



Aviva plc & General Accident plc

Goodwill Payment Scheme ('the Scheme')

Entity Claim Form



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Background information

Where can I find further information about the Scheme?

Please read the Scheme Terms at www.kpmg.co.uk/aviva-scheme, which outlines the terms of the Scheme, carefully before you begin to complete this claim form.

Also available on the website for your information are frequently asked questions ('FAQs').

Who should make the claim?

If you sold any of the following four preference share issuances ('the Preference Shares') between 8 March 2018 and 22 March 2018 (both dates inclusive) then you may have a claim:

- Aviva plc 8.375% preference shares (ISIN: GB0002114154).
- Aviva plc 8.750% preference shares (ISIN: GB0002124963).
- General Accident plc 7.875% preference shares (ISIN: GB0003692513).
- General Accident plc 8.875% preference shares (ISIN: GB0003692737).

Please refer to the Scheme Terms and FAQs to work out whether you consider you do have a claim. You may also need to speak to your broker, if relevant, to confirm your transactions.

It is the beneficial owner of the preference shares who is eligible to make the claim. The beneficial owner is the individual or legal entity with the ultimate right to receive any income from the shares (or part of it), and the ultimate right to the proceeds of the sale of the shares (or part of those proceeds).

If the transactions giving rise to the claim were held in a self-invested personal pension (SIPP) or any other trust structure, the trustee at the time the transactions were undertaken must submit the claim (such claims should be entered using this claim form – the Entity Claim Form).

If you agreed to your broker submitting a claim on your behalf, or you believe your broker may have submitted a claim on your behalf, please confirm with them whether this is the case before entering a claim.

How long should it take to complete the claim form?

This claim form should take approximately 20 minutes to complete providing that you have all the relevant documents required to hand.

Please maintain a copy of your completed claim form and supporting documents for your own records.

What other documents will I need to complete the claim form?

Along with this completed claim form, you are required to provide the following documentation:

- i. The authorised signatory list of the entity.
- ii. A bank statement for the bank account to which you would like any payment to be made. The bank account is required to be in the name of the claimant.



- iii. Proof of transactions, such as a broker statement, exchange report or physical share certificate. If broker statements are being provided they should cover the full period from 8 March 2018 to 22 March 2018. You should also provide further details of specific trades, such as trade confirmations.
- iv. Should a third party representative be submitting this claim form and/or intending to execute the Release on behalf of the beneficial owner, then documentation that confirms the third party's authority to sign and proof of their identity and/or their authorised signatory list will need to be provided.

Do not send original supporting documentation as these may not be returned. Copies are sufficient.

Following the submission of your claim form, the Administrator may request further documentation from you to allow the determination of your claim.

Claim Submission Deadline

Whether you choose to submit your claim by email or by post, a completed claim form must be received by the Administrator by no later than 31 January 2019. If no claim is received by this date, the claimant will no longer be eligible for a goodwill payment as part of this Scheme. If you submit a claim form by post, you are responsible for the claim form being received by the Administrator and therefore may consider posting it in a manner that will enable you to prove the time of its receipt by the Administrator, for example, by registered post.

Key

*	Mandatory field
<i>Writing in italics</i>	Help text/additional information
	Please tick if appropriate

Should you require assistance with completing this form or have any questions, please contact our helpline on UK Freephone 0808 169 7987/International +44 (0)20 3805 2559 (available 9am-5pm, Monday – Friday, excluding UK public holidays).

If you require additional space to answer any of the questions, please attach separate pages and label the answers to the corresponding questions for this claim form.

PLEASE TYPE OR PRINT USING BLUE OR BLACK INK



Summary of the form

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Which sections to complete:

- i. Sections 1, 2, 3 and 4 must be completed in all cases.



Scheme eligibility check

Did you sell Aviva plc or General Accident plc preference shares between 8 March 2018 and 22 March 2018 (both dates inclusive)?*

<input type="radio"/> Yes	<i>Please proceed as you may be entitled to make a claim.</i>
<input type="radio"/> No	<i>You are not eligible for a goodwill payment under the Scheme. If you wish to read the Scheme Terms please visit the Scheme website (www.kpmg.co.uk/aviva-scheme).</i>



Section 1: Information about the Claimant – Entity

Is the claimant an entity?	Yes	/	No
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An entity means any legal entity such as a company or partnership which is not an individual, including a trust (including a self-invested pension plan, a 'SIPP') or company which has investments in shares for which there is a sole beneficiary. Claimants who would not be an entity include a natural person who invests in shares on their own account or through an agency broker (please note this includes shares held through a Stocks & Shares ISA).

If Yes, please complete the section below, otherwise please consider whether you should be completing the Individual Claim Form.

Instruction: Please provide information regarding the entity who is the beneficial owner(s) of the preference shares in respect of which the claim is being made.

Entity Name*:	
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Please enter the full legal entity name

Has the claimant's name changed since 22 March 2018?*	Yes	/	No
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If Yes, please provide the entity's previous name:	
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Please attach a copy of proof of the change in the entity's name:	Complete <input type="radio"/>	/	NA <input type="radio"/>
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Must be a valid notification of change of name as lodged with Companies House for UK entities or the equivalent body for overseas entities.

Entity Registered Address*:	
Postcode*:	
Country*:	



Correspondence address: (if different to the registered address)	
Postcode:	
Country:	

Would you like to be corresponded with via email?*	Yes <input type="radio"/>	/	No <input type="radio"/>
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If so please provide an authorised email address:	
Entity's Registration Number*:	

Or an equivalent entity identification number if applicable.

Current country of tax residence*:	
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This information is required for the Administrator to assess whether to withhold tax on Additional Amounts in accordance with HMRC guidance.

What type of entity are you?*

Please tick the relevant box below.

Company	<input type="radio"/>	Government Health Service Body	<input type="radio"/>
Registered Pension Scheme (incl. SIPP)	<input type="radio"/>	Local Authority	<input type="radio"/>
Trust	<input type="radio"/>	Entity with UK sovereign immunity	<input type="radio"/>
Partnership	<input type="radio"/>	Other	<input type="radio"/>
Registered Charity	<input type="radio"/>		



Please confirm that you have attached an authorised signatory list to this form*:	
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An authorised signatory list of the entity claiming on letterhead, including details of the signatory's powers is required.

Should specimen signatures not be included within the list, then please also provide an identification document (passport, driving licence or national identity card) for each authorised signatory who, if applicable, is expected to execute the Release.

Should a third party entity represent the claimant (e.g. fund manager, corporate director), please also provide formal supporting documentation of their authority and the authorised signatory list of the third party representative.

Section 2: Transaction details – Preference shares

Did you transact preference shares between 8 March 2018 and 22 March 2018?*	Yes <input type="radio"/>	/	No <input type="radio"/>
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If no, you will not have a claim in the Goodwill Payment Scheme.

Trade date is the date the transaction is executed (as distinguished from the settlement date). Both 8 March 2018 and 22 March 2018 are inclusive. Do not include back-to-back (riskless principal) or agency transactions.

Please fill out the table on the following page and print additional copies, if necessary, to allow you to include all transactions. Please make sure you identify which of the four series of preference shares you traded for each relevant transaction:

- 'Aviva 8.375%' – Aviva plc 8.375% preference shares (ISIN: GB0002114154)
- 'Aviva 8.750%' – Aviva plc 8.750% preference shares (ISIN: GB0002124963)
- 'GA 7.875%' – General Accident plc 7.875% preference shares (ISIN: GB0003692513)
- 'GA 8.875%' – General Accident plc 8.875% preference shares (ISIN: GB0003692737)

Please attach a copy of account statement*

Provide proof for the trades over the entire period from 8 March 2018 to 22 March 2018. This should be third party information and could include copies of broker statements, physical share certificates or depository/custody reports.

Please tick here to confirm you have done so	
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Please attach a copy of proof of transactions, e.g. trade confirmations or other third party transaction records*

Provide proof for specific transactions adding the row number from the transaction table above that the evidence relates to. This should be third party information and could include copies of confirmations or daily exchange reports. The document you provide should detail the 'unit transaction price' and provide details of any 'transaction costs' which are being claimed, highlighting which costs relate to which transactions.

Please tick here to confirm you have done so (if applicable)	
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Please note both an account statement and proof of transaction(s) are required in order to process the claim.



#	Share reference (e.g. Aviva 8.375%)*	Were these shares held through an SIPP or SSAS?† If so, please state which.*	Transaction date (DD/MM/18)*	Purchase /sale*	Unit transaction price (£)*	Transaction Costs incurred ¹ (£)*	Number of shares traded	Broker name (if relevant)*	Account number with broker/ custodian (if relevant)*
1									
2									
3									
4									
5									
6									
7									
8									
9									

Notes:

† **SSAS** – Small Self-Administered Scheme **Pension**

SIPP – Self Invested Personal Pension

¹Transaction Costs incurred: Eligible shareholders may claim an amount equal to third party transaction costs specifically incurred in respect of the sale of preference shares (excluding any account fees or other fees of a general nature). Any goodwill payment in respect of third party transaction costs will be limited to 50% of the Net Basic Goodwill Amount. Examples of these include client commission, contract charge, brokerage and PTM.

Please print as many of this page as is necessary to include all relevant transactions.



Section 3: Payment details

Payment will only be made into an account in the name of the claimant and not to a third party, other than in very limited circumstances – see FAQs for details.

The Administrator shall make Goodwill Payments in British Pounds Sterling (GBP) only.

Beneficiary Account Name* (Must be in the name of the claim holder)	
Beneficiary Account Number or IBAN (IBAN is Mandatory for payments to Europe. Account number for accounts in UK)	
Beneficiary Bank Sort Code/Routing Code (Sort Code is mandatory for payments to a UK bank account. ABA Routing Code for US banks)	
Beneficiary Bank SWIFTBIC (Mandatory for payments in EU and certain other countries)	
Beneficiary Bank Name*	
Beneficiary Bank Address*	
Beneficiary Bank Country*	
Additional Information (Only applicable where recipient bank requires referencing for final credit of payment)	

Please attach a copy of a recent bank statement for the beneficiary account detailed above.*

Please tick here to confirm you have done so	<input type="checkbox"/>
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Section 4: Confirmations

- 1 The claimant confirms to the Administrator, Aviva plc ("Aviva") and General Accident plc ("GA") (the **Confirmations**) that:
 - a. The claimant is (or was) the beneficial owner of all of the preference shares listed as having been purchased and/or sold between 8 March 2018 and 22 March 2018 in Section 2 of this claim form.
 - b. This claim form is true, correct, and complete, and that all documents submitted in connection with this claim are genuine and complete, any copies are true and complete copies of the original documents of which they purport to be a copy and that the original documents of which they purport to be a copy are genuine.
 - c. The claimant has not submitted any other claim covering the same transactions and holdings in Aviva and GA preference shares and knows of no other person having done so on the claimant's behalf.
 - d. The persons signing this claim form possess all requisite power and authority to sign this claim form, and to do all other things necessary and appropriate in connection with the submission of this claim form.
- 2 The claimant confirms to the Administrator, Aviva and GA that:
 - a. They will provide such additional information with respect to the Claim as the Administrator may require.
 - b. They consent to the Administrator's, Aviva's and GA's and their agents' use (including the processing of personal data) of any of the information provided in this Claim Form or in response to requests made following submission of this Claim Form (including, but not limited to, address, telephone number, brokerage account and trading information) ("**Claim Data**") for the purposes of verifying the claimant's identity and assessing and determining the Claim, processing any payments and undertaking any communications required to administer the Scheme. They also consent to (i) the disclosure of Claim Data to any other person where that disclosure is necessary for the verification, assessment, determination and/or administration of the Claim and (ii) the retention of Claim Data after settlement of a Claim, to the extent necessary to determine any subsequent dispute that may arise as to entitlement to a Claim (or any part thereof) or the administration of the Scheme.
 - c. They acknowledge and agree that, in carrying out its functions under the Scheme, the Administrator will make all determinations in good faith. However, neither the Administrator, its agents, nor its employees will owe any duty of any kind, including a duty of care, towards the claimant other than as set out in the Release.
 - d. If any of the Confirmations provided in paragraph 1, above, are false or misleading, the claimant will return to the Administrator promptly upon request the amount of any Goodwill Payment that is made to it under the Scheme that would not otherwise have been paid had the Confirmations (or the relevant documentation or information supporting such Confirmations) been correctly stated, as determined by the Administrator in its sole discretion.
 - e. If the claimant acted negligently or fraudulently in providing such false or misleading confirmations the claimant will indemnify the Administrator, Aviva plc and General Accident plc against all liabilities, costs, expenses, damages and losses incurred as a result of any false or misleading Confirmations provided by the claimant in paragraph 1 above.
 - f. Aviva and GA, together with their respective subsidiaries, affiliates, directors, officers, and former directors, officers and employees, owe no legal duty of any kind, including a duty of care, towards the claimant in relation to the Scheme (save that, if the claimant accepts an offer



of a Goodwill Payment under the Scheme and signs the Release, Aviva and the Administrator will owe the claimant the contractual duty to make the Goodwill Payment to the claimant (subject to the claimant passing appropriate anti-money laundering and sanctions checks) and Aviva, the Administrator and the claimant(s) will be entering into a contract on the terms of the Release).

- g. The claimant understands that unless a different time frame applies as a result of business need or specific legal, regulatory or contractual requirements, where we retain personal data in accordance with these uses, we retain personal data for seven years.

Signature*	
Name in CAPITAL LETTERS*	
Date*	
Address of Signatory*	
Authority of Signatory (if applicable)	

PLEASE SEND THE COMPLETED CLAIM FORM, ALONG WITH ALL SUPPORTING DOCUMENTATION TO:

Aviva Goodwill Scheme co KPMG LLP
PO Box 75213
London
E1W 9PR

OR PLEASE PROVIDE A SCANNED COPY OF THE COMPLETED CLAIM FORM ALONG WITH ALL SUPPORTING DOCUMENTATION BY EMAIL TO:

avivascheme@kpmg.co.uk

IF CHOOSING TO SUBMIT VIA POST, YOU ARE RESPONSIBLE FOR POSTAGE OF THE CLAIM FORM TO THE ADMINISTRATOR AND THE ADMINISTRATOR TAKES NO RESPONSIBILITY FOR CLAIM FORMS WHICH ARE LOST OR DAMAGED IN TRANSIT.

IF CHOOSING TO SUBMIT VIA EMAIL, WE WILL CONFIRM RECEIPT WITHIN 24 HOURS. YOU ARE RESPONSIBLE FOR ENSURING THE EMAIL IS DELIVERED AND THAT YOU RECEIVE SUCH A CONFIRMATION.

YOU SHOULD RETAIN A COPY OF THE COMPLETED CLAIM FORM FOR YOUR OWN RECORDS.

DO NOT PROVIDE ORIGINAL SUPPORTING DOCUMENTS AS THESE MAY NOT BE RETURNED, COPIES ARE SUFFICIENT.



Aviva plc & General Accident plc
Goodwill Payment Scheme ('the Scheme')
KPMG LLP
Claim form 27 September 2018

PLEASE ENSURE THE CLAIM FORM IS COMPLETED IN FULL, SIGNED AND THE NECESSARY SUPPORTING DOCUMENTS ATTACHED. IF NOT, THE CLAIM FORM WILL NOT BE DEEMED AS LODGED AND YOU WILL NOT PARTICIPATE IN THE SCHEME.



Aviva plc & General Accident plc
Goodwill Payment Scheme ('the Scheme')
KPMG LLP
Claim form 27 September 2018

Contact us

Helpline numbers: UK Freephone 0808 169 7987 /
International +44 (0)20 3805 2559
(available 9am-5pm, Monday – Friday, excluding UK public holidays)

www.kpmg.com/uk

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