

Missing Beneficiary Insurance PROPOSAL



FOR OFFICE USE ONLY

Date of Acceptance

Policy No.

Area/Branch

Area/Branch Number

Agency

Agency No. and Check Letters

Note:

The insurer with which your contract will be concluded is Aviva Insurance Europe SE ("the Company"). The insurance will not be in place until the proposal has been accepted by the Company. The Company reserves the right to decline any proposal. A specimen of the policy normally issued will be supplied on request.

1 Proposer details

Full Name

Postal Address

2 Action taken to trace missing persons

1 (a) Full name

(b) Date of birth

(c) Date of death

2 Did the deceased die Testate or Intestate

3 Give the following information regarding the missing person(s):

Full name Relationship to the Deceased

Date of birth or approximate age Married Single

Age(s) of issue if any Amount of missing person's share

When, where and by whom last heard of

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Date of birth or approximate age Married Single

Age(s) of issue if any Amount of missing person's share

When, where and by whom last heard of

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When, where and by whom last heard of

You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance. If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, or the policy could be declared invalid and void.

Under the third EU Non-life Directive we must give you the following information before you buy your policy.

The law that applies to the contract - Under the relevant European and Irish laws, we Aviva Insurance Europe SE and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract, We, Aviva Insurance Europe SE, will provide the insurance under this policy.

Complaints procedure - We aim to give excellent service to all our customers; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible. If you arranged your cover through an agent or adviser, please send your complaint to them. If your complaint is not sorted out to your satisfaction, please contact:

Customer Feedback Team, Aviva Insurance Europe SE, One Park Place, Hatch Street, Dublin 2

CallSave: 1850 36 37 38

E-mail: complaints@aviva.ie

Website: www.aviva.ie

You can also write to the Managing Director, Aviva Insurance Europe SE, One Park Place, Hatch Street, Dublin 2 or you can contact the following

• **The Irish Insurance Federation's Insurance Information Service, 39 Molesworth Street, Dublin 2**

Phone: 01 676 1914

Fax: 01 676 1943

E-mail: iis@iif.ie

Website: www.iif.ie

• **The Financial Services Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2**

Phone: 01 662 0899

LoCall: 1890 88 20 90

Fax: 01 662 0890

E-mail: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

You will not lose your right to take legal action if you contact either of the above.

DATA PROTECTION - Aviva Insurance Europe SE ("we", "us" or "our"), as data controller, will keep the information you provide about yourself and about third parties confidential. We may use it to advise on, provide and administer insurance products and financial services provided by us or other Aviva companies and sometimes with our affiliates and/or commercial partners, in order to comply with legal obligations imposed on us. We may share the information both inside and outside of the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies, those to whom we outsource certain business operations and as required by law. We will process this information and store it on our computer and manual record systems.

To assist in preventing, detecting and/or protecting our customers and ourselves from theft and fraud, we may use your information to make searches of our or other Aviva companies' records. If you give us false information or fail to disclose information and we suspect fraud, we will record this. We also participate in industry databases such as those operated by the Irish Insurance Federation for the purpose of sharing of information among insurance companies as a check against non-disclosure.

From time to time, we may record your telephone calls for verification and training purposes.

If you would like a copy of the details we hold about you, please write to the Regulation and Compliance Manager, Aviva Insurance Europe SE, One Park Place, Hatch Street, Dublin 2. Please enclose the correct fee (€6.35). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

Important: Some of the questions on this form may ask for details about your health and convictions and the health and convictions of third parties material to this risk – please do not send us any genetic test results. This information is important for underwriting and claims purposes and will remain confidential. By signing the declaration below, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing below, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

Declaration –I/we confirm that, all the details, answers and information given in this proposal are true, accurate and complete. I acknowledge that this proposal will form the basis of my/our contract with Aviva Insurance Europe SE. I/we confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section above.

Your Signature: _____

Date: ____ / ____ / ____

We would like to use your details to provide you with information about other financial or insurance products, services and special offers either from us or other Aviva group companies, or products, services and special offers which any member of the Aviva Group may arrange with a third party. Your details may also be used for this purpose (for up to 12 months) after your policy has ceased. Please tick here if you do not wish to receive such information from us.

Your choice will not affect any of the services we provide to you, now or in the future.