Return form to:
Agency Services
Aviva
611 Fifth Avenue
Des Moines, IA 50309
Fax: 1-800-875-0223

AVIVA

Anti-Money Laundering Training Information Form

****DO NOT COMPLETE THIS FORM IF YOU COMPLETED LIMRA TRAINING WITH AVIVA OR ANOTHER CARRIER****

AGENTS: COMPLETE SECTIONS ONE THROUGH THREE *ONLY*

SECTION ONE: AGENT INFORMATION

Agent's Name _____

Agent's Number _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (*daytime*) _____ (*evening*) _____

SECTION TWO: TRAINING INFORMATION

Title of training program _____

Date training program completed_____

Training was delivered by: (Check all that apply)

❑ Vendor: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

_____

❑ Insurance company: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

_____

❑ Broker Dealer: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

_____

❑ Bank: (*Please specify full name and contact information. Attach certificate and outline of training program, if available*)

_____

❑ Other: (*Please specify full name and contact information. Attach certificate and outline of training program*)

_____

SECTION THREE: AGENT AFFIRMATION OF ANTI-MONEY LAUNDERING TRAINING PROGRAM COMPLETION

I am a duly licensed insurance agent and affirm that I have completed the above-referenced training program, which to the best of my knowledge satisfies requirements imposed on insurance companies by regulations issued under USA PATRIOT Act Section 352 (US 31 CFR 103.137). I acknowledge that AVIVA retains the right to review and approve the training program and its curriculum before accepting this certification. I affirm (i) that I have read and understand the AVIVA Producer's Guide to Anti-Money Laundering for Insurance Agents and (ii) that I am knowledgeable about my obligations under the regulation.

Signature of Agent _____ **Date** _____

FOR HOME OFFICE USE ONLY:

SECTION FOUR: ATTACH A CERTIFICATE DOCUMENTING THE CONTENTS OF THE TRAINING PROGRAM OR COMPLETE AND EXECUTE THE ITEMS BELOW (*Check all that apply*).

❑ Training program covers the ACLI Core Elements for an AML Course
❑ Training program is in compliance with regulations issued under USA PATRIOT Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011)

I affirm that the above referenced agent completed the above reference training program and that the program either covers the ACLI Core Elements and/or is in compliance with regulations issued under USA PATRIOT Act Section 352 (US 31 CFR 103.137 and/or NASD Rule 3011).

Entity Delivering Training _____

Name _____ **Title** _____

Signature _____ **Phone Number** _____

FOR INTERNAL USE ONLY -- THIS FORM IS NOT A TRAINING CERTIFICATE

AVIVA

Instructions for Anti-Money Laundering Training Information Form

Effective May 2, 2006, Aviva is required to establish and maintain Anti-Money Laundering programs for covered products, in accordance with USA PATRIOT Act Section 352 (US 31 CFR 103.137). Agents and brokers appointed to sell our products must be integrated into our program and receive anti-money laundering training. This form was developed to provide you with a convenient means to verify that you have completed anti-money laundering training ***other than LIMRA. The purpose of this form is for data collection only and should not be used as a training certificate.***

AGENT OR BROKER: YOU SHOULD COMPLETE SECTIONS ONE AND TWO AND EXECUTE THE AFFIRMATION IN SECTION THREE. ***IF YOUR TRAINING WAS PROVIDED BY LIMRA WITH AVIVA OR ANOTHER CARRIER, DO NOT COMPLETE THIS FORM.*** **If your training was provided by a vendor, insurance company, broker-dealer or bank: please provide a certificate and an outline of the training program (if available). Aviva will contact that entity to certify completion of the training and to execute SECTION FOUR.**

SECTION ONE – AGENT INFORMATION
Please complete this section in its entirety. Make sure that you include at least one telephone number where you can be contacted to verify the information you have submitted.

SECTION TWO - TRAINING INFORMATION
Please provide the name of the training program, the date you completed it, the name and contact information of the entity providing the training, including a contact person. If you received training from an entity other than a vendor, insurance company, broker-dealer, or bank, you must attach a certification and an outline of the training program.

SECTION THREE – AGENT AFFIRMATION
You must complete and sign this form before you submit it as proof that you have completed training.

SECTION FOUR – TRAINING PROGRAM CONTENT AND AFFIRMATION (*THIS SECTION IS FOR HOME OFFICE USE ONLY*)
If the training was delivered by an insurance company, bank, or broker-dealer, Aviva will contact that entity to certify completion of the training and complete SECTION FOUR, certifying that the training program covers the ACLI's "Recommended Core Elements for an AML Training Program for Life Insurance Agents and Brokers" and/or that the training program is in Compliance with regulations issued under the USA PATRIOT Act.

The ACLI Core Elements are posted on the internet at the following site:
http://www.acli.com/ACLI/Issues+nonmembers/AML+Resources%3a+Integrating+Agents+and+Brokers.htm

This form will not be considered proof of training until the entity providing the training has verified training completion and has executed this affirmation.

Insurance companies, broker-dealers and banks are subject to AML requirements imposed by regulations issued under Section 352 of the USA PATRIOT Act (31 CFR 103.137 and/or NASD Rule 3011). If your training was provided by a vendor or an entity not subject to these regulations, Aviva will verify the content of the training.

Contact Information
If you have any questions, please speak with your agency manager.