

Synergy Investment Bond

Application

Before you complete this form

SYIB30 V51 0223

Please read your Personal Illustration (pre-sale), Key Features document (SYIBKF1), Key Information Document for the product, Investment Options guide (SYIO1), Supplementary Information Documents for funds and Self-Directed Options guide (SYSDO1), given to you by your financial adviser.

If the Policy owner is a

- company, also complete the separate declaration by company as policy owner (CD)
- Bare Trust, also complete the separate Bare Trust form (SYBTRUST)
- Existing trust, also complete the separate Existing trust declaration (ET30)

Data Protection Notice - Using your personal information

We're committed to maintaining the trust and confidence of our customers. Our Privacy Policy explains how we use our customers' personal information. It explains when and why we collect personal information about our customers, how we use it, the conditions under which we share it with others and how we keep it secure. It also explains how you can obtain details of the information we hold about you, and the choices you have about how we use that information. You can get a copy of our Privacy Policy on our website: www.standardlife.ie/privacy

If you're providing information about another person, please inform them that you have provided this information and recommend they read our Privacy Policy to understand how we manage and use their

Part 1 – Your financial adviser's company details							
To be completed by your financial adviser							
Financial adviser's Standard Life agency code	9 /						
Financial adviser's company name							

Part 2 – Personal (details								
Person 1									
Tick this box if you're already a customer of Standard Life		Please give us one of your policy numbers							
Title		Please tick one box only	Policy owner and Life assured	Policy owner only	Life assured only				
First names (in full)									
Surname									
Email									
	@								
Address									
			Eircoo	de					
Date of birth (DD/MM/YYYY)		Home phon	e number						
Personal Public Service number*	(not required if you are a		le e number						
If you are a Policy o	wner, are you resid		ses anywhere other	r than	Yes No				
If yes, please tell us		s your relevant Tax	payer Identificatior	n Number (TIN):				
Country									
TINI									
TIN									

If you are a Policy owner, you will own the policy and normally receive its proceeds.

If you are a Life assured, payment of the policy proceeds will depend on your life and death

Lives assured and policy owners must be younger than age 75 when setting up the policy. Policy owners must be age 18 or older.

If there is more than one policy owner, we'll issue correspondence to all the policy owners at the address of the 1st named policy owner.

We may use your email to help manage your policy. If you don't want us to use it, leave it blank.

* We're required to verify your PPSN. Please provide evidence, for example, copy of PAYE notice of tax credits or printed Revenue or Dept of Social Protection correspondence.

US citizens are considered to be tax resident in the US under US tax law. This applies whether or not they hold a US passport. It also applies to US Green Card holders.

If you need more information about tax residency, talk to your financial adviser. If you need more space to list all your tax residences, please copy this page.

Part 2 – Personal	details continue	i						will own the policy and normall
Person 2								receive its proceeds.
Tick this box if a customer of 9		Please give						If you are a Life assured, payment of the policy proceeds will depend on your life and
Title		Please tick		Policy owner nd Life assured		Policy owner only	Life assured only	death. Lives assured and policy owners
First names (in full)								must be younger than age 75 when setting up the policy. Policy owners must be age 18
Surname								or older.
Email								If there is more than one policy owner, we'll issue correspondence to all the polic owners at the address of the
	@							1st named policy owner.
Address								We may use your email to help manage your policy. If you don' want us to use it, leave it blank
								* We're required to verify your PPSN. Please provide evidence, for example,
				Ei	rcode			copy of PAYE notice of tax credits or printed Revenue
Date of birth (DD/MM/YYYY)			Home phone no	umber				or Dept of Social Protection correspondence.
Personal Public Service number*	и и и и и	N L (L)	Mobile phone no	umber				US citizens are considered
	(not required if you are a	a life assured only)						to be tax resident in the US
If you are a Policy of the Republic of Irela		dent for tax p	ourposes	anywhere o	ther t	han	Yes No	under US tax law. This applies whether or not they hold a US passport. It also applies to US
If yes, please tell us	where and give u	s your releva	nt Taxpay	er Identifica	ition N	Number (TIN	1) :	Green Card holders.
Country								If you need more information about tax residency, talk to your financial adviser. If you
TIN								need more space to list all your tax residences, please copy this page.
]

Part 2 – Personal	details continued								will own the policy and normall
Person 3									receive its proceeds.
Tick this box if a customer of S		Please give your policy i							If you are a Life assured, payment of the policy proceeds will depend on your life and
Title		Please tick one box on		Policy owner and Life assured		Policy owner only	Life	e assured y	death. Lives assured and policy owners
First names (in full)									must be younger than age 75 when setting up the policy. Policy owners must be age 18
Surname									or older.
Email									If there is more than one policy owner, we'll issue correspondence to all the polic owners at the address of the
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Address									We may use your email to help manage your policy. If you don' want us to use it, leave it blank
									 We're required to verify your PPSN. Please provide evidence, for example,
				E	ircode	9			copy of PAYE notice of tax credits or printed Revenue
Date of birth (DD/MM/YYYY)			Home phone i	number					or Dept of Social Protection correspondence.
Personal Public Service number*	N N N N N N		Mobile phone i	number					US citizens are considered
	(not required if you are a li								to be tax resident in the US under US tax law. This applies
If you are a Policy ov the Republic of Irela	and?	·	·	-			Yes	No No	whether or not they hold a US passport. It also applies to US
If yes, please tell us	where and give us	your relevan	it Taxpa	yer Identific	ation	Number (T	IN):		Green Card holders.
Country									If you need more information about tax residency, talk to your financial adviser. If you
TIN									need more space to list all your tax residences, please copy this page.

Part 3 – Your investment	If you have completed the
Single premium € (minimum €10,000)	Bare Trust (SYBTRUST) and wish to make use of the small gift
Payable by: Direct credit*	exemption, consider an annual premium option. Talk to your financial adviser.
Source of funds	Please make cheque or bank
Please give account details from where money was drawn	draft payable to Standard Life International.
Your International Bank Account Number (IBAN) Name on your account	Premium should be drawn from policy owner's account.
* You should make your direct credit payment to Standard Life International, IBAN: IE81 HSBC 990231 37001649, and quote reference: your surname, first name, and date of birth (dd/mm/yyyy)	
Part 4 – Your investment choice	l
In order to complete this section, refer to the Investment Options guide (SYIO1) and the Self-Directed Options guide (SYSDO1) Indicate how your premium in Part 3 is to be allocated	

If you choose to invest in Self-Directed Options, your investment will initially be placed in your Policy Cash Account. You must have enough money in this account to enable us to carry out your instructions and to pay the charges related to the Self-Directed Options that you have selected. Please refer to the Self-Directed Options guide (SYSDO1), or contact your financial adviser for further information.

and/or **Self-Directed Options** €

Funds

Funds					
Absolute Return Global Bond Strategies (ARGBS)	%	Global Index Fund 60	%	MyFolio Market III	%
Asia Pacific Equity	%	Global Index Fund 80	%	MyFolio Market IV	%
Cautious Managed	%	Global Index Fund 100	%	MyFolio Market V	%
China Equity	%	Global Inflation Linked Bond	%	North American Equity	%
Corporate Bond	%	Global Real Estate	%	Property	%
Diversified Income	%	Global REIT	%	Total Return Credit	%
Euro Global Liquidity	%	Global Smaller Companies	%	UK Equity	%
European Equity	%	Japanese Equity	%	UK Smaller Companies	%
European Ethical Equity	%	Managed	%	Vanguard Emerging Market Stock Index	%
European Smaller Companies	%	Multi-Asset ESG	%	Vanguard Euro Government Bond Index	%
Fixed Interest	%	MyFolio Active I	%	Vanguard Eurozone Stock Index	%
Global Absolute Return Strategies (GARS)	%	MyFolio Active II	%	Vanguard Global Bond Index	%
Global Corporate Bond SRI	%	MyFolio Active III	%	Vanguard Global Corporate Bond Index	%
Global Equity	%	MyFolio Active IV	%	Vanguard Global Stock Index	%
Global Equity Impact	%	MyFolio Active V	%	Vanguard US 500 Stock Index	%
Global Index Fund 20	%	MyFolio Market I	%		
Global Index Fund 40	%	MyFolio Market II	%		

If you wish to invest in funds, indicate the relevant percentage in the table below. For example, if you indicated above that you wish to invest €10,000 in funds, and you want all of this amount to be invested in the Standard Life Managed Fund, you would insert 100% beside Managed.

Self-Directed Options			
Deposits	There are minimum investment amounts applied by the		
Deposit provider	Deposit amount €	Deposit account term	Deposit providers. Please see www.standardlife.ie for the minimums that apply.
Authorising Standard Life to acce Note that we will only accept instruct have verified the identity of the auth person and/or yourself to verify that I authorise Standard Life to accept in sell Funds and Deposits under this p This authorisation will apply until Sta withdrawing my authorisation.	Talk to your financial adviser before completing this section.		
Policy owners' signatures (all policy owners must sign) Date (DD/MM/YYYY)			Signature
Part 5 – Regular withdrawals (opt	1	after exit tax (max 5%pa of premium)	The minimum regular withdrawal per annum is €900. Please allow at least 3 bank working days for the payment

Frequency Every 6 months Every 3 months First payment date (Choose any day from 1-28 of the month. Earliest: 1 month after Start Date; latest: 13 months after Start Date) (DD/MM/YYYY) Your International Bank Account Number (IBAN) Name on your account

to reach your account.

Payments must be lodged to your own or jointly owned personal bank account. Enclose a certified copy of a recent bank statement to confirm this if you paid your premium from a different account (it can also be used as proof of your address). Payments cannot be made by cheque.

Your IBAN is shown on your bank statement. (The last 14 characters of your Irish bank account's IBAN are your old 6 digit branch sort code (1st digit = 9) and old 8 digit account number).

Part 6 – Anti-money laundering regulations We will not be able to proceed We are required to obtain information about your occupation, income, details of how you acquired with your application unless the money you are investing before we can accept your application. the information requested here is fully completed. Occupation of policy owner 1 Occupation of policy owner 2 In some cases, we will require Your annual income before tax evidence to verify the information in this section. €50,000 to €74.999 Under €20.000 €20.000 to €34.999 €35.000 to €49.999 If this is a joint application, please state the combined Source of wealth. Tick all that apply. income of the policy owners. Compensation payment Sale of company Salary/bonus Divorce settlement Lottery/betting win Sale of investments Savings Policy claim/maturity Sale of property Other Additional details (must be completed) Failure to complete this section fully is the most common cause of delay in processing the application. Where possible, please provide documents as evidence. You'll also you'll need to attach copies of one of each of the following: Current means not expired and Proof of identity, for example Proof of address, for example and recent means issued in the last 6 months. • Recent bill (electricity, landline phone or gas) Current passport If you don't have a • Current EU or UK driving licence Recent statement (bank or credit union) particular document, talk to • Recent document from Revenue or Dept of us or your financial adviser Social Protection about alternatives. If you don't provide suitable documents/information to us, we may be required to stop processing and discontinue doing business with you. Similarly, after the policy is written, if we ask for up to date

verification, we may not be allowed to carry out your instructions until it is provided.

Politically exposed persons

We are also required to identify politically exposed persons (PEPs).

A PEP is an individual who is, or has at any time in the last 12 months held one of the following positions, in Ireland or abroad:

- head of a state or government, or a minister
- member of a parliament or similar legislative body
- member of the governing body of a political party
- member of a supreme court, constitutional court or other high-level judicial body
- member of a court of auditors or board of a central bank
- an ambassador, chargé d'affaires or high-ranking officer in the armed forces
- member of an administrative, management or supervisory body of a state-owned enterprise
- director, deputy director, or member of the board of (or person performing the equivalent function in relation to) an international organisation

Are you, or any other party to this application, now, or previously been a

- politically exposed person (PEP)
- close relative of a PEP, or
- close business associate of a PEP?

If yes, please give details:

Yes No

Role* in policy	Role holder's name	Role holder's relationship to PEP	PEP	Position held by the PEP
For example, Policy owner	Anne Murphy-Smith	daughter-in-law	Hugo Smith	Director, UK Post Office

If you are a PEP, or a close relative or close associate of a PEP, we must apply enhanced customer due diligence procedures. You may be required to provide additional information and documentation (such as your source of funds, wealth, and identity).

* Policy owner, life assured, settlor, beneficiary or trustee.

Part 7 – Your financial adviser's declaration To be completed by the financial adviser 1. I confirm that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, my client has been given in writing the information specified in Schedule 1 of those Regulations. If a Personal Illustration has not been provided pre-sale, I will provide the declaration set out in Schedule 4 of those Regulations to my client for signing and returning to me when they receive their policy documents. 2. I have advised my client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial losses as a result of such replacement. 3. I confirm that in accordance with the Packaged Retail and Insurance-based Investment Products EU Directive 2014, my client has been given the Key Information Document for the product and relevant Supplementary Information Documents for funds. 4. I confirm that in accordance with the EU Regulation 2019/2088 on sustainability-related disclosures in the financial services sector, my client has been given the relevant pre-contractual SFDR disclosure documents. 5. I have explored the available investment options with my client and taking into account their circumstances, long term needs, age, attitude to risk, product suitability and sustainability preferences, I am satisfied that this policy is suitable for them. 6. I confirm my client fits the product's target market Yes For product's target market, refer to Brokerzone If No, please outline why you are recommending this product. 7. I confirm that I will retain the appropriate evidence regarding any instructions I give to Standard Life or any third party providers on behalf of my client. 8. I have completed all checks to verify the identity, address, source of funds, and source of wealth For guidance on source of wealth requirements (SOWFA), of the policy owners named in Part 2 (and, if policy written under trust, also the settlors and refer to Brokerzone. beneficiaries named in the trust deed), to the standards set out in the anti-money laundering and counter financing of terrorism regulations. Commission details Please complete all three choices (i), (ii) and (iii): For more information on pricing options refer to Products from Standard Life for financial **Pricing option** If I chosen, advisers (SYAPS). Initial must be between 2% and 3% inclusive (ii) Initial (% of premium) **%**| _(Max 4.00%) (iii) FBRC (% of fund) If FBRC chosen, and payable frequency not ticked, we'll pay payable Monthly Ouarterly Half-yearly it monthly. Issue policy to Financial adviser Financial adviser, signature Signature **Date** Financial adviser's name (DD/MM/YYYY) If there are questions relating to this application, email me at Special instructions and/or additional information

Part 8 – Your declaration (Please ensure that all policy owners read and sign this part)

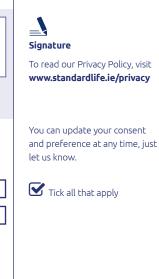
WARNING: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.

- 1. I have read the Data Protection Notice on page 1, and I agree that my personal information may be used for the purposes described.
- I confirm that I have an interest in the life or lives assured, as I will suffer financial loss on their death.
- 3. I agree that the information given in this form is true and complete.
- 4. I agree that a copy of this application can be treated as the original for all purposes.
- 5. I authorise my financial adviser to complete and process this application online on my behalf.
- 6. I am a resident of the Republic of Ireland.
- 7. I have received in writing and read the information specified in 1, 2, 3 and 4 of my financial adviser's declaration (Part 7).
- 8. I agree that the contract will be governed by the Policy Schedule, Statement of reasonable projection, and the Policy Provisions (SYIB60), together with this Application Form and any associated statements or questionnaires submitted in connection with this application.
- 9. I agree that the contract will be governed by Irish law.

An individual will be regarded as resident in the Republic of Ireland ('the State') for a tax year if the individual:

- (a) is present in the State for 183 days or more in that tax year; or
- (b) has a combined presence of 280 days or more in the State taking into account the number of days present in the State in that tax year together with the days present in the State in the preceding tax year.

If an individual is present in the State for less than 30 days in a particular tax year, the individual will not be considered as being resident in the State in that tax year and no account shall be taken of the period of less than 30 days for the purposes of the 280 day test, unless the individual elects to become a resident. An individual is considered present if they are present in the State at any time during that day.



Policy owners' signatures (all policy owners must sign) Date				
(DD/MM/YYYY)				
	other promotions.	ne to time to keep you u If you want us to keep y	•	
Policy owner 1	Email	Phone	Post	Text
Policy owner 2	Email	Phone	Post	Text
behalf, not only by on this completed applyou are applying to	giving you advice, b lication and cheque enter into a contra	ncial adviser, remember to but also regarding how the e (if applicable) in payme act with Standard Life. The of this application will be	his form is filled in and in the sent of premiums. By filling is application will be the	sending us ng in this form ne basis of this
I, a life assured, Protection Noti purposes descri	declare that the in ice on page 1, and I ibed.	e only if different from formation given is true a agree that my personal ed only, I may not benefi	and complete. I have re information may be us	
Lives assured signatures (all lives assured who are not policy owners must sign) Date				



Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary. (01) 639 7000 www.standardlife.ie customerservice@standardlife.ie Standard Life International dac is regulated by the Central Bank of Ireland. Standard Life International dac is a designated activity company limited by shares and registered in Dublin, Ireland (408507) at 90 St Stephen's Green, Dublin D02 F653.

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