

Name and Address of first named shareholder
and names of all other shareholders

Account Designation (if any)	Company Code (if known)
<input type="text"/>	<input type="text"/>
Shareholder Reference Number (SRN)	
<input type="text"/>	

See next page for guidance when completing this form

Your SRN starts with 'C' 'I' or 'G' followed by 10 digits

Aviva Dividend Reinvestment Plan - Aviva Share Account

Kindly Note: This form is issued only to the addressee(s) and is specific to the unique designated account printed hereon. This personalised form is not transferable between different (i) account holders; or (ii) uniquely designated accounts. Aviva plc and Computershare Investor Services PLC accept no liability for any instruction that does not comply with these conditions for the completion of the form.

A. Declaration

To: Aviva plc (the Company) and Computershare Company Nominees Limited

I/We, the undersigned, being the holder(s) of ordinary shares in the Company elect to participate in the Aviva Dividend Reinvestment Plan (the Plan) for each future dividend paid on all of my/our holding of ordinary shares in the Company from time to time in accordance with the terms and conditions of the Plan, as amended from time to time.

I/We appoint Computershare Company Nominees Limited, the Nominee appointed by the Aviva Share Account (the AvivaSA Nominee), as my/our agent to arrange the purchase of ordinary shares in the Company in accordance with such terms and conditions.

I/We hereby give authorisation that my/our Aviva Share Account be credited in respect of any ordinary shares in the Company purchased on my/our behalf pursuant to this mandate.

B. Signatures - For information on who needs to sign, please see the reverse of this form

Date DD / MM / YY

Signature 1

Signature 3 / Capacity 1 (Companies Only)

Signature 2

Signature 4 / Capacity 2 (Companies Only)

In the event that we need to contact you regarding the processing of this form, please supply one of the following:-

Daytime telephone number

Email address (if available)

Please note that these contact details will not be recorded by Computershare Investor Services PLC for any future use.

How to complete this form

Please use a **black pen**. Print in CAPITAL letters inside the boxes as shown in this example.

A	B	C
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1	2	3
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X

To join the Plan, please sign and return this form. If you wish to receive shares instead of cash, your completed form must reach the AvivaSA Nominee no later than the stated number of days within the terms and conditions prior to the payment date. If you have sold or otherwise transferred some or all of your shares in the Company, please contact the stockbroker or other agent through which the sale or transfer was effected for advice as to how to proceed.

Full details of this Plan are set out in the terms and conditions which have either been enclosed with this form or are available on the Aviva website at www.aviva.com/dividends. Residents of certain jurisdictions outside of the UK (such as North America) may not be able to participate. Please see section 3 of the terms and conditions for more information. If you have any questions about completing this form or about the Plan, please e-mail AvivaSHARES@computershare.co.uk.

This mandate will remain in force until written notice is received by the AvivaSA Nominee in accordance with the Plan terms and conditions.

A. Declaration

Before signing and returning this form, please read the declaration and the Plan terms and conditions carefully. If you are in any doubt as to its contents or what to do, you may wish to consult an independent professional advisor authorised under the Financial Services Act 2012.

B. Signatures

You must sign the form as follows in the space provided:

Joint Holding:

The signatures of all joint holders, executors or administrators are required. If the holder is under 18, a parent or legal guardian must sign and state their capacity.

Power of Attorney:

To sign under Power of Attorney, you must have lodged an original or certified copy of the Power of Attorney with the registrar. If you have not previously lodged this document for notation, please attach it to this form when you return it.

Please note that the AvivaSA Nominee requires a photocopy Power of Attorney to be certified under the Powers of Attorney Act 1971. It must be certified in ink on every page by the donor, or by a solicitor or stockbroker, to state that it is a true and complete copy of the original. The AvivaSA Nominee cannot accept a photocopy that has not been certified in ink on every page.

Companies:

In the case of a company this form should be signed by two authorised signatories (e.g. director & company secretary) stating their capacity. Alternatively, this form can be signed by a director of the company in the presence of a witness who attests the signature or under its common seal.

Please return this form to: