

Policyholder Change Form

By completing and returning this form, both the current policyholder and the new policyholder agree that from the effective date of transfer:

- All the rights and obligations of the current policyholder under the Policy will be transferred to the new policyholder.
- The current policyholder no longer has any claim under the Policy and releases Aviva Protection UK Limited (Aviva) from any liability under the Policy.
- The new policyholder confirms that they'll comply with, adhere to, and be bound by the Policy Terms and Conditions. On agreeing to the transfer, Aviva Protection UK Limited shall treat the new policyholder as if it were the original policyholder.
- Both the current policyholder and new policyholder agree the premium position in respect of the Policy. The new policyholder shall be responsible for paying any outstanding and all future premium. Aviva Protection UK Limited will pay any future premium refunds to the new policyholder.
- If the premiums are paid by direct debit, the new policyholder must complete a new Direct Debit mandate form.
- There is no change to the policy structure (eligibility, benefit basis etc.) and the members covered under the Policy. Should this not be the case, or if there are new entrants on the effective date of transfer, please inform Aviva Protection UK Limited as there may be additional requirements and this form alone won't be suitable in those circumstances.

Please return the completed and signed form to us before the effective date of transfer - email to groupcoveramendments@protection.aviva.com. Aviva Protection UK Limited is happy to accept electronic signatures of authorised signatories.

Effective date of transfer	D	D	M	M	Y	Y	Y	Y
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Section A - Policy details

Current policyholder's name		
Please provide the full policy number(s) of the policies transferring to the new policyholder: (if it's a group life and death in service pension scheme, please provide both policy numbers)		

Section B - New policyholder details

New policyholder's name	
The new policyholder's registered address	
The new policyholder's Companies House Registration number or Charity Registration number (if the new principal employer doesn't have one of these please explain why)	

Section C - Contact details of new policyholder

Contact name	
Position	
Email address	

Section D - Data Protection statement

Aviva Protection UK Limited is the data controller in its capacity as insurer and holds and processes all personal data in accordance with the Data Protection Act 2018 (DPA).

The information supplied in this form, including special categories of data, as defined by the DPA, may be used by Aviva Protection UK Limited for administration, customer service, reporting and fraud prevention or to meet legal or regulatory requirements. It may also be shared with your adviser, other group companies, insurers, reinsurers, service providers and other third parties who may carry out work on Aviva's behalf. Sometimes we, or third parties acting on our behalf, may need to transfer personal information to parties located in other countries (including the USA, Philippines and India) that have data protection regimes that are different to those in the country where you're based, including countries which haven't been found to provide adequate protection for personal information by the UK Government. When making these transfers, we will take steps to ensure that your personal information is adequately protected and transferred in accordance with the requirements of data protection law. Further details can be found in our privacy notice which can be found at protection.aviva.com/privacy-policy.

Section E - Current policyholder's declaration

For and on behalf of the current policyholder, I/We:

- confirm that I am/we are authorised to sign this policyholder change form (or where appropriate are authorised in accordance with the Scheme rules);
- confirm that the information provided is complete and accurate;
- request that Aviva Protection UK Limited agrees to the transfer of the Policy/Policies (detailed in Section A), and all the rights and obligations under the Policy/Policies, to the new policyholder (detailed in Section B) on the effective date of transfer;
- agree that the current policyholder will no longer have any claim under the Policy/Policies (detailed in Section A) and release and discharge Aviva Protection UK Limited from any and all liability under the Policy/Policies; and
- confirm that the current policyholder agrees to Aviva processing, using, and sharing personal data provided by the current policyholder for the purposes set out in Section D.

By signing this form, the current policyholder requests that Aviva Protection UK Limited processes this change in policyholder using the information provided.

Signed	
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Authorised Signatory

Date	D	D	M	M	Y	Y	Y	Y
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Name	
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Capacity	
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Signed	
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Authorised Signatory

Date	D	D	M	M	Y	Y	Y	Y
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Name	
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Capacity	
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Section F - New policyholder's declaration

For and on behalf of the new policyholder, I/we:

- confirm that I am/we are authorised to sign this policyholder change form (or where appropriate are authorised in accordance with the Scheme rules);
- confirm that the information provided is complete and accurate;
- request that Aviva Protection UK Limited agrees to the transfer of the Policy/Policies (detailed in Section A), and all the rights and obligations under the Policy/Policies, from the current policyholder (detailed in section A) to the new policyholder on the effective date of transfer;
- confirm there's no change to the structure of the Policy/Policies detailed in section A and there are no new entrants on the effective date of transfer;
- agree to comply with, adhere to, and be bound by the Policy Terms and Conditions of the Policy/Polices detailed in section A;
- accept responsibility for paying any outstanding and all future premium as well as receiving any refund due; and
- confirm that the new policyholder agrees to Aviva Protection UK Limited processing, using, and sharing personal data provided by the new policyholder for the purposes set out in Section D.

By signing this form, the new policyholder requests that Aviva Protection UK Limited processes this change in policyholder using the information provided.

Signed	
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Authorised Signatory

Date	D	D	M	M	Y	Y	Y	Y
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Name	
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Capacity	
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Signed	
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Authorised Signatory

Date	D	D	M	M	Y	Y	Y	Y
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Name	
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Capacity	
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Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send a scanned copy to:

groupcoveramendments@protection.aviva.com

Name(s) of account holder (s)

[Empty box for account holder name]

Bank/building society account number

[Empty boxes for account number]

Branch sort code

[Empty boxes for branch sort code]

Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

service user number

4 3 3 6 3 8

Reference

[Empty boxes for reference]

Instruction to your bank or building society

Please pay Aviva Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Aviva and, if so, details will be passed electronically to my bank/building society.

Signatures(s)
Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DD12

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
If there are any changes to the amount, date or frequency of your Direct Debit Aviva will notify you 5 working days in advance of your account being debited or as otherwise agreed.
If an error is made in the payment of your Direct Debit, by Aviva or your bank of building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
You can cancel a Direct Debit at any time by simply contacting your bank or building society.

Aviva Protection UK Limited. Telephone 0345 600 6820. Registered in England and Wales. Number 6367921.
Registered address: Aviva, Wellington Row, York, England, YO90 1WR. Aviva Protection UK Limited is
authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the
Prudential Regulation Authority. The registration number is 473752.

protection.aviva.com

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