

- This application form is for the Aviva Investors Manager of Managers ICVC (ICVC1). It cannot be used for the Aviva Investors Investment ISA.
- This form must be received by us no later than 20 August 2010.
- Please answer all questions in CAPITAL LETTERS and tick boxes where appropriate.
- Please complete this form and return it together with your cheque to Aviva Investors UK Fund Services Limited, PO Box 10410, Chelmsford, CM99 2AY.
- You may invest jointly in the Fund with up to three other people unless you are investing via an ISA, if investing in an ISA please see the ISA application form.
- If you wish to pay with a Building Society cheque or Banker's Draft, the Society or Bank must endorse the cheque with the full name of the person whose account from which the funds are drawn. For example, the cheque should be made payable as follows: Aviva Investors UK Fund Services Limited i.r.o John Smith (include investors full name).
- Bank details in section 4 must be completed before the application can be processed.
- A copy of this completed application form is available on request.

1. Personal or corporate details

Note: While all the named holders will have equal ownership of the investment, we will only issue correspondence to the first named holder. If the application is on behalf of a corporate investor, please give the name(s) and position(s) in the company of the authorised signatory(ies).

Surname	<input type="text" value="Mr/Mrs/Miss/Ms/title"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>		<input type="text" value="Postcode"/>
Date of birth	<input type="text" value="D D M M C C Y Y"/>		
Daytime telephone number	<input type="text"/>		
Email address	<input type="text"/>		

Additional applicants

Surname	<input type="text" value="Mr/Mrs/Miss/Ms/title"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>		<input type="text" value="Postcode"/>
Date of birth	<input type="text" value="D D M M C C Y Y"/>		

Surname	<input type="text" value="Mr/Mrs/Miss/Ms/title"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>		<input type="text" value="Postcode"/>
Date of birth	<input type="text" value="D D M M C C Y Y"/>		

Surname	<input type="text" value="Mr/Mrs/Miss/Ms/title"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>		<input type="text" value="Postcode"/>
Date of birth	<input type="text" value="D D M M C C Y Y"/>		

Investing on behalf of someone else

By investing through this application form you will own the beneficial title in all investments and we will be entitled to treat you as the Beneficial Owner in all of our dealings with you. If this is not correct, please fill in the Beneficial Owner details in the box below and confirm your relationship to such person(s).

Beneficial Owner

You can indicate a Designation for the investment, for example, accounts for minors under 18 years of age must be registered in the name of an adult and must be designated in favour of a minor.

Designation (e.g. minor's details) max 18 characters

Please note indicating a Beneficial Owner or Designation will not affect the way the investment is registered, it will be registered solely in the name of the applicant(s) named above.

2. Payment

Please note that the minimum amount to invest in the Aviva Investors Defined Returns Fund 5 is £1,000. Investors should make their lump sum cheque payable to Aviva Investors UK Fund Services Limited. **If you wish to pay with a Building Society cheque or Banker's Draft, the Society or Bank must endorse the cheque with the full name of the person whose account from which the funds are drawn.** For example, the cheque should be made payable as follows: Aviva Investors UK Fund Services Limited i.r.o. John Smith (include investor's full name).

3. Direct Investment into the Aviva Investors Defined Returns Fund 5 (this is the amount you wish to invest outside an ISA)

I wish to invest £

Please note that the minimum investment into the Aviva Investors Defined Returns Fund 5 is £1,000. There is no maximum investment.

4. Your bank account details

Please complete your bank/building society details so your proceeds can be placed into your account upon maturity or should you decide not to stay in the Fund.

Name of bank/building society

Address
 Postcode

Name of account holder

Account number Sort code: Building Society Roll No (if applicable)

5. Data Protection

I/we consent to Aviva Investors using the information I/we supply to administer my investment and acknowledge that it may be processed by any company within the Aviva Group, by re-insurers or by third parties who provide services to Aviva Investors. It may be transferred to any country, including those outside the European Economic Area, for any of these purposes. Any information may be used for underwriting or claims handling purposes and disclosed in confidence to regulatory bodies, other insurance companies (directly or via shared databases), other Aviva Group

companies and your financial adviser (including third parties providing services to them).

In addition, Aviva Investors or, if applicable, the business partner that introduced you to the Company, may use some of your information to advise you by post, telephone or e-mail of other products and services offered by Aviva Group companies or of the business partner. If you do not wish to receive this material, please write to Aviva Investors, Mailing Exclusion Team, PO Box 6412, Derby DE1 1SB.

6. Prevention of Money Laundering

In accordance with EU and UK legislation relating to the prevention of money laundering we are obliged to verify the identity and address of all parties (e.g. planholder, premium payer, settlor, third parties including beneficial owners) to this contract. In the case of legal arrangements we are also required to establish the identity of any controllers that are not named parties as well as individuals who have a specified beneficial interest in the contract.

Where a financial adviser or Aviva Representative is involved they will let you know what evidence you need to produce. If you are applying to us

direct we will verify your identity with a third party identity verification company.

In certain circumstances you may be required to provide further evidence of your identity and confirmation of address, in which case Aviva Investors will contact you. If the product you are applying for allows payment by cheque and you wish to pay with a Building Society cheque or Banker's Draft, the Society or Bank must endorse the cheque with the full name of the person whose account from which funds are drawn.

7. Declaration

- I am/we are 18 years of age or over.
- I/we have read the Simplified Prospectus and supporting documentation.
- I/we have read and accept the Data Protection statement.
- I/we confirm that no financial advice has been received in respect of this investment other than from the Financial Adviser, if any, named below.
- I/we understand that you may undertake a search with a third party company who provide identity verification services for the purposes of verifying my/our identity and the details I/we have submitted as part of this application under the Prevention of Money Laundering. To do so the third party company may check the details I/we supply against any database (public or otherwise) to which they have access. They may also use my/our details in future to assist other companies for verification purposes. A record of the search will be retained.
- I/we declare that the information given in this application form is correct to the best of my/our knowledge and belief.

Signature of applicant	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of applicant	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of applicant	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of applicant	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. For financial adviser's use only

Signature of adviser

Date

/ /

Full name and address
of agent

FSA authorisation no./SIB no.

Agent no.

All details of commission waiver/rebate must be shown below.

I wish to waiver/rebate % of my commission to reduce the initial charge. Commission up to a maximum of 3% can be waived in multiples of 0.25%

9. For Aviva employee applications only

Please enter your staff reference number for your application to be treated as a staff/family case.

Note, no commission is paid to advisers for investments with staff/family terms.

Employee name

Staff reference no.

Employee work email

Employee work phone number

Please confirm your relationship with staff member



Aviva Investors is a business name of Aviva Investors UK Fund Services Limited, the Authorised Fund Manager.
Registered in England No. 1973412. Authorised and regulated by the Financial Services Authority.
Registered address: No. 1 Poultry, London EC2R 8EJ. An Aviva company.
www.aviva.co.uk/defined