

Synergy Buy Out Bond

Application

Before completing this form

Please read your Personal Illustration, Key Features document (SYBOBKF1), Investment Options guide (SYIO1) and Self-Directed Options Guide (SYSDO1), given to you by your financial adviser. If you are transferring your pension from the UK, please also read the UK pension transfers guide (SYUKPT1).

What this form is for

This form should be used to make an investment in a Synergy Buy Out Bond using the proceeds of a transfer out of an

• Irish company pension scheme

- UK personal pension policy
- Irish buy out bond (personal retirement bond) UK company pension scheme
 - UK Section 32 policy

Until this application is accepted, Standard Life's liability is limited to the return of the transfer payment to your original pension provider.

Part 1 – Your financial adviser's company details

To be completed by your financial adviser

Financial adviser's Standard Life agency code	9 / 9
Financial adviser's company name	

Part 2 – Your perso	nal details					
Tick this box if y customer of Sta	you're already a andard Life	Please give your policy	e us one of y numbers			
First names (in full) Surname						Proof of identity (for example, copy of passport or driving licence) must be sent in with this application. Name on proof must match your photo ID.
Email	@					We may use your email to help manage your policy. If you don't want us to use it, leave it blank. If you're choosing execution-only stockbroking
Address						with Stocktrade, we'll need your email.
				Eircode		
Date of birth* (DD/MM/YYYY) Personal Public Service number			Home phone number Mobile phone number			* Minimum age is 18 maximum 70.

Where there is more than one pension scheme being transferred, please complete a separate application for each scheme.

SYBOB30 V47 0324

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

Yes

No

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

We may need to verify your identity and address to process your application. 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.

Part 3 – Transfer payment det	tails		
Amount of transfer payment [€ (€5,000 minimum)		
Normal Retirement Age*			
Is your transfer payment (or has proceedings? (for example, Pens	it ever been) subject to any family law sion Adjustment Order)	Yes	No No
If Yes, you should enclose a copy what additional information we	y of the Notice or Order. We'll then let you know 'll need.		
Do you require a 'Willing and ab	le' letter to be sent to the transfer provider?	Yes	
If yes please give policy number	and name of transfer provider		
Policy number			
Name of transfer provider			
The transfer payment is from a l	JK personal pension 🔲 or Irish or UK company pe	nsion scheme	
If the transfer is from a UK pe company pension scheme, Par	ersonal pension, please complete Part 4a, if fro rt4b.	om an Irish or	UK

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).

You should ensure that the transfer payment includes any money coming from separate AVC contracts or insurers and any payment for late interest. If this transfer payment is made up of previous transfer payments, please provide details of those transfer payments also. The transfer payment can be made by direct credit payment to Standard Life International, IBAN: IE81 HSBC 990231 37001649. Please quote reference: member surname, first name, and date of birth (dd/mm/yyyy)

* Must match the retirement age of the scheme you are transferring from. The Normal Retirement Age stated here must agree with any other simultaneous buy out bond (except where pension splitting applies).

Part 4a – Your UK personal pension details						
Complete only if yo	Complete only if your transfer payment is from a UK personal pension					
Name of plan						
HMRC reference number of the transferring plan						
Your UK National Insurance number	L L N N N N L					

Part 4b – Your company pension scheme details

Complete or	ly if your transfer payment is from a	company pension schen	ne
Amount of tr	ansfer payment which represents AVCs	€	
Name of plan			
Revenue/HM reference nu If from UK pe	mber		
your UK Nati Insurance nu	onal		
Scheme type	Defined Benefit 🔲 or Defined	d Contribution	
	ber a proprietary director (20%) at any t ⁻ the relevant employment?	ime within the last	Yes No
	ber given up their right to take a tax-free ackage from the relevant employment?	e lump sum as part of a	Yes No
Please give t	e transferring member's pension details	as set out in either (a) or	(b)
	num tax-free lump sum ement at transfer date		€
(ii) Reve	ue 'maximum benefit limit'		€
ог			
(b) (i) Date	of joining relevant employment	(DD/MM/YYYY)	
(ii) Date	of leaving relevant employment	(DD/MM/YYYY)	
pleas large Sumr the ru propu	salary from relevant employment. Altern e enclose copies of the members's three st consecutive yearly Employment Detail naries (or P60s) within the last five years elevant employment (within ten years for ietary directors (20%)) and their Employn Summary for the year they left the rele pyment (or P45).	of r ment	€

Additional Voluntary Contributions may have different options available at retirement.

Relevant employment means the employment relating to the pension scheme which you are transferring out of.

The Synergy Buy Out Bond satisfies the Qualifying Recognised Overseas Pension Scheme rules and is registered with HM Revenue & Customs (reference QROPS500126).

We strongly recommend that you enclose proof of your final salary now, to save you having to provide it when you retire, when we'll need it to calculate your retirement benefits and tax (a Revenue requirement).

Part 5 – `	Your investme	nt choice						
In order to complete this section, refer to the Investment Options guide (SYIO1) and the Self-Directed Options guide (SYSDO1) Indicate how your transfer payment as set out in Part 3 is to be allocated.								
						6		
Funds	€			elf-Directe		€		
Policy Ca instructio Please re	sh Account. You ons and to pay t	ı must have he charges	ed Options, your inv enough money in th related to the Self-E tions guide (SYSDO	nis account t Directed Opt	o enable us t ions that you	o carry out yo I have selected		
Funds								
Choose f	rom the follo	wing Stand	ard Life funds					If you wish to invest in
	e Return Global tegies (ARGBS)	%	Global REIT	%	Target	Retirement Fund 2040	%	funds, indicate the relevant percentage in the table below. For example, if you indicated
Asia	Pacific Equity	%	Global Smaller Companies	%	Target	Retirement Fund 2045	%	above that you wish to invest €10,000 in funds, and you want all of this amount to be
Caut	ious Managed	%	Japanese Equity	%	Target	Retirement Fund 2050	%	invested in the Standard Life Managed Fund, you would
	China Equity	%	Managed	%	Target	Retirement Fund 2055	%	insert 100% beside Managed .
C	orporate Bond	%	Multi-Asset ESG	%	Target	Retirement Fund 2060	%	
Dive	rsified Income	%	MyFolio Active I	%	Target	Retirement Fund 2065	%	
Еиго С	ilobal Liquidity	%	MyFolio Active II	%	Target	Retirement Fund 2070	%	
Eu	Iropean Equity	%	MyFolio Active III	%	Target	Retirement Fund 2075	%	
Europear	Ethical Equity	%	MyFolio Active IV	%	ſ	otal Return Credit	%	
Eur	opean Smaller Companies	%	MyFolio Active V	%		UK Equity	%	
	Fixed Interest	%	MyFolio Market I	%		UK Smaller Companies	%	
Glo	bal Corporate Bond SRI	%	MyFolio Market II	%		d Emerging Stock Index	%	
	Global Equity	%	MyFolio Market III	%	Va Government	nguard Euro Bond Index	%	
Global	Equity Impact	%	MyFolio Market IV	%		d Eurozone Stock Index	%	
	Global Index Fund 20	%	MyFolio Market V	%		uard Global Bond Index	%	
	Global Index Fund 40	%	North American Equity	%		uard Global 🛛	%	
	Global Index Fund 60	%	Property	%		uard Global 🛛	%	
	Global Index Fund 80	%	Sustainable Index World Equity	%		ard US 500 Stock Index	%	
	Global Index Fund 100	%	Target Retirement Fund 2025	%			%	
	lobal Inflation Linked Bond	%	Target Retirement Fund 2030	%			%	
Glol	bal Real Estate	%	Target Retirement Fund 2035	%				

Self-Directed Options

	kbroking ou are selecting execution will contact you directly^	only stockbroking. We w	ill pass your details to	
Tick this box if you're an Irish national. If you're not, or you have dual nationality/citizenship, please give details				
Nationality 1				
National client identifier 1*				
Nationality 2				
National client identifier 2*				
Please indicate which	income band applies to yo	U		
Under €20,000	€20,000 to €34,999	€35,000 to €49,999	€50,000 to €74,999	
You'll also need to at	tach copies of one of each o	of the following:		
 Proof of identity, for example Current passport Current EU or UK driving licence Recent statement (bank or credit union) Recent document from Revenue or Dept of Social Protection You are only allowed to trade in investments that are permitted by Standard Life. If it comes to our attention that you have bought non-permitted investments, we will instruct Stocktrade to sell those investments. In these circumstances, your policy will be charged the cost of selling those investments. If you are uncertain as to whether a particular investment is permitted, contact your financial adviser or Standard Life. 				
For structured depos	its, please read the approp its, please read the approp s Key Information Documer	riate Structured Deposit	: Key Features document. : Key Features document and	
Deposit provider		Deposit amount €	Deposit account term	
Authorising Standa	rd Life to accept instruct	ions from your financia	al adviser on your behalf	
have verified the ider	y accept instructions from a htity of the authorised pers rify that your instructions h	on, and it is the respons	ibility of the authorised person	

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's signature	
Date (DD/MM/YYYY)	

Stocktrade will use your
 email address given in Part 2
 to set up your online account.
 An additional charge applies
 for each deal arranged by
 post, email or fax.

* This could be your passport number or personal identity code, depending on country. For example, in UK, it's your National Insurance number. For other countries, see Execution-only stockbroking form (SYEOS1).

Current means not expired and recent means issued in the last 6 months.

If you don't have a particular document, talk to us or your financial adviser about alternatives.

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.

Signature	

Pa	rt 6 – Your financial adviser's declaration	
То	be completed by your 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, and that	
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 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.	
4.	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.	
5.	I confirm that I will retain the appropriate evidence regarding any instruction I give to Standard Life or any third party providers on behalf of my client.	
6.	I want to be able to view my client's Stocktrade account online.	
	Email me at	Stocktrade will use your email address to set up or add this
	@	client's policy to your online financial adviser account.
7.	I have completed all checks to verify the identity, address, source of funds, and source of wealth of the policy owner named in Part 2, 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*.	* Enclose verification if Self-Directed Option of
8.	I confirm that my client fits the product's target market 🛛 _{Yes} 🗌 _{No}	execution-only stockbroking
IFI	No, please outline why you are recommending this product:	chosen. For target market, see SYBOBTM on
		standardlife.ie/adviser.
Co	mmission details	
Ple	ase complete all three choices (i), (ii) and (iii):	For more information on
(i)	Pricing option	pricing options, refer to Products from Standard Life
		for financial advisers (SYAPS).
	I For term to NRA ≥ 1 and < 5 complete years	
(ii)	Initial (% of premium)	
	Nil or % (Max 5.00%)	
(iii)	FBRC (% of fund)	If FBRC chosen, and payable
	Nil or % (Max 1.00%) payable Monthly Quarterly Half-yearly Yearly	frequency not ticked, we'll pay it monthly.
	ancial adviser	
Da		Signature
	/MM/YYYY)	
	here are questions relating chis application, email me at	
Sp	ecial instructions or additional information	
"		

Part 7 – Your declaration

Please read carefully before signing

WARNING: If you propose to take out this policy in complete or partial replacement of any 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 the next page, and I agree that my personal information may be used for the purposes described.
- 2. I agree that a copy of this application can be treated as the original for all purposes.
- 3. I understand that the benefit under this pension policy is governed by Chapter 1 or 2 of Part 30 of the Taxes Consolidation Act 1997 as amended, and benefits under this policy cannot be surrendered, assigned or commuted.
- 4. I declare that the information provided in this and other related forms (if any) are true and complete to the best of my knowledge and belief, whether in my handwriting or not.
- I consent to Standard Life seeking relevant information relating to my past, present, future 5. employments and pension arrangements from any employers, trustees, administrators or pension providers and I authorise the giving of such information.
- 6. I agree that the contract will be governed by the Policy Schedule, Statement of reasonable projection and Policy Provisions (SYBOB60), together with this Application Form and any associated statements and questionnaires submitted in connection with this application.
- 7. I have received in writing and read the information specified in my financial adviser's declaration (Part 6).
- 8. I accept that, depending on my tax residency status, and only relating to transfer payments from a UK pension, (a) movement of funds from this policy will be reported to HM Revenue & Customs, and (b) if an overseas transfer charge should become payable, it will be deducted from this policy and paid to HM Revenue & Customs.
- 9. I agree that the contract will be governed by Irish law.

Policy owner's signature (policy owner named in Part 2)	Signature
Date (DD/MM/YYYY)	
We would like to contact you from time to time to keep you up to date with products and services, company news and other promotions. If you want us to keep you up to date, please choose how you'd prefer us to contact you:	You can update your conse and preference at any time just let us know.
Email Phone Post Text	Tick all that apply
If you are receiving advice from a financial adviser, remember that the adviser is acting on your behalf, not only by giving you advice, but also regarding how this form is filled in and sending us this completed application and cheque in payment of any transfer. By filling in this form you are applying to enter into a contract with Standard Life. This application will be the basis of this contract if it is accepted by us. A copy of this completed application will be sent to you on request.	
 We declare that the information given is true and complete to the best of our knowledge and belief. We confirm that ARF options are available under the terms of the scheme. We have read the Data Protection Notice on the next page, and we agree that our personal information may be used for the purposes described. 	Trustees signatures are not required if the transfe payment is coming from a existing buy out bond. To read our Privacy Policy, standardlife.ie/privacy
Trustees of pension scheme signatures	Signature
Date (DD/MM/YYYY)	

To be completed by policy owner and, if applicable, trustees

To read our Privacy Policy, visit standardlife.ie/privacy

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visit

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** 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 data.

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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