

Corporate Platform

User access request form for employers



Corporate Platform User access request form

Introduction

This form is required to be completed by an employer setting up new Users on the Corporate Platform. The Corporate Platform Terms of Use shall apply. Copies of these Terms can be found either at library.aviva.com/ngs461a.pdf for Flexible Retirement Accounts, or library.aviva.com/ngs500f1.pdf for Workplace Retirement Accounts.

This form must be authorised by one of the Authorised Representatives detailed in the Employer's agreement.

Please detail below any new users whom you wish to have the access to the Corporate Platform and the type of access you wish to grant them in respect of your scheme (and in respect of any Affiliated Companies/Section Employers listed in your Employer Application Form). Please list your additional users and tick which of the user access profiles below you wish to assign to each of your users.

Any changes to your user's access profile or to add a new user to the Corporate Platform will only be processed on the approval of agreed Authorised Representatives.

If you have added Affiliated Companies/Section Employers in the Employer Application Form, please note that your users will have the user access rights (including viewing member details) you grant below in respect of the Lead/Principal Employer and your Affiliated Companies/Section Employers listed in the Employer Application Form. Please let us know if this does not suit your requirements.

The available user profiles are:

Authorised Representatives

- **Senior Administrator**
 - New Member Upload
 - Bulk Member Upload
 - Contribution Upload (Generating payment)
 - Marking employees as leavers
 - View Scheme management information.
- **Administrator**
 - New Member Upload
 - Bulk Member Upload
 - Contribution Upload (Generating payment)
 - Marking employees as leavers
- **Payroll**
 - Contribution Upload (Generating payment)
 - Marking employees as leavers
- **View Only**
 - View only
 - No Process functionality

Please complete this form fully and tick the boxes where appropriate. A copy of the completed agreement will be available on request.

User Details

Please detail below those persons who are authorised to have access to the Corporate Platform, in line with the User Profiles provided. Please note that if you nominate a user as an Authorised Representative, they are authorised to notify Aviva of changes to employer details, for example address or bank details.

Name of Employer/Trustee	<input type="text"/>		Please select only one box from the user rights below.
Name (in full including title)	<input type="text"/>	<input type="text"/>	Senior Administrator <input type="checkbox"/>
Date of birth (required to enable access to be set up)	<input type="text" value="D"/>	<input type="text" value="D"/>	Administrator <input type="checkbox"/>
	<input type="text" value="M"/>	<input type="text" value="M"/>	
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Role (e.g. HR admin, payroll assistant)	<input type="text"/>		Payroll <input type="checkbox"/>
Registered company name	<input type="text"/>		View only <input type="checkbox"/>
Company registration number	<input type="text"/>		Trustee User <input type="checkbox"/>
Work telephone number	<input type="text"/>		
Email address (please don't provide a group mailbox address)	<input type="text"/>		
Authorised Representative	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name (in full including title)	<input type="text"/>	<input type="text"/>	Senior Administrator <input type="checkbox"/>
Date of birth (required to enable access to be set up)	<input type="text" value="D"/>	<input type="text" value="D"/>	Administrator <input type="checkbox"/>
	<input type="text" value="M"/>	<input type="text" value="M"/>	
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Role (e.g. HR admin, payroll assistant)	<input type="text"/>		Payroll <input type="checkbox"/>
Registered company name	<input type="text"/>		View only <input type="checkbox"/>
Company registration number	<input type="text"/>		Trustee User <input type="checkbox"/>
Work telephone number	<input type="text"/>		
Email address (please don't provide a group mailbox address)	<input type="text"/>		
Authorised Representative	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Name (in full including title)	<input type="text"/>	<input type="text"/>	Senior Administrator <input type="checkbox"/>
Date of birth (required to enable access to be set up)	<input type="text" value="D"/>	<input type="text" value="D"/>	Administrator <input type="checkbox"/>
	<input type="text" value="M"/>	<input type="text" value="M"/>	
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
	<input type="text" value="Y"/>	<input type="text" value="Y"/>	
Role (e.g. HR admin, payroll assistant)	<input type="text"/>		Payroll <input type="checkbox"/>
Registered company name	<input type="text"/>		View only <input type="checkbox"/>
Company registration number	<input type="text"/>		Trustee User <input type="checkbox"/>
Work telephone number	<input type="text"/>		
Email address (please don't provide a group mailbox address)	<input type="text"/>		
Authorised Representative	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

User Details continued

Name (in full including title)	<input type="text"/>	<input type="text"/>	Senior Administrator	<input type="checkbox"/>							
Date of birth (required to enable access to be set up)	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	Administrator	<input type="checkbox"/>	
Role (e.g. HR admin, payroll assistant)	<input type="text"/>								Payroll	<input type="checkbox"/>	
Registered company name	<input type="text"/>								View only	<input type="checkbox"/>	
Company registration number	<input type="text"/>								Trustee User	<input type="checkbox"/>	
Work telephone number	<input type="text"/>										
Email address (please don't provide a group mailbox address)	<input type="text"/>										
Authorised Representative	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>							

By signing this User Access Request Form, I authorise those individuals named above to have access to the Corporate Platform. Where this access is being provided to authorised parties who are not directly employed by a participating entity I confirm that members of the scheme are aware of this arrangement.

Your signature	<input type="text"/>							
Position in firm (Director/Authorised Official)	<input type="text"/>							
Your name (please print)	<input type="text"/>							
Email address	<input type="text"/>							
Date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>

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