## Online services for Employers for MyAvivaBusiness



Authorisation Form – Change of Authorised Signatory (Company Owner)

Please complete the relevant sections of the form below, sign and return.

Scheme Name					
Scheme Number					
Amending access for your Online services for employers are in accordance with the terms and conditions previously accepted. We may notify you of and ask you to accept any additional terms and conditions online and/or by revisions to this document.  From MyAvivaBusiness the authorised signatory can:  Add employees to your scheme.  Make payments to your scheme.  Set up additional users to manage your regular scheme activity for you.  Delete any users that no longer need access.  Tell us if the primary point of contact for your scheme changes.					
New Authorised Signatory (Company Owner)					
Please enter details of the person you want to add as the company's new Authorised Signatory (Company Owner).  The Authorised Signatory (Company Owner) needs to be your Managing Director, Other Company Director, a partner or Sole Proprietor or somebody who is in a position of authority within the company.  Title:  Mr  Mrs  Miss  Dr  Other					
First Name:			Surname:		
Date of Birth:		(dd/mm/yyyy)	Position:		
Email Address:				Please enter it carefully, as we'll send their username and activation details to this email address.	
Business Address:					
Contact Number:					
Pomoving usor as	coss (The curren	at authorised sig	enatory)		
Removing user access (The current authorised signatory)  Please enter the details of the user whose access you want to remove. Once you do this, they'll no longer have access to MyAvivaBusiness and won't be able to manage your pension scheme online.  Please remove online access for the following individual:					
First Name:			Surname:		
Email Address:			Existing Online Account Number:		

## **Authorisation**

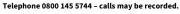
As the authorised signatory of the Workplace Pension Scheme stated above, I authorise the above individual(s) on behalf of the whole organisation I represent.

Existing Authorised Signatory – This needs to be signed by the existing authorised signatory if they are still employed by the business				
First Name:	Surname:			
Email Address:	Contact Number:			
Signature:	Date:			
New Authorised Signatory				
First Name:	Surname:			
Position:	Contact Number:			
Signature:	Date:			

This form must be forwarded to: Aviva BCC, PO Box 520, Norwich, NR1 3WG or via Email to: pensions.billing@aviva.com

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