, you should tell us about them anyway. You must also tell us about any changes to the information you give us up until your policy starts.

In accordance with the Disability Act 2005, you should not tell us the results of any genetic tests which you have had.

Application No.

Agency No.

1. Product required

Mortgage Protection Cover *Section 7a*

Flexible Protection Cover *Section 7b*

Mortgage Protection with Accelerated Specified Illness Cover *Section 7a*

2. Lives to be insured

1st Life to be insured

Title Surname

Forename(s)

Date of birth

Gender Male Female

Marital Status

Have you smoked cigarettes, cigars or pipe tobacco in the last 12 months?

Yes No

Address (for correspondence)

Occupation (describe type of business and nature of duties)

Relationship of Life 2 to Life 1

2nd Life to be insured (if applicable)

Title Surname

Forename(s)

Date of birth

Gender Male Female

Marital Status

Have you smoked cigarettes, cigars or pipe tobacco in the last 12 months?

Yes No

Address (for correspondence)

Occupation (describe type of business and nature of duties)

3. Protection Cover Requirements *(For full details on all cover types please consult our product brochures).*

Purpose of Cover (please select only **ONE** option)

Personal/Family Cover Personal Borrowing Inheritance Tax Cover *(single life only)*
Business Keyperson Cover Commercial Borrowing Partnership / Co-Director's Cover

4. Policy Owner Details, if different from the life/lives to be insured

Full name(s) and address(es) of the person(s) or Company owning this policy

Email address

We need your correct email address for online access and online communication

Relationship to life/lives to be insured or details of insurable interest

If the policy is to be written in trust please select trust type Sec 72/Sec 60 (single life only) General Trust

5. Policy Communication Preferences

How would you like to receive communications from us in relation to your policy?

Online Or Post (Please tick one option only)

Please note that some communications are not currently available online, in which case they will be sent by post. Online communications are not currently available if the policy owner is not the life insured.

1st Life to be insured

Contact telephone number

Email address

2nd Life to be insured (if applicable)

Contact telephone number

Email address

We need your correct email address for online access and online communications

6. Policy Details

Premium frequency Monthly Annually Policy start date

7a. Mortgage Cover (Reducing Cover)

Cover Basis Single Life Joint Life 1st Death

Term years

Mortgage Protection Life Cover sum insured €

Do you wish to add Accelerated Specified Illness Cover?* Yes No *(If neither box is ticked, we will assume 'No')*

* Applicants for Mortgage Protection with Accelerated Specified Illness Cover should refer to the 'Standard Restrictions' section in their Mortgage Protection Cover brochure for details of the restrictions, conditions and exclusions that apply to this cover. You cannot choose a different sum insured for Accelerated Specified Illness Cover.

7b. Flexible Protection Cover

Cover Basis Single Life Dual Life Joint Life 1st Death

INDEXED COVER - You have the option to increase the benefit payable under the plan by 3% each year with the premiums increasing by 4% each year.

If you wish to include this feature, please tick here

Term years Conversion Option Yes No

Please select from the following covers

	1st Life Sum Insured	2nd Life Sum Insured (if dual life only)
Life Cover Amount (if any)	€ <input type="text"/>	€ <input type="text"/>
Specified Illness Cover [†] Amount (if any)	€ <input type="text"/>	€ <input type="text"/>

If you have chosen Specified Illness Cover, which type do you want? Accelerated^{††} Standalone^{†††}

- † Applicants for Specified Illness Cover should refer to the 'Standard Restrictions' section in their Flexible Protection Cover brochure for details of the restrictions, conditions and exclusions that apply to this cover.
- †† Accelerated Specified Illness Cover means we reduce your Life Cover by the amount of the specified illness claim and it cannot be greater than the Life Cover.
- ††† Standalone Specified Illness Cover means that if you make a specified illness claim, it will not affect any Life Cover.
If you choose Life Cover and Specified Illness Cover and do not choose which type, we will assume the Specified Illness Cover is standalone.

8. Payment Method

Direct Debit Cheque (Annually only)

9. Overseas Treatment Plan from Aviva

You can add Overseas Treatment Plan for an additional premium of €12.50 monthly or €150 annually. The premium frequency and policy start date will be the same as for the policy for the main protection benefit. The premium for Overseas Treatment Plan is reviewable and may change (increase or decrease) on each anniversary of the start date.

Warning: The current premium for Overseas Treatment Plan may increase after 12 months.

Please see the Overseas Treatment Plan customer guide and Supplementary Conditions and speak to your financial broker for details of the medical procedures and conditions covered including all exclusions and restrictions under this benefit.

Overseas Treatment Plan cover is a supplementary benefit to the main protection benefit for which you are now applying. It's provided on a single life basis through a separate policy supplementary to the policy for the main protection benefit.

Overseas Treatment Plan is available on a single-life basis only, and each applicant must apply for this benefit separately.

1st Life to be insured

Do you wish to apply for Overseas Treatment Plan?

Yes No

2nd Life to be insured

Do you wish to apply for Overseas Treatment Plan?

Yes No

Important Information: If you submit a claim for Overseas Treatment Plan, Aviva may check for non-disclosure of material fact. If non-disclosure has occurred, this might mean that on any Aviva policy of assurance on your life: the benefits are withdrawn and the policy cancelled, the benefits are reduced and the policy continues, the benefits are maintained on a higher premium or an exclusion or restriction is applied.

Important Information: We reserve the right to cancel Overseas Treatment Plan cover on an anniversary of the start date if we are no longer able to offer it on commercial terms.

AVIVA'S REQUIREMENTS - PERSONAL STATEMENTS - PLEASE COMPLETE PARTS 1, 2 AND 3

Personal Statements are to be answered by the lives to be insured (please answer carefully giving full details). You may also be required to complete additional Medical, Occupation and Lifestyle questionnaires based on your answers to questions in Parts 1, 2 and 3. Your Financial Broker will provide you with the appropriate questionnaire(s).

Part 1 Personal statements to be answered by the lives to be insured (Please answer carefully giving full details)

1st Life to be insured

2nd Life to be insured

Your doctor's details

Name and address of your current medical attendant or family doctor and any other specialist you may have attended

If you have changed your doctor in the **last 18 months**, please give the name and address of your previous doctor

Your height and weight

1st Life to be insured

2nd Life to be insured

1.1 (a) What is your height?

ft ins or mtrs cms

ft ins or mtrs cms

(b) What is your weight?

st lbs or kilos

st lbs or kilos

Your lifestyle

1.2 (a) If you have smoked any cigarettes in the last 12 months, please state the average number of cigarettes smoked per day? (If you have not smoked cigarettes within the last 12 months, enter 0)

Number of cigarettes per day

Number of cigarettes per day

(b) Have you used any other tobacco products in the last 12 months?

Yes No

Yes No

1.3 (a) How many units of alcohol do you drink per week? (1 pint of beer = 2 units, 1 glass of wine or 1 measure of spirits = 1 unit)

If you are a non-drinker enter 0 units (n/a or dash not acceptable)

Number of units per week

Number of units per week

(b) Have you ever been advised by your doctor or other medical practitioner to drink less alcohol?

Yes No

Yes No

1.4 Have you taken any recreational drug(s) in the last 5 years?

Yes No

Yes No

1.5 Do you, or do you intend to, engage in hazardous pursuits?

Yes No

Yes No

(If yes please tick all that apply)

(If yes please tick all that apply)

Aviation

Aviation

(except as a fare paying commercial passenger)

(except as a fare paying commercial passenger)

Diving

Diving

(other than holiday diving of less than 20m)

(other than holiday diving of less than 20m)

1st Life to be insured

2nd Life to be insured

Extreme Sports
(please specify)

Extreme Sports
(please specify)

(e.g. bungee or BASE jumping, canyoning, white water rafting)

(e.g. bungee or BASE jumping, canyoning, white water rafting)

Motor Sport
 Mountaineering
 Potholing/caving
 Trans-ocean Sailing

Motor Sport
 Mountaineering
 Potholing/caving
 Trans-ocean Sailing

1.6 During the last 5 years, have you spent more than 90 days in total in Africa, the Caribbean or Thailand?

Yes No

Yes No

1.7 In the next 2 years, apart from holidays amounting to less than 30 days in any year, do you intend to travel, live or work outside of Australia, Canada, the EU, New Zealand, Norway, Switzerland or the United States of America?

Yes No

Yes No

Country	Expected no. of days in next 2 years

Country	Expected no. of days in next 2 years

Your Occupation

1.8 Do you work in any of the following industries?

Yes No

(If yes please tick all that apply)

Armed Forces
 Aviation
 Diving
 Fishing
 Mining
 Oil & Gas
 Quarrying / Tunnelling

Yes No

(If yes please tick all that apply)

Armed Forces
 Aviation
 Diving
 Fishing
 Mining
 Oil & Gas
 Quarrying / Tunnelling

1.9 (a) Do you work at heights over 50ft (15m) for more than 10% of your time?

Yes No

Yes No

(b) If 'Yes' please state the maximum height you work to.

metres or feet

metres or feet

Previous Applications

1.10 Has any application submitted for life or specified illness cover (with Aviva or any other insurance company) ever been declined or postponed?

Yes No

If yes please give full details

Yes No

If yes please give full details

1st Life

2nd Life

Your family history

1.11 Before the age of 60 have either of your natural parents or any brothers or sisters suffered or died from:

Angina, heart attack, heart disease or cardiomyopathy?

1st Life to be insured

Yes No

2nd Life to be insured

Yes No

Cancer or polyposis of the colon?

Yes No

Yes No

Diabetes or stroke or multiple sclerosis?

Yes No Yes No

Huntington's disease, motor neurone disease, muscular dystrophy, polycystic kidney disease, Parkinson's disease or any other hereditary disease or disorder?

Yes No Yes No

If yes please give details below

1st Life to be insured

Disease/Disorder <small>(for Cancer, please state site and/or type e.g. Breast Cancer)</small>	Relationship <small>i.e. natural father, natural mother, natural brother, natural sister or identical twin</small>	Age on Diagnosis

2nd Life to be insured

Disease/Disorder <small>(for Cancer, please state site and/or type e.g. Breast Cancer)</small>	Relationship <small>i.e. natural father, natural mother, natural brother, natural sister or identical twin</small>	Age on Diagnosis

Part 2 – Personal Statements

Your health history

Do you currently have or have you ever had any of the following?

2.1 Cancer (malignant tumour), leukaemia, Hodgkin's disease or lymphoma?

1st life to be insured

Yes No

2nd Life to be insured

Yes No

2.2 Heart attack or angina, heart abnormality or heart valve disease?

Yes No

Yes No

2.3 Stroke, brain haemorrhage, transient ischaemic attack or permanent brain injury through accident?

Yes No

Yes No

2.4 Any disease or disorder of the arteries (including disease in the legs or the aorta)?

Yes No

Yes No

2.5 Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease or dementia?

Yes No

Yes No

2.6 Any other disorder of the central nervous system (brain, spinal cord and nerves) not already mentioned?

Yes No

Yes No

2.7 Diabetes or sugar in the urine?

Yes No

Yes No

If 'Yes' please complete a Diabetes questionnaire

2.8 Mental illness that has required hospitalisation?

Yes No

Yes No

2.9 Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the result of such a test?

Yes No

Yes No

Part 3 – Your health in the last 5 years

Information for Financial Broker

If the life/lives to be insured answer Yes to any of the questions in Part 3 below, please ask them to complete the relevant medical questionnaire. You should then enter the details online. If a specific medical questionnaire is not available for the condition please ask the life/lives to be insured to complete Part 4. If the life/lives to be insured do not complete the relevant medical questionnaire and/or you do not enter the details online this could cause a delay as we may not be able to process the application until we receive this questionnaire(s).

APART FROM CONDITIONS ALREADY MENTIONED IN QUESTIONS

2.1 – 2.9, IN THE LAST 5 YEARS HAVE YOU HAD ANY OF THE FOLLOWING:

3.1 A lump or growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?

1st life to be insured

Yes No

2nd Life to be insured

Yes No

If 'Yes' please complete a Cysts, Growths and Lumps questionnaire

3.2 Chest pain, irregular heartbeat, raised blood pressure or raised cholesterol?

Yes No

Yes No

If 'Yes' please complete a Chest Pain and/or Raised Blood Pressure & Cholesterol questionnaire

- 3.3** Asthma, bronchitis or any other respiratory disorder?
If 'Yes' please complete an Asthma questionnaire Yes No Yes No
- 3.4** Numbness, loss of feeling or tingling of the limbs or face or temporary loss of muscle power?
If 'Yes' please complete a Neurological Symptoms & Disorders questionnaire Yes No Yes No
- 3.5** Seizure, fits, fainting, dizziness or blackouts?
If 'Yes' please complete an Epilepsy questionnaire Yes No Yes No
- 3.6** Disorder of the ears or eyes including optic neuritis and blurred or double vision (you can ignore sight problems corrected by glasses or contact lenses)?
If 'Yes' please complete Part 4 Supplementary Health Questions Yes No Yes No
- 3.7** Arthritis, neck, spine or joint disorder (including slipped disc, sciatica, back, knee, shoulder pain or gout)?
If 'Yes' please complete a Joint Conditions questionnaire Yes No Yes No
- 3.8** Any disorder of the digestive system, liver, stomach, pancreas or bowel (including any ulcer, hepatitis, colitis or Crohn's disease)?
If 'Yes' please complete a Digestive Disorders or a Stomach and Intestinal Disorders questionnaire Yes No Yes No
- 3.9** Blood disorder or anaemia?
If 'Yes' please complete Part 4 Supplementary Health Questions Yes No Yes No
- 3.10** Thyroid disorder?
If 'Yes' please complete a Thyroid questionnaire Yes No Yes No
- 3.11** Kidney, bladder or any other disorder of the genito-urinary system (including blood or protein in the urine or urinary tract infection)?
If 'Yes' please complete a Kidney Disorders and Urinary Problems questionnaire and/or a Gynaecological Disorders questionnaire Yes No Yes No
- 3.12** Any kind of depression, anxiety, stress, nervous breakdown, insomnia or fatigue?
If 'Yes' please complete a Mental Health questionnaire Yes No Yes No

APART FROM CONDITIONS ALREADY MENTIONED ABOVE:

- 3.13** Have you sought medical advice, treatment or had investigations for any other condition in the past 5 years?
(colds, influenza and hay fever can be omitted)
If 'Yes' please complete Part 4 Supplementary Health Questions Yes No Yes No
- 3.14** Are you awaiting the results of any tests/investigations or referral to any hospital, clinic or doctor?
If 'Yes' please complete Part 4 Supplementary Health Questions Yes No Yes No
- 3.15** Do you have any medical condition, pain, discomfort or other symptoms for which you have not yet sought medical advice?
If 'Yes' please complete Part 4 Supplementary Health Questions Yes No Yes No

Personal Statements – Part 4 Supplementary Health Questions

This section is to be completed only if you have answered Yes to any Question in Part 3 and have NOT already completed a medical questionnaire. Use an extra questionnaire sheet if required.

1st Life to be insured

What is the name of the medical condition, illness or injury that you have had or currently have?

Condition 1

Condition 2

Condition 3

a. Please indicate which health question in Part 3 the condition relates to, e.g. 3.6

Question

Question

Question

b. Have you completed a Medical Questionnaire for this condition?

Yes No

Yes No

Yes No

If Yes, Which questionnaire?

Please complete the relevant medical questionnaire(s). Your Financial Broker will enter the details online.

If No, please complete the questions below about each condition. Use an extra questionnaire sheet if required.

c. How many days have you taken off work because of this condition in the last 2 years?

days

days

days

d. When did you last experience symptoms or take treatment for this condition (please give date)? You may provide the approximate month and year.

mm yyyy

mm yyyy

mm yyyy

e. Are you awaiting hospital referral, investigation or surgery for this condition?

Yes No

Yes No

Yes No

f. How many times have you experienced symptoms of this condition? (please tick ONE box only)

Once
More than once
Continuously
Never

Once
More than once
Continuously
Never

Once
More than once
Continuously
Never

g. Which of the following best describes the severity of your condition? (please tick ONE box only per condition)

Fully recovered

Fully recovered

Fully recovered

On-going symptoms, no restriction in lifestyle or mobility

On-going symptoms, no restriction in lifestyle or mobility

On-going symptoms, no restriction in lifestyle or mobility

Minor symptoms, some or occasional restriction in activities or pastimes

Minor symptoms, some or occasional restriction in activities or pastimes

Minor symptoms, some or occasional restriction in activities or pastimes

Moderate symptoms, more persistent restrictions in activities or pastimes

Moderate symptoms, more persistent restrictions in activities or pastimes

Moderate symptoms, more persistent restrictions in activities or pastimes

Significant symptoms, with continuous restrictions in activities or pastimes

Significant symptoms, with continuous restrictions in activities or pastimes

Significant symptoms, with continuous restrictions in activities or pastimes

This section is to be completed only if you have answered 'Yes' to any question in part 3 and have NOT already completed a medical questionnaire. Use an extra questionnaire sheet if required.

2nd life to be insured

What is the name of the medical condition, illness or injury that you have had or currently have?

Condition 1 <input type="text"/>	Condition 2 <input type="text"/>	Condition 3 <input type="text"/>
a. Please indicate which health question in Part 3 the condition relates to, e.g. 3.6 Question <input type="text"/>	Question <input type="text"/>	Question <input type="text"/>
b. Have you completed a Medical Questionnaire for this condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Which questionnaire? <input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete the relevant medical questionnaire(s). Your Financial Broker will enter the details online.

If No, please complete the questions below about each condition. Use an extra questionnaire sheet if required.

c. How many days have you taken off work because of this condition in the last 2 years? days <input type="text"/>	days <input type="text"/>	days <input type="text"/>
d. When did you last experience symptoms or take treatment for this condition (please give date)? You may provide the approximate month and year. <input type="text"/> <input type="text"/> mm yyyy	<input type="text"/> <input type="text"/> mm yyyy	<input type="text"/> <input type="text"/> mm yyyy
e. Are you awaiting hospital referral, investigation or surgery for this condition? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. How many times have you experienced symptoms of this condition? (please tick ONE box only)		
Once <input type="checkbox"/>	Once <input type="checkbox"/>	Once <input type="checkbox"/>
More than once <input type="checkbox"/>	More than once <input type="checkbox"/>	More than once <input type="checkbox"/>
Continuously <input type="checkbox"/>	Continuously <input type="checkbox"/>	Continuously <input type="checkbox"/>
Never <input type="checkbox"/>	Never <input type="checkbox"/>	Never <input type="checkbox"/>
g. Which of the following best describes the severity of your condition? (please tick ONE box only per condition)		
Fully recovered <input type="checkbox"/>	Fully recovered <input type="checkbox"/>	Fully recovered <input type="checkbox"/>
On-going symptoms, no restriction in lifestyle or mobility <input type="checkbox"/>	On-going symptoms, no restriction in lifestyle or mobility <input type="checkbox"/>	On-going symptoms, no restriction in lifestyle or mobility <input type="checkbox"/>
Minor symptoms, some or occasional restriction in activities or pastimes <input type="checkbox"/>	Minor symptoms, some or occasional restriction in activities or pastimes <input type="checkbox"/>	Minor symptoms, some or occasional restriction in activities or pastimes <input type="checkbox"/>
Moderate symptoms, more persistent restrictions in activities or pastimes <input type="checkbox"/>	Moderate symptoms, more persistent restrictions in activities or pastimes <input type="checkbox"/>	Moderate symptoms, more persistent restrictions in activities or pastimes <input type="checkbox"/>
Significant symptoms, with continuous restrictions in activities or pastimes <input type="checkbox"/>	Significant symptoms, with continuous restrictions in activities or pastimes <input type="checkbox"/>	Significant symptoms, with continuous restrictions in activities or pastimes <input type="checkbox"/>



Protection Cover

Information for Financial Broker

When you submit this application electronically, you should only send us this Section B. You can send it to us by scanning it and uploading it onto Aviva's WriteNow system. Alternatively, you can post it. We will acknowledge receipt of any amendments we receive to this form within 10 days.

Section B - Customer Application Booklet

Application No.

Agency No.

Personal Details

1st Life to be insured

Title Surname

Forename(s)

Date of birth

2nd Life to be insured (if applicable)

Title Surname

Forename(s)

Date of birth

Important Information

Please note carefully

The On-line Data Capture Form is a critical part of your application for Protection Cover. Your Financial Broker will keep the form and will enter the data into the Aviva on-line system.

We will send you a copy of the data entered by your Financial Broker on your behalf. It is your responsibility to ensure the data is correct; you should check it and if you do not agree with any of the data you should make the amendments, sign the document and immediately return it to us at our branch office, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2. We will acknowledge receipt of any amendments within 10 days. If you do not receive this acknowledgement from us within 10 days, please contact us to ensure we have received your amendments.

This data, together with this Customer Application Booklet that you will sign, will be the basis of your application for Protection Cover.

Material facts are details that we need to know so we can assess applications for cover and claims for benefits. Material facts could include medical history, smoking history and details of occupation, travel and pastimes. If you do not tell us about material facts when you apply for your plan or at the claims stage, this might mean that your contract could be cancelled without premiums being returned, or, that we don't pay a claim and you may encounter difficulty in trying to purchase insurance elsewhere.

If you are in any doubt as to whether certain facts are material, you should tell us about them anyway. You must also tell us about any changes to the information you give us up until your policy starts.

In accordance with the Disability Act 2005, you should not tell us the results of any genetic tests which you have had.

DECLARATIONS

Declaration of Applicant/s and the life/lives to be insured

1. I/We the Applicant/s and I/we the life/lives to be insured agree that these declarations are given by each of us unless qualified as being given by the Applicant/s or the life/lives to be insured.
2. I/We the life/lives to be insured irrevocably authorise and request:
 - any doctor or other person who may be in possession of, or hereafter acquire, any information regarding my/our health to disclose such information (with the exception of the results of genetic tests) to Aviva Life & Pensions UK Limited (“**Aviva**”); and
 - any insurance company to which an application has been made on my/our life/lives for Life, Accident, Specified Illness, Sickness or Disability cover to give on request from Aviva any information regarding such application (with the exception of the results of genetic tests)

I/We the life/lives to be insured agree that these authorities shall remain in force after my/our death as well as prior thereto.

3. I/We declare that the information on this application form to Aviva and all other information furnished by me/us and/or on my/our behalf (whether in my/our handwriting, any other hard copy form, by any electronic means or verbally) in relation to my/our application for cover are true and complete.
4. I/We the Applicants understand that:
 - (a) Aviva will send me/us a copy of the data entered into the system from the On-line Data Capture Form and I/we will need to check (and, if I/we are not the life/lives to be insured, have the life/lives to be insured check) that the data is correct and immediately inform Aviva of any changes needed.
 - (b) All parts of this application must be fully completed and any alterations initialled by the Applicant/s and the life/lives to be insured.
 - (c) Failure to provide true and complete information may mean that the contract could be cancelled without premiums being returned, or, that Aviva don't pay a claim and I/we may encounter difficulty in trying to purchase insurance elsewhere.
 - (d) Any changes to the answers given, before the policy comes into force, must be notified immediately to Aviva Life & Pensions UK Limited at their branch office, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2.
 - (e) If a premium is tendered or a direct debit order is signed no binding contract is created until Aviva confirms cover, the policy document is issued and the first premium is paid.
 - (f) Copies of the application booklet, policy conditions and benefit illustration are available on request.
 - (g) Any change in address must be notified to Aviva Life & Pensions UK Limited at their branch office, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2, during the policy term.
 - (h) Aviva's processes may involve electronic means including, but not limited to, data entered on-line, automated decisions, the recording of information provided by me/us during a medical examination or a telephone interview, the capturing of my/our signature(s) on an electronic device or the use of electronic signatures.
5. I/We the Applicant/s confirm that I/we have received in writing the information specified in the Declaration of Insurer or Intermediary below.
6. I/We have read and understand the Data Protection Notice section. In particular, I/We the life/lives to be insured acknowledge and understand that (with the exception of the results of genetic tests) health data will be processed on the basis set out in the Data Protection Notice, where necessary and proportionate for the purposes of a policy of life assurance.
7. Where I/we are providing information about another person (e.g. family health history of the life/lives to be insured), I/we confirm that I/we have:
 - let them know what information I/we have shared with Aviva;
 - shared the Data Protection Notice with them; and
 - obtained their confirmation that they have read and understand the Data Protection Notice.

I/we understand that Aviva require for the purposes of this Application that I/we have done so.

Please sign - Do not use block capitals

1st life to be insured

2nd life to be insured

Signature of Policy Owner(s) if different

Date

Date

Date

Date

In the case of a corporate owner, state the name of the company that authorised signatory is signing for and on behalf of

WARNING: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.

*** Please note: The references of any Aviva policies being replaced MUST be provided.**

Reference Number(s) of the Aviva policies to be cancelled:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Declaration of Insurer or Intermediary

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction and of possible financial loss as a result of such replacement.

Name of Insurer or Insurance Intermediary

Date

D	D	M	M	Y	Y	Y	Y
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Data Protection Notice

Please read this Data Protection Notice carefully before you complete the Declarations section

1. Introduction

We collect and use personal information about individuals so that we can provide insurance requested by our customers. This Data Protection Notice explains the most important aspects of how we use personal information and what rights individuals have. You can get more information about the terms we use and view our Privacy Policy at www.aviva.ie/privacy or request a copy by writing to the Data Protection Officer, Aviva Life & Pensions UK Limited, One Park Place, Hatch Street, Dublin 2 or call us on (01) 8987000.

This Data Protection Notice applies mainly to Applicants/Policy Owners and the life/lives to be insured. Where a section or paragraph in this Data Protection Notice refers to the Applicants/Policy Owners without referring to the life/lives to be insured then it only applies to the Applicants/Policy Owners and vice versa where a section or paragraph in this Data Protection Notice refers to the life/lives to be insured without referring to the Applicants/Policy Owners. Otherwise this Data Protection Notice and the terms “**you**” and “**your**” applies to both the Applicants/Policy Owners and life/lives to be insured.

The data controller responsible for processing this personal information is Aviva Life & Pensions UK Limited (“**we**”, “**us**”, “**our**”) as the insurer of the product. Additional data controllers involved in the process for obtaining and maintaining insurance cover include the intermediary/ financial broker (who is responsible for the sale and suitability of the product) and applicable reinsurers.

2. Type of Information/Where Collected

We collect personal information from you and any relevant third parties (including that authorised by the Declarations) under and in relation to this Application and the administration of the policy, to include processing claims and complaints.

We may need to ask for health data relevant to your policy. We recognise that information about health is particularly sensitive information. We will only collect and use such information where we need to and where it is proportionate for the purposes of the policy of insurance.

Health data includes (with the exception of the results of genetic tests) life/lives to be insured’s health data to include, existing or previous health conditions, medical history and lifestyle (e.g. smoking habits/history) and family health history. **If you are asked to provide health data, please do not send us the results of any genetic tests carried out on you or any other relevant person.**

You don’t have to provide us with any personal information, but if you don’t provide the information we need we may not be able to proceed with your application or any claim you make. We will let you know what information is required to proceed with your application or any claim you make.

We may also use personal information about people other than you e.g. **family health history** of the life/lives insured, personal information about personal representatives, attorneys (under powers of attorney) and beneficiaries where policies are placed under trust.

If you are providing personal information about another person we require you to let them know what information you’ve shared with us, share with them this Data Protection Notice and obtain their confirmation that they have read and understand this Data Protection Notice. If you or they have any queries or concerns please contact us in one of the ways described below.

We may also collect personal information:

- already held about you within the Aviva Group (identified in Privacy Policy), including details from previous, policies of insurance and claims;
- from your intermediary, financial broker or other nominated representative;
- from parties relevant to claim process (e.g. claimant, private investigators engaged by us, witnesses, solicitors and independent experts);
- from publicly available information including social media websites and online content, newspaper articles, tv, radio and other media content, court judgements, public registers and specialist databases (for example Companies Registration Office, Vision-net, Oracle, Dow Jones, SoloCheck) and (only for purposes of verifying your identity) electoral register;
- from other insurance companies.

3. Legal Basis and Purposes for Use

The legal basis we rely on to process your personal information and the purposes for which we collect and use personal information are summarised below. Further information is set out in our Privacy Policy.

(a) Personal Information (other than health data)

Legal Basis for Use	Purposes for Use
In order to take steps prior to entering into a contract i.e. the insurance policy	To consider whether (and if so on what terms) to accept this application to include, assessing the life/lives to be insured for underwriting/risk purposes, determining what premiums will apply, protection against non-disclosure of material facts and preventing or detecting fraud.
For the performance of a contract i.e. the insurance policy	To administer the policy for the Policy Owners in accordance with the policy conditions (a copy of which are available on request from us or the intermediary/financial broker), including to evaluate, validate and process any claims and complaints and the prevention and detection of fraud in respect of the policy.
For compliance with a legal obligation	Compliance by us with all relevant legal and regulatory obligations.
To protect your vital interests	This will only arise in exceptional circumstances where we may use and/or disclose information to protect you, for example, Ward of Court applications or equivalent processes.
Legitimate Interests (of Aviva and/or the Policy Owners)	We may process personal information of people other than the Policy Owners, in order to administer the policy to include processing claims and complaints for the benefit of the Policy Owners.
Legitimate Interests (of Aviva)	To support the legitimate interest that we have as a business in <ul style="list-style-type: none"> • assessing our reinsurance requirements and managing arrangements we have with reinsurers (these arrangements are necessary for risk transfer by insurers); • managing our legal affairs including exercising our legal rights and defending claims; and • managing our business effectively e.g. with third party service suppliers.
Legitimate Interests (of Aviva)	To support other legitimate interests that we have as a business and that the insurance industry at large has to manage security including preventing, detecting, investigating and/or protecting our customers and ourselves from theft and fraud. We may use your personal information to make searches of our records, if you give us false personal information or fail to disclose personal information during the application or claims process and we suspect fraud we will record this.
Legitimate Interests (of Aviva)	Our legitimate interests to better understand our customers and improve service enhancement and business performance, this includes <ul style="list-style-type: none"> • customer analytics (including profiling); • market research; • processing management information; • reporting (including Aviva Group reporting) for compliance, audit, statistical or research purposes; • staff training; • providing online services; and • in the event of any portfolio transfer, merger, acquisition, disposal or other such transaction relating to our business. Where practical we will anonymise the data we analyse.
To carry out other activities that are in the public interest	We may need to use personal information to verify your identity and carry out anti-money laundering checks.

Your Right to Object – Please note that you have a right to object to processing of your personal information where that processing is carried out on the grounds of legitimate interests (including to profiling) or public interest. If you do object:

- **we will have an opportunity to demonstrate that there are compelling legitimate grounds which override your rights and freedoms or that processing is necessary for the establishment, exercise or defence of legal claims;**
- **a successful objection may have consequences for our continued administration of the policy (e.g. prevent us assessing future claims and/or the policy may be cancelled) and we can discuss these if you want to object.**

(b) Health Data

Health data is used for the purposes of set-up and underwriting of the policy of insurance, administering the policy (e.g. processing claims, handling complaints), reinsurance and fraud investigation in relation to the policy.

The legal basis on which we process health data in respect of the life/lives to be insured is that:

- Irish Data Protection law allows us, where necessary and proportionate, to use health data for the purposes of a policy of insurance; and/or
- processing is necessary for the establishment, exercise or defence of legal claims.

Where we process health data for the purpose of a policy of insurance we will take suitable and specific measures to safeguard the fundamental rights and freedoms of individuals. Further information can be found in our Privacy Policy.

Automated Decisions

We may also use personal information to make automated decisions (involving an element of profiling) as necessary for entering into the policy or otherwise authorised by law. For example we may make automated decisions, using an automated system, to decide if we can provide insurance (without going through a manual underwriting process) and if so at what premium. In particular, our automated underwriting system processes the personal and medical information provided as part of this application process (including age, smoking status, answers to our health and lifestyle questions, including family medical history), along with the amount of cover requested. We do this to calculate how much that cover will cost. Without this information we're unable to provide a price that is relevant to your individual circumstances and needs. We regularly check the way our underwriting system works to ensure we're being fair to our customers. For further information please see our Privacy Policy.

4. Who we share your information with

Where relevant, we may share personal information with:

- (1) Other Aviva Group companies, agents, professional advisers acting for us (e.g. medical practitioners, lawyers, private investigators) and third party service providers.
- (2) The intermediary/financial broker and at its request, third party service providers who provide services to the intermediary/financial broker (e.g. software providers who give brokers an overview of customer information across different insurance providers).
- (3) Your agents and other third parties relevant to you and/or the policy, including doctors and other relevant medical practitioners, your employer, banks, lenders, policy assignees and legal advisers.
- (4) If we are required to do so to comply with a relevant legal or regulatory obligation; with regulatory bodies, law enforcement bodies, government departments including UK Financial Conduct Authority, UK Prudential Regulatory Authority, Central Bank of Ireland, Financial Services and Pensions Ombudsman, Revenue Commissioners/Inspector of Taxes, Gardaí, Criminal Assets Bureau, Data Protection Commission and Department of Social Protection.
- (5) With other insurers and financial services companies, public bodies, (either directly or using shared databases) and industry bodies such as Insurance Ireland.
- (6) With reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to decide whether to provide reinsurance cover, assess and deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third party service providers, law enforcement and regulatory bodies.

Some of the organisations we share information with are located outside of the European Economic Area ("EEA"), including India. We'll take steps to ensure that any such transfer of information outside of the EEA is managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

5. How long we keep your personal information for

We maintain a retention policy to ensure we keep personal information only for as long as we reasonably need it - please see our Privacy Policy for further details.

We need to retain personal information for the period necessary to administer the policy and as long as is required/permitted by law and/or in respect of any potential dispute in relation to the policy. Currently this would commonly be 7 years from the later of the date when the customer relationship ceases or a claim in payment ceases.

Where you complete an application for but do not subsequently proceed with a policy of life insurance or cover is declined, underwriting details may be kept for a period of up to 6 years to facilitate a subsequent application or as a check against non-disclosure.

6. Your rights

You have various rights in relation to your personal information, including the right to:

- request access to your personal information
- correct any mistakes on our records
- erase or restrict records where they are no longer required
- object to our use of personal information based on legitimate interests or public interests
- ask not to be subject to solely automated decision making if the decision produces legal or other significant effects on you
- move (in a structured, commonly used and machine-readable format) certain data to other providers (data portability).

We will respond to your request in writing, or orally if requested, as soon as practicable and in any event not more than within one month after receipt of your request. In exceptional cases, we may extend this period by two months and we will tell you why. We may request proof of identification to verify your request. For more details in relation to your rights, including how to exercise them, please see our Privacy Policy or contact us using the details set out below.

7. Contacting us

If you have any questions about how we use personal information, manage personal information within our business or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing them at DPO@aviva.com, writing to the Data Protection Officer, Aviva, One Park Place, Hatch Street, Dublin 2 or call us at (01) 8987000.

If you have a complaint or concern about how we use your personal information please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Office of the Data Protection Commission or any other relevant data protection authority.

Please see our Privacy Policy or contact us for further details.

FOR FINANCIAL BROKER USE ONLY

IMPORTANT: Please ensure all relevant questions and sections are answered before submitting the application. When keying the data on-line through WriteNow, please ensure that ALL information entered is identical to the information captured in the On-line Data Capture Form.

You are to keep the On-line Data Capture Form and either scan and upload the Customer Application Booklet or post it to Aviva. If you are posting the Booklet we recommend that you retain a copy for your records.

1. Name & Address

2. Agency No.

3. Name of Financial Broker/Salesperson

4. Financial Broker's/Salesperson's Email address

5. Financial Broker's/Salesperson's mobile/daytime telephone

6. Special Instructions/Commission Terms

For office use only

1. Consultant

2. Branch

Date

3. Vetted by

Date

Application No.

SEPA DIRECT DEBIT MANDATE



SEPA Direct Debit Mandate

Unique Mandate Reference (UMR) – To be completed by Aviva Life & Pensions UK Limited

By signing this mandate form, you authorise (A) Aviva Life & Pensions UK Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Aviva Life & Pensions UK Limited.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that can be obtained from your bank.

Please complete all fields marked*

Name(s) of Account holder(s) *

Account number – IBAN*

Bank identifier code – BIC*

Creditor's name **Aviva Life & Pensions UK Limited**

Creditor identifier

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Creditor branch address **One Park Place, Hatch Street, Dublin 2, Ireland.**

This mandate is in respect of a recurring payment.

Signature*

Signature*

Date

Location

Please return this mandate to Aviva Life & Pensions UK Limited trading as Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2.

Please note:

Banks may refuse to accept instructions to pay Direct Debits from some types of accounts, usually savings or deposit accounts. If in doubt check with your bank. Aviva Life & Pensions UK Limited may combine the Direct Debits for this mandate with those from any other mandate(s) which you have signed in their favour and which may be payable to them within the same calendar month. Payment amounts may vary from time to time.

Aviva Life & Pensions UK Limited, trading as Aviva Life & Pensions Ireland, is authorised by the Prudential Regulation Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules.

Aviva Life & Pensions UK Limited, trading as Aviva Life & Pensions Ireland, is also regulated in the UK: by the Prudential Regulation Authority for prudential rules and, to a limited extent, by the Financial Conduct Authority for applicable UK conduct rules. Registered Branch Office in Ireland (No 906464) at One Park Place, Hatch Street, Dublin 2.

Tel (01) 898 7950 Web www.aviva.ie Registered in England (3253947) at Wellington Row, York, YO90 1WR.