

Automatic Enrolment Technology



Specified User access request form



Important notes

Please complete this form using BLOCK CAPITALS throughout.

This form is required to be completed by an employer setting up new Specified Users on the automatic enrolment technology. The Aviva automatic enrolment technology Employer's Terms and Conditions of use shall apply.

This form must be completed for and on behalf of the Employer by their authorised signatory, as set out in the Technology and Communication Services for Automatic Enrolment.

User details

Please detail below those individuals who are authorised to have access to the Aviva automatic enrolment technology. The Specified User named below are authorised to notify Aviva of changes to employer details.

Name

Title Mr Mrs Miss Ms Other

Date of birth

Role (e.g. scheme administrator, investment manager)

Employer's name

Work telephone number

Mobile telephone number

Email address

Signature

Name

Title Mr Mrs Miss Ms Other

Date of birth

Role (e.g. scheme administrator, investment manager)

Employer's name

Work telephone number

Mobile telephone number

Email address

Signature

Name	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
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"/>
Role (e.g. scheme administrator, investment manager)	<input type="text"/>
Employer's name	<input type="text"/>
Work telephone number	<input type="text"/>
Mobile telephone number	<input type="text"/>
Email address	<input type="text"/>
Signature	<input type="text"/>
Name	<input type="text"/>
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
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"/>
Role (e.g. scheme administrator, investment manager)	<input type="text"/>
Employer's name	<input type="text"/>
Work telephone number	<input type="text"/>
Mobile telephone number	<input type="text"/>
Email address	<input type="text"/>
Signature	<input type="text"/>
To be completed by the Employer's duly authorised signatory.	
By signing this Specified User access request form, I authorise those individuals named to have access to the Aviva automatic enrolment technology.	
Your signature	<input type="text"/>
Position in firm (Director/Authorised Official)	<input type="text"/>
Email address	<input type="text"/>
Name (please print)	<input type="text"/>
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"/>
Once completed, you can return this form in two ways: By post to: Aviva, PO Box 1550, Salisbury, SP1 2TW	
By email: to your usual Aviva contact.	

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EPEN22D NG08258 04/2023 © Aviva

