

Synergy Personal Retirement Savings Account AVC (PRSA AVC)

Before you complete this form

Please read your Personal Illustration, Preliminary Disclosure Certificate (SYPRSA1), Investment Options guide (SYIO1) and Self-Directed Options guide (SYSDO1), given to you by your financial adviser.

Application

What this form is for

Use this form if you are a member of an occupational pension scheme, and intend to remain a member, and you want to make Additional Voluntary Contributions (AVCs) to a PRSA. AVCs are subject to the rules of your occupational pension scheme.

If you want to make employer or employee contributions to a PRSA in relation to an employment where you are not a member of its occupational pension scheme, please complete a Synergy PRSA application (SYPRSA) as they need to be in a separate policy from AVCs.

If you want to make AVCs in respect of different employments, then separate application forms must be completed (and separate policies will be issued).

If you and your financial adviser choose different product structures based on initial contribution type (single, regular, transfer) or commission type, then you will have more than one PRSA policy.

Checklist

Complete all sections of this application form and sign it.

Ensure your financial adviser completes and signs Part 10.

Enclose a cheque if applicable.

Enclose proof of your identity.

Enclose proof of your Personal Public Service number.

Enclose a copy of a recent annual statement from your occupational pension scheme.

For transfer payments, enclose a Certificate of Comparison, unless exempt.

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: standardlife.ie/privacy

| Part 1 – Your financial adviser's company details <mark>(Compulsory)</mark> | | | | | | |
|---|-----|--|--|--|--|--|
| To be completed by your financial adviser | | | | | | |
| Financial adviser's Standard Life agency code | 9 / | | | | | |
| Financial adviser's company name | | | | | | |

SYPRAVC V08 0225

| Part 2 – Your pers | onal details <mark>(Con</mark> | pulsory) | | | | | |
|---|---------------------------------|----------------------------|--|--------------------------|----------------|---------|--|
| Tick this box if customer of St | you're already a andard Life | Please give your policy | | | | | |
| Title | | | | | | | |
| First names (in full) Surname | | | | | | | Your name should match that on your photo ID. |
| Email | | | | | | | We may use your email to help |
| | @ | | | | | | manage your policy. If you don'l want us to use it, leave it blank. |
| Address | | | | | | | |
| | | | | | | | |
| | | | | | | | + Minimum age is 18, maximum is 74. |
| Date of birth ⁺ (DD/MM/YYYY) Personal Public Service number ⁺⁺ | | N N L (L) | Home phone numbe Mobile phone numbe | | | | ++ We are required to get proof of your identity/ date of birth (for example, a copy of your passport or driving licence) and your PPS number (for example, a copy of Revenue correspondence |
| Occupation | | | | | | | to you). If you don't enclose them, your application will |
| Marital status | Single | Married/Civil partnership | Separat | ed Divorc | ed | Widowed | be delayed and your money will not be invested until a later date. |
| Part 3 – Your emp | loyment status a | nd retireme | nt details <mark>(Co</mark> | mpulsory) | | | |
| I want to retire und | er my Synergy PRSA | A at age | matching t | ne retirement age of th | ne main scheme | * | * For regular (monthly, quarterly, half yearly) |
| A. Employee | irector, professional, | | OR | | | | contributions, there must be at least one year |
| technical and | administrative | | | nployee | | | between your start date and retirement age. For |
| Clerical and s | | | | pricultural self-employe | ed | | a term of less than one year you can only have a |
| | protective service | | OR OR | her self-employed | | | yearly contribution, a single contribution or transfer |
| | chine operative | | | conomically acti | ive/unemp | loyed | payment. |
| Trades, craft | and related | | | | | | |
| Sales | | | | | | | |
| Other | | | | | | | |

| Part 4 – Existing employer and retirement benefits (Compulsory) |
|--|
| Employer company name |
| Address of employer |
| |
| |
| Eircode |
| |
| Employer tax Contact registration number phone number |
| Name of scheme or insurance company |
| |
| Current annual salary 🖌 Additional salary benefits 🖌 |
| |
| Normal Retirement Age |
| Name and address |
| of trustee |
| |
| Eircode |
| |
| Type of scheme Other |
| Defined benefit or Defined contribution or |
| Defined benefit |
| Date of joining company Date of leaving (DD/MM/YYYY) (DD/MM/YYYY) |
| Pension at date of leaving € Additional cash lump sum at date of leaving € |
| Pension escalation |
| Defined contribution* |
| Date of joining company (DD/MM/YYYY) |
| Projected fund at Normal Retirement Age € |
| Current fund 🗲 Contribution 🖌 R.a. |
| amount p.a. indexation rate |
| Projected fund at Normal Retirement Age |

Please enclose a copy of a recent annual statement from your occupational pension scheme

- if there is more than one scheme, include details of the schemes on a separate sheet and attach to this form
- if you want to make AVCs in respect of different employments: separate application forms must be completed (and separate policies will be issued).

 Please provide either (a) your projected fund at Normal Retirement Age, or (b) your current fund, contribution amount and contribution indexation rate.

| Part 4 – Existing employer and retirement benefits (continued) (Compulsory) | | | | | | | | |
|--|---|---|---|--|--|--|--|--|
| Other retirement benefits | | | | | | | | |
| Do you have any other pension Standard Life)? | Please note that we'll be unable to proceed if Part 4 | | | | | | | |
| If yes, please give details | Pension 1 | Pension 2 | Pension 3 | is incomplete. If you have more than 3 other | | | | |
| Sponsoring employer (if not sponsored: pension provider) | | | | retirement benefits, please copy this part and complete for each | | | | |
| Normal retirement age | | | | employment. | | | | |
| Does this other pension relate to a previous, same or concurrent employment? | Previous Same | Previous Same | Previous Same Concurrent | | | | | |
| Scheme type (i) | DC company scheme, AVC scheme, PRSA AVC, buy out bond or SSAS | DC company scheme, AVC scheme, PRSA AVC, buy out bond or SSAS | DC company scheme, AVC scheme, PRSA AVC, buy out bond or SSAS | AVC = additional voluntary contribution | | | | |
| (ii) | Personal pension (RAC) or PRSA | Personal pension (RAC) or PRSA | Personal pension (RAC) or PRSA | DC = defined contribution | | | | |
| (iii) | DB company scheme | DB company scheme | DB company scheme | DB = defined benefit PRSA = personal retirement | | | | |
| | | | | savings account | | | | |
| If (i) or (ii), give (A) current fund value | € | € | € | SSAS = small self-administered scheme | | | | |
| or (B) projected fund value at normal retirement age | € | € | € | Scheme | | | | |
| If (iii), give (a) date of leaving | | | | | | | | |
| (b) pension at date of leaving | € pa | € pa | € pa | | | | | |
| (c) additional cash lump sum at date of leaving | € | € | € | | | | | |
| (d) pension escalation | % pa | % pa | % pa | | | | | |
| (e) spouse/civil partner's benefit on death after retirement | % | % | % | | | | | |
| | | | | | | | | |
| Part 5 – Contributions | | | | | | | | |
| Regular contribution** | | | | The minimum regular contribution is €25 each | | | | |
| | € | | | month, €75 each quarter, €150 each half year and €300 | | | | |
| Date of first regular contribution (DD/MM/YYYY) | | | | each year. The minimum single contribution by cheque is €50. The overall minimum | | | | |
| Payable by | | | | contribution in any policy year is €300. | | | | |
| Monthly direct debit | Quarterly direct debit | Half-yearly direct debit | | If paying by salary deduction, please ensure date of first | | | | |
| Yearly direct debit | Yearly cheque, direct credit/l | EFT* or bank draft | | regular contribution and salary deduction start date match. | | | | |
| Single contribution** | | | | ** If you and your financial adviser choose different | | | | |
| Your AVC | € | | | product structures based | | | | |
| Payable by: | | | | on initial contribution type (single, regular, transfer) | | | | |
| Cheque | Bank draft | Direct credit/EFT* | | or commission type, then you will have more than one PRSA policy. | | | | |
| Please give account details fro | | ND | | Please make cheque or bank | | | | |
| Your International | in where money was drav | WII | | draft payable to Standard Life International. | | | | |
| Bank Account Number (IBAN) | | | | Contributions must be drawn from policy owner's or | | | | |
| Name on your account | | | | employer's account. | | | | |
| * You should make your dired IBAN: IE81 HSBC 990231 3 first name, and date of birt | 7001649, and quote refer | | al, | | | | | |

| Part 6 – Your AVC tr | ansfer payment | : | | | | | |
|---|---|----------------------------------|---------------------------------------|-------------------------------|-------------------|----------------|---|
| AVC transfer paymer | nt** € | | | | | | ** If you and your financial adviser choose different |
| From what type of per | nsion arrangemen | t is the AVC | C transfer payı | ment coming? | | | product structures based on initial contribution type |
| PRSA AVC | Defined co | ntribution AV | C scheme^ | Pension a | arrangement ou | ıtside Ireland | (single, regular, transfer) or commission type, then |
| Transferring policy number | | | | | | | you will have more than one PRSA policy. If you're |
| Name of transfer provider | | | | | | | making a transfer paymen and you're splitting your transfer payment into |
| Name of plan from which tr | ransfer payment origin | ates | Revenue | e reference number o | of the transferri | ng plan | multiple PRSAs, as set out in Your financial adviser's |
| Is your pension (or has (for example, Pension | | - | family law pro | oceedings? | Yes | No | section (Part 10), the same fund choice will apply across all the split transfe |
| If Yes, you should enclow what further information | | Notice or C |)rder. We'll th | en let you know | | | payment PRSAs. You can request a fund switch at any time. |
| Do you require a 'Willin | ng and able' letter | to be sent | to the transf | er provider? | Yes | No | If the transfer payment is coming from an occupational |
| Part 7 – Salary dedu | lction | | | | | | pension scheme, please enclose your Certificate of |
| If the regular or sing | | in Part 5 a | re to be ded | ucted by your e | employer fr | от уоиг | benefit comparison, unless exempt. |
| salary, we'll issue a N | let Pay Certificat | :e. | | | | - | exempt. |
| Single contributions Your instruction to your Please deduct from | our employer to n my salary until fu | deduct fro rther notic | om your salar e the PRSA co | y ontributions agre | - | Part 5, | |
| and any increase in | contributions, and | d remit the | se contributio | ns to Standard L | ife. | | |
| Employee signature | | | | | | | |
| Date (DD/MM/YYYY) | | | | | | | Signature |
| Your employer's decl | aration and agre | ement to | deduct from | your salary | | | |
| Name of employer | | | | | | | |
| | | | | | | | |
| Address of employer | | | | | | | |
| | | | | | | | Please ensure date of first |
| | | | | | | | regular contribution to policy (Part 5 – Contributions |
| | | | | | | | and salary deduction start date match. |
| | | | | Eircode | | | * Pensions Branch, Revenue |
| Employer tax registration number | | | Contact phone num | nber | | | Commissioners, Castle View, 52-57 South Great George's Street, Dublin D02 HF50. |
| • I confirm that the p | erson named in P | art 2 is a sa | laried PAYE er | mployee of the c | ompany. | | Employers should advise Revenue when its Net Pay |
| • I confirm that the e | | | | - | | | arrangement for pensions |
| I have received appr | | | - | - | | Chandrad Life | first starts. To read our Privacy Policy, visit |
| I agree to deduct thI have read the Data | | | | | | | standardlife.ie/privacy |
| may be used for the | | | r, and ragice | ensering persone | | | |
| Authorised signature | | | | | | | |
| for and on behalf of employer | | | | | | | Signature |
| Position of signatory within | employer company | | | Date | | | Signacure |

(DD/MM/YYYY)

Synergy Personal Retirement Savings Account AVC (PRSA AVC) 05/11

Part 8 – Your investment choice (Compulsory)

If you do not wish to be invested in the Default Investment Strategy as outlined in your Preliminary Disclosure Certificate (SYPRSA1), please complete your investment choice below. The Default Investment Strategy can only be applied at the outset of the policy. A PRSA must have the Default Investment Strategy applying to the whole policy or not at all. Indicate how your contributions and/transfer payment as set out in Parts 5 and/or 6 are to be allocated.

Funds

€

and/or

Self-Directed Options

€

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.

Funds

| Choose from the follow | <mark>ing Stand</mark> ar | d Life funds | | | |
|---|---------------------------|-----------------------------------|---|---|---|
| Absolute Return Global Bond Strategies (ARGBS) | % | Global REIT | % | Target Retirement Fund 2040 | % |
| Asia Pacific Equity | % | Global Smaller Companies | % | Target Retirement Fund 2045 | % |
| Cautious Managed | % | Japanese Equity | % | Target Retirement Fund 2050 | % |
| China Equity | % | Managed | % | Target Retirement Fund 2055 | % |
| Corporate Bond | % | Multi-Asset ESG | % | Target Retirement Fund 2060 | % |
| Diversified Income | % | MyFolio Active I | % | Target Retirement Fund 2065 | % |
| Euro Global Liquidity | % | MyFolio Active II | % | Target Retirement Fund 2070 | % |
| European Equity | % | MyFolio Active III | % | Target Retirement Fund 2075 | % |
| European Ethical Equity | % | MyFolio Active IV | % | Total Return Credit | % |
| European Smaller Companies | % | MyFolio Active V | % | UK Equity | % |
| Fixed Interest | % | MyFolio Market I | % | UK Smaller Companies | % |
| Global Corporate Bond SRI | % | MyFolio Market II | % | Vanguard Emerging [Market Stock Index [| % |
| Global Equity | % | MyFolio Market III | % | Vanguard Euro Government Bond Index | % |
| Global Equity Impact | % | MyFolio Market IV | % | Vanguard Eurozone Stock Index | % |
| Global Index Fund 20 | % | MyFolio Market V | % | Vanguard Global Bond Index | % |
| Global Index Fund 40 | % | North American Equity | % | Vanguard Global Corporate Bond Index | % |
| Global Index Fund 60 | % | Property | % | Vanguard Global Small-Cap Index | % |
| Global Index Fund 80 | % | Sustainable Index World Equity | % | Vanguard Global Stock Index | % |
| Global Index Fund 100 | % | Target Retirement Fund 2025 | % | Vanguard US 500 Stock Index | % |
| Global Inflation Linked Bond | % | Target Retirement Fund 2030 | % | | % |
| Global Real Estate | % | Target Retirement Fund 2035 | % | | % |

In order to complete this section, refer to the Investment Options guide (SYIO1) and the Self-Directed Options guide (SYSDO1).

If you have more than one contribution type (for example a monthly premium of €250, a transfer payment of €100,000, and a €5,000 single contribution), and you want a different fund choice for each type, please make a copy of this section and complete it for each contribution type.

If you're making a transfer payment, and you're splitting your transfer payment into multiple PRSAs, as set out in Your financial adviser's section (Part 11), the same fund choice will apply across all the split transfer payment PRSAs. You can request a fund switch at any time.

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

For fixed term deposits, please read the appropriate Fixed Term Deposit Key Features document.

| Deposit provider | Deposit amount € | Deposit account term |
|------------------|------------------|----------------------|
| | | |
| | | |
| | | |
| | | |

Authorising Standard Life to accept instructions from your financial adviser on your behalf

Note that we will only accept instructions from authorised persons once we are satisfied that we have verified the identity of the authorised person, and it is the responsibility of the authorised person and/or yourself to verify that your instructions have been carried out properly.

I authorise Standard Life to accept instructions from my financial adviser named in Part 1, to buy or sell Funds and Deposits under this policy.

This authorisation will apply until Standard Life receives a written instruction from me changing or withdrawing my authorisation.

| Policy owner signature | |
|-----------------------------|--|
| Date (DD/MM/YYYY) | |

There are minimum investment amounts applied by the Deposit providers. Please see **standardlife.ie/deposits**.

Please speak to your financial adviser before completing this section.



| Part 9 – Anti-money la | | | | |
|-------------------------|--|---------------------|-----------------|--------------|
| Tell us how you acquire | In certain circumstances we may request further | | | |
| Compensation payment | Inheritance | Salary/bonus | Sale of company | information. |
| Divorce settlement | Lottery/betting win | Sale of investments | Savings | |
| Gift | Policy claim/maturity | Sale of property | Other | |
| Additional details | | | | |

If you don't provide suitable anti-money laundering/identification 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 (Compulsory)

We are 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.

| Your relationship to PEP | PEP | Position held by PEP |
|---------------------------------|------------|--------------------------|
| For example, 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).

No

Part 10 – Your financial adviser's declaration (Compulsory)

Name of Consumer to whom a Non-Standard PRSA has been offered or recommended (BLOCK CAPITALS)

Please indicate the product structure for **each contribution amount** given in Parts 5 and 6. If you choose a different product structure for the type of contribution (regular, single and transfer), it will mean that your client will have more than one policy*.

The product structure you choose at the start determines all the allocation rates and initial commission payable on all future regular and single contributions, and fund based renewal commission (FBRC) for that policy.

Regular and single contribution initial commission selected at the start of the policy will apply to the whole policy and can not be altered.

Regular contribution:

| - | | | | | | | | | | |
|-------------------------------|----------------------|-----|-------|----|----------|----|-----------|--------|--|--|
| Α | в | с 🗌 | D | E | F | G | н | | | |
| I 🗖 | L 🗌 | к | L 🗌 | м | Ν | 0 | Р | | | |
| FBRC payment frequ | Jency^^ | Mc | nthly | Qu | larterly | Ha | lf-yearly | Yearly | | |
| Bonus/Vesting commission** | l | Yes | ; | No | 1 | | | | | |
| Single con | Single contribution: | | | | | | | | | |
| Α | в | с 🗌 | D | E | F | G | н | | | |
| ı 🗖 | J | К | L 🗌 | м | Ν | 0 | Р | | | |
| FBRC payment frequ | Jency^^ | Mc | nthly | Qu | larterly | Ha | lf-yearly | Yearly | | |
| Bonus/Vesting commission** | I | Yes | 5 | No | 1 | | | | | |
| Transfer p | avment: | | | | | | | | | |

fransier payment.

If you choose to have the whole transfer payment applied to one PRSA policy, or split equally between multiple policies with identical fund choices and product/commission structures, give details:

| Number of pol | licies required | | ог | | (m | ax 10) | | |
|-------------------------------|-----------------|-----|-------|----|---------|--------|-----------|--------|
| Α 🗌 | в | с 🗌 | D | E | F | G | н | |
| I 🔲 | L | к | L | м | Ν | 0 | P | |
| FBRC payment frequ | iency^^ | Мо | nthly | Qu | arterly | 🗌 Ha | lf-yearly | Yearly |
| Bonus/Vesting commission** | | Yes | i | No | | | | |

ог

If you choose to have the transfer payment divided into multiple non-identical policies with the same fund choice, and with or without a different product/commission structure, give details:

| | Transfer payment € | Product structure (A-P) | FBRC frequency^^ (M, Q, HY, Y) | Bonus/Vesting commission** | |
|----|-----------------------|----------------------------|-----------------------------------|-------------------------------|------|
| 1 | | | | Yes 🗌 | No |
| 2 | | | | Yes 🗌 | No |
| 3 | | | | Yes 🗌 | No |
| 4 | | | | Yes 🗌 | No |
| 5 | | | | Yes 🗌 | No |
| 6 | | | | Yes 🗌 | No |
| 7 | | | | Yes 🗌 | No |
| 8 | | | | Yes 🗌 | No 🗌 |
| 9 | | | | Yes 🗌 | No 🗌 |
| 10 | | | | Yes 🗌 | No |

To be completed by your financial adviser

* For example, if A is chosen for the single contribution, B for the regular contribution, and G for the transfer payment, your client will get 3 separate policy numbers, policy packs and annual statements. If you choose A for both the single contribution and regular contribution, and G for the transfer payment, your client will get 2 separate policies and policy numbers (the regular contribution will be added as a top-up to the single contribution policy).

For a term of <1 year, no commission is payable, except FBRC (if applicable to chosen product structure).

- ^^ The FBRC frequency you select at the policy set up determines the frequency for the whole policy. If FBRC chosen (B, C, E, F, H, I, J, K, L, M, N and P), and payable frequency not ticked, we'll pay it monthly.
- ** The Bonus/Vesting commission you select at policy set up determines the Bonus commission payable on pre-retirement single contributions and transfer payments, and Vesting commission on post-retirement single contributions and vested transfer payments to the policy. If you wish to receive Bonus/Vesting commission on future transfer payments and single contributions into the policy, you must tick the Yes box now. If you want different levels of commission for transfer payments or single contributions, now or in the future, separate policies will need to be set up.

For more information, see Synergy PRSA options leaflet (SYPRSACOMM).

| Part 10 – Your financial adviser's declaration (continued) (Comp | ulsory) | | | | | | |
|--|---|--|--|--|--|--|--|
| Name of Non-Standard PRSA Product Producer: Standard Life International dac | | | | | | | |
| I declare that I have explained to this consumer that there are differ PRSA and Standard PRSA, and focused on the fact that the charges risks are greater for this Non-Standard PRSA. | | | | | | | |
| 2. I declare that in my opinion it is in the best interest of the above-nar Non-Standard PRSA. | med consumer to purchase this | | | | | | |
| 3. I declare that in my opinion the Non-Standard PRSA I have offered/r consumer is the PRSA product most suited to this consumer from a | | | | | | | |
| 4. I hereby declare that, in accordance with Article 3 of the Personal Re (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate (S (pre-sale) have been provided to this consumer in respect of this ap | SYPRSA1) and a Personal Illustration | | | | | | |
| retirement annuity contract or member benefits from an occupation | I have advised this consumer as to the financial consequences of replacing an existing PRSA contract, retirement annuity contract or member benefits from an occupational pension scheme with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement. | | | | | | |
| | 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. | | | | | | |
| | 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. | | | | | | |
| 8. I confirm that I will retain the appropriate evidence regarding any in or any third-party providers on behalf of my client. | structions I give to Standard Life | | | | | | |
| I have completed all checks to verify the identity, address, source of funds, and source of wealth of the above-named consumer, to the standards set out in the anti-money laundering and counter financing of terrorism regulations, which will be forwarded to Standard Life on request. | | | | | | | |
| 10. I confirm my client fits the product's target market | No | | | | | | |
| If No, please outline why you are recommending this product For target market (SYPRAVCTM), see standardlife.ie/adviser. | | | | | | | |
| Financial adviser signature | | | | | | | |
| Date Financial adviser's name | Signature | | | | | | |
| Financial adviser's company name (BLOCK CAPITALS) Position held | | | | | | | |
| If there are questions relating to this application, email me at | | | | | | | |
| Special instructions and/or additional information | | | | | | | |

Part 11 – Your declaration (Compulsory)

Please read carefully before signing

WARNING If you propose to enter into this PRSA contract in complete or partial replacement of an existing PRSA contract, retirement annuity contract or member benefits from an occupational pension scheme, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract, retirement annuity contract or member benefits from an occupational pension scheme. If you are in doubt about this, please contact your PRSA provider.

- 1. I have read and understand the Data Protection Notice on page 1, and I agree that my personal information may be used for the purposes described.
- 2. I have received in writing and read the information specified in my financial adviser's declaration (Part 10).
- 3. I consent to Standard Life seeking relevant information relating to my past, present, future employments and pension arrangements from any employers, trustees, administrators or pension providers and I authorise the giving of such information.
- 4. I agree that a copy of this application can be treated as the original for all purposes.
- 5. I declare that the information provided in this and other related forms (if any) is true and complete to the best of my knowledge and belief, whether in my handwriting or not.
- 6. I agree that the contract will be governed by the Policy Schedule, Statement of reasonable projection and Policy Provisions (SYPRSA60), together with this Application Form any any associated staments or questionnaires submitted in connection with this application.
- 7. I accept that the benefit under this pension policy is governed by Chapter 2A of Part 30 of the Taxes Consolidation Act 1997 as amended, and benefits under this policy cannot be surrendered, assigned or commuted
- 8. I agree that the contract will be governed by Irish law.

| Policy owner signature Date (DD/MM/YYYY) | | | | Signature |
|---|---|------|------|----------------------|
| We would like to contact company news and other prefer us to contact you: | You can update your and preferences at ar just let us know. | | | |
| Email | Phone | Post | Text | Stick all that apply |
| If you are receiving advic not only by giving you ad application and payment with Standard Life. This a this completed application the start date you have go contributions are to be p the direct debit is set up | | | | |

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 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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If you and your financial adviser choose different product structures based on initial contribution type (single, regular, transfer) or commission type, then you will have more than one PRSA policy/contract.

consent nv time.



SEPA direct debit mandate

| Your policy number (which will be your Unique Mandate Reference) | SDDN V06 1122 |
|--|--|
| Please complete a separate direct debit for each policy number. | |
| | |
| Direct debit instruction | |
| By signing this mandate form, you authorise | Some banks may not accept direct debit instructions for some types of accounts (for example, most savings |
| (a) Standard Life to send instructions to your bank to debit your account, and(b) Your bank to debit your account in accordance with the instruction from Standard Life. | |
| As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks, starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank. | accounts). If in doubt, please consult your bank. |
| Name on account | Your IBAN is shown on your bank statement. (The last 14 |
| Address on account | 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). |
| | |
| Eircode | |
| International Bank Account Number (IBAN) | |
| Type of payment: Recurrent | |
| Accountholder signatures | Signature |
| Date (DD/MM/YYYY) | |
| If your bank account is a joint account and requires two signatures, please ensure this mandate is signed by both parties. | |
| Creditor: Standard Life International dac | |
| Creditor Identifier: IE09ZZZ304935 | |

Please return this mandate to Standard Life, 90 St Stephen's Green, Dublin, D02 F653.

Instead of posting, you can scan and email it to us at **customerservice@standardlife.ie**

If you scan and email documents containing your personal information, be aware that there's no guarantee that any email you send us will be received, or that it will remain private and unaltered during internet transmission.

For more information on SEPA, visit the Banking & Payments Federation Ireland website, **www.bpfi.ie**

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