AVIVA

| Retirement | Investments | **Insurance** | Health |

Missing Beneficiary Insurance **Proposal Form**

Please answer ALL questions in BLOCK CAPITALS

Note: The insurer with which your contract will be concluded is Aviva Insurance Limited ("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.

SPECIAL Note: For our joint protection, telephone calls may be recorded and/or monitored.

Policy Number

Section 1 Proposer Details

Full Name Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Postal Address

Section 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 Mr ☐ Mrs ☐ Miss ☐ Ms ☐ 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

FOR OFFICE USE ONLY

Date of acceptance FROM

Area/Branch

Area/Branch Number

Agency

Agency No. & Chk Ltrs

Section 2 Action taken to trace missing persons (Continued)

Full Name Mr ___ Mrs ___ Miss ___ Ms ___ 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 ___

Full Name Mr ___ Mrs ___ Miss ___ Ms ___ 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 ___

Full Name Mr ___ Mrs ___ Miss ___ Ms ___ Relationship to the Deceased ___

Date of birth or approximate age ___ Married ___ Married ___ Single ___

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

When, where and by whom last heard of ___

4. (a) State the nature and date of advertisements placed in an endeavour to trace the missing person(s) and forward copies of newspaper advertisements

   (b) If there has been any response, give details

5. What other means have been used to trace the missing person(s)?

6. Do the traced beneficiaries have any knowledge of the whereabouts of the missing person(s) or any information which may lead to them being located? Yes ___ No ___

   If 'Yes', give details. If 'No', obtain written statements confirming this from the traced beneficiaries.

7. Amount of indemnity required. € ___

   N.B. It is recommended that when selecting indemnity limit allowance is made for interest payable on missing person(s) share.

8. Has this enquiry been submitted to any other company or underwriter? Yes ___ No ___

   If 'Yes', give the name and result of application.

Section 3 Important

It is essential that this proposal is accompanied by:

- An explanatory letter from the Proposer's solicitors outlining the position generally.
- Details of the estate to be distributed, beneficiaries and amount of their shares.
- Statutory declaration(s), if taken.
- Written statements referred to in question 6 (if applicable).
- A completed family tree.

Additional Information (if any)

Important

You ("You" means the Proposer and/or the Solicitor acting on behalf of the Proposer) must tell us any other facts which are likely to affect whether we agree to provide a policy or how we assess the risks proposed for insurance. If You are not sure whether You should tell us something please tell us anyway. This is for your protection because if You do not give us all the information we need or the information provided is untrue we may seek to issue legal proceedings against You and/or claim against the Solicitors Professional Indemnity insurance in these circumstances in the event of payment under the policy by Aviva.

The law that applies to the contract – Under the relevant European and Irish laws, we Aviva Insurance Limited 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 Limited, 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 intermediary or broker, please send your complaint to them. If your complaint is not sorted out to your satisfaction, please contact:

Aviva Insurance Limited at 1850 666 555.

You can also write to the Branch Manager - Ireland, Aviva Insurance Limited, One Park Place, Hatch Street, Dublin 2 or you can contact the following

- **Insurance Ireland, Insurance Centre, 5 Harbourmaster Place, IFSC, Dublin 1, D01 E7E8**
  Phone: 01 676 1914
  Fax: 01 676 1943
  E-mail: iis@insuranceireland.eu
  Website: www.insuranceireland.eu
- **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 Limited ("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 Limited, 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.

* An individual is not required to disclose a spent conviction when supplying information on past convictions. To determine whether or not a conviction is a 'spent conviction' under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 please visit www.irishstatutebook.ie

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 Limited. 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.