



Field
Update



January 20, 2011
Number: 0262

Reminder for Producers Due to Take an Anti-Money Laundering Refresher Course

Aviva USA producers who are due to take an anti-money laundering (AML) refresher course this year will receive a letter reminding them of this requirement. Agents who have either completed AML training through LIMRA or have provided a [Certificate of Completion form #16050](#) within the last two years will not receive the letter.

Federal regulations require all life insurance and annuity agents to complete ongoing anti-money laundering training. Aviva has contracted with LIMRA to provide the training at no cost to you. The training site is available 24 hours a day and can be completed in 25 to 35 minutes.

Log on to the LIMRA training site at <https://aml.limra.com> and follow the instructions. Under Refresher Course, select the Willful Blindness-Anti-Money Laundering for Insurance Review. You will need a user name and password to complete the training. Your user name consists of the first four letters of your last name and the last six digits of your Social Security number. If this is the first time you have logged on to the LIMRA website, your password will be your last name. If you are a returning user to the LIMRA site, you were asked to change your password when you initially accessed the site. If you experience difficulties logging on to the LIMRA website, please contact LIMRA directly at (866) 364-2380.

If you complete the training through LIMRA, even if through another insurance carrier, you will not have to contact Aviva. LIMRA will automatically send us notification electronically within 48 hours of completion. There is no certificate or printable proof-of-completion.

If you have or will be taking an anti-money laundering training course through another anti-money laundering vendor, please complete the [Certification of Completion](#) form and provide your certificate of completion. This may be faxed to Rita Holtz at (877) 664-5156 or e-mailed to Antimoneylaundering@Avivausa.com.

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



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



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.

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