

Transfer from Synergy Executive Pension to Synergy PRSA

Application

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.

**SYEPPRSATR
V08 0225**

What this form is for

Use this form to transfer the policy proceeds of a Synergy Executive Pension to a new Synergy PRSA owned and controlled by the member. The member will have to sign Part 4 – your transfer payment, and the declaration in Part 11 – Your declaration. The trustee will have to sign Part 4 – your transfer payment. If you and your financial adviser choose different product structures based on initial contribution type (regular, transfer) or commission type, then you will have more than one PRSA policy.

Checklist

- Ensure all sections of this application form are completed and signed by appropriate party.
- Ensure your financial adviser completes and signs Part 10.
- Ensure the member and trustee complete and sign part 4.
- If the member was a 20% Director, enclose proof of salary.
- Enclose proof of your identity.
- Enclose proof of your Personal Public Service number.

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](https://www.standardlife.ie/privacy)

Part 1 – Your financial adviser’s company details (Compulsory)

To be completed by your financial adviser

Financial adviser’s Standard Life agency code /

Financial adviser’s company name

Part 2 – Your personal details (Compulsory)

Title

First names (in full)

Surname

Email

Address

Eircode

Date of birth⁺ (DD/MM/YYYY)

Home phone number

Personal Public Service number⁺⁺

Mobile phone number

Current occupation

Current salary/income €

Marital status Single Married/Civil partnership Separated Divorced Widowed

Your name should match that on your photo ID.

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

⁺ Minimum age is 18, maximum is 74.

⁺⁺ 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 to you). If you don't enclose them, your application will be delayed and your money will not be invested until a later date.

Salary/income means your gross income (before tax) in a year (including bonus/commission)

Part 3 – Your employment status and retirement details (Compulsory)

I want to retire under my Synergy PRSA at age (60-75)*

A. Employee

- Manager or director, professional, technical and administrative
- Clerical and secretarial
- Personal and protective service
- Plant and machine operative
- Trades, craft and related
- Sales
- Other

OR

B. Not employee

- Agricultural self-employed
- Other self-employed

OR

C. Not economically active/unemployed

* For regular (monthly, quarterly, half yearly) contributions, there must be at least one year between your start date and retirement age. For a term of less than one year you can only have a yearly contribution or transfer payment.

Part 4 – Your transfer payment (Compulsory)

Transfer payment

€

Transferring Synergy
Executive Pension
policy number

E P

Is your pension (or has it ever been) subject to any family law proceedings?
(for example, Pension Adjustment Order)

Yes

No

If Yes, you should enclose a copy of the Notice or Order. We'll then let you know what further information we'll need.

I agree to the transfer of the policy proceeds of the Synergy Executive Pension with policy number noted above to a Synergy PRSA.

**Member
signature**



Date

(DD/MM/YYYY)

**Trustee
signature**



Date

(DD/MM/YYYY)



Signature



Signature

Part 5 – Member’s scheme employment details and other pension arrangements (Compulsory)

Please provide the following service and salary details for your employment with the sponsoring employer.

Sponsoring employer name

Date you joined this company (DD/MM/YYYY)*

 Are you still with this company? Yes No

If no, give date you left (DD/MM/YYYY)

Yearly salary at date relevant employment ceased €

Are or were you a **20% director**** of this company? Yes No

If you are or were a 20% director, we require proof of your salary. Examples of evidence can be a payslip (showing your and your employer’s names), employment detail summary from revenue.ie/myaccount (or P60), a letter from company accountant, or letter from Revenue or Department of Social Protection.

* This company means the employment relating to the transferring pension.

** Someone who directly or indirectly, at any time in the last three years before leaving or retiring, owned or controlled more than 20% of the voting rights in the employer company, or in the parent company of the employer company. Shares held between you, your spouse or any minor children count towards this 20% figure.

Other benefits

Please provide details of all other pension arrangements held with Standard Life or other providers for the same employment as the transferring scheme.

Pension provider				
Policy number				
Policy type for example, occupational pension scheme, personal pension, buy out bond				
Current value (if not yet claimed)				
If claimed, total value on claim date				
If retired, give details (including values) of options taken				

Part 6 – Contributions

Regular contribution**

If you and/or your employer made regular contributions to your Synergy Executive Pension and wish to continue making regular contributions to a Synergy PRSA, please complete a new direct debit mandate (SDDN).

Your contribution

Your employer's contribution[^]
(if applicable)

Date of first regular
contribution (DD/MM/YYYY)

Payable by

Monthly direct debit

Quarterly direct debit

Half-yearly direct debit

Yearly direct debit

Yearly Cheque, direct credit/EFT* or bank draft

Source of funds

Please give account details from where money was drawn

Your International

Bank Account
Number (IBAN)

Name on
your 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)

The minimum regular contribution is €25 each month, €75 each quarter, €150 each half year and €300 each year. The overall minimum contribution in any policy year is €300.

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

[^] Benefit-in-kind applies if more than 100% of employee salary.

If paying by salary deduction, please ensure date of first regular contribution and salary deduction start date match.

Please make cheque or bank draft payable to Standard Life International.

Contributions must be drawn from policy owner's or employer's account.

Part 7 – Salary deduction

If the regular contribution in Part 6 is to be deducted by your employer from your salary, we'll issue a Net Pay Certificate.

Please give this to your employer to deduct your contributions directly from your 'gross' salary. Your employer should complete the Direct Debit Instruction (SDDN) for your regular contribution.

Your instruction to your employer to deduct from your salary

- Please deduct from my salary until further notice the PRSA contributions agreed by me in Part 6, and any increase in contributions, and remit these contributions to Standard Life.

Employee signature



Date

(DD/MM/YYYY)



Signature

Your employer's declaration and agreement to deduct from your salary

Name of employer

Address

Eircode

Employer tax registration number

Contact phone number

- I have received approval from Revenue* to operate a Net Pay arrangement for pensions.
- I agree to deduct the contributions as outlined in Part 6 and remit these contributions to Standard Life.
- I have read the Data Protection Notice on page 1, and I agree that my personal information may be used for the purposes described.

Authorised signature for and on behalf of Employer



Position of signatory within employer company

Date

(DD/MM/YYYY)



Signature

Please ensure date of first regular contribution to policy (Part 6 – Contributions) and salary deduction start date match.

* Pensions Branch, Revenue Commissioners, Castle View, 52-57 South Great George's Street, Dublin D02 HF50. Employers should advise Revenue when its Net Pay arrangement for pensions first starts.

To read our Privacy Policy, visit [standardlife.ie/privacy](https://www.standardlife.ie/privacy)

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 transfer payment and/or contributions as set out in Parts 4 and 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.

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, and a €5,000 transfer payment), 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 splitting your transfer payment into multiple PRSAs, as set out in Your financial adviser's section (Part 10), 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**.

Funds

Choose from the following Standard Life funds

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

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

There are minimum investment amounts applied by the Deposit providers. Please see [standardlife.ie/deposits](https://www.standardlife.ie/deposits)

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.

Please speak to your financial adviser before completing this section.

Policy owner signature



Date

(DD/MM/YYYY)



Signature

Part 9 – 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?

Yes

No

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).

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 4 and 6. If you choose a different product structure for the type of contribution (regular 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 contribution initial commission selected at the start of the policy will apply to the whole policy and can not be altered.

Internal transfer payment from Synergy Executive Pension:

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 policies required one or (max 10)

A B C D E F G H
 I J K L M N O P

FBRC payment frequency^^ Monthly Quarterly Half-yearly Yearly

Bonus/Vesting commission** Yes No

or
 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 <input type="checkbox"/>	No <input type="checkbox"/>
2				Yes <input type="checkbox"/>	No <input type="checkbox"/>
3				Yes <input type="checkbox"/>	No <input type="checkbox"/>
4				Yes <input type="checkbox"/>	No <input type="checkbox"/>
5				Yes <input type="checkbox"/>	No <input type="checkbox"/>
6				Yes <input type="checkbox"/>	No <input type="checkbox"/>
7				Yes <input type="checkbox"/>	No <input type="checkbox"/>
8				Yes <input type="checkbox"/>	No <input type="checkbox"/>
9				Yes <input type="checkbox"/>	No <input type="checkbox"/>
10				Yes <input type="checkbox"/>	No <input type="checkbox"/>

Regular contribution:

A B C D E F G H
 I J K L M N O P

FBRC payment frequency^^ Monthly Quarterly Half-yearly Yearly

Bonus/Vesting commission** Yes No

* For example, if you choose A for regular contribution, and G for the transfer payment, your client will get 2 separate policies and policy numbers.

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

Regular level commission is also referred to as a contribution charge.

For information on commission, refer to Synergy PRSA new options flyer (SYPRSAComm).

^^ 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.

Part 10 – Your financial adviser’s declaration (continued) (Compulsory)

Name of Non-Standard PRSA Product Producer: Standard Life International dac

1. I declare that I have explained to this consumer that there are differences between a Non-Standard PRSA and Standard PRSA, and focused on the fact that the charges may be higher and the investment risks are greater for this Non-Standard PRSA.
2. I declare that in my opinion it is in the best interest of the above-named consumer to purchase this Non-Standard PRSA.
3. I declare that in my opinion the Non-Standard PRSA I have offered/recommended to the above-named consumer is the PRSA product most suited to this consumer from among all those I am able to provide.
4. I hereby declare that, in accordance with Article 3 of the Personal Retirement Savings Accounts (Disclosure) Regulations 2002, a Preliminary Disclosure Certificate (SYPRSA1) and an Illustration (pre-sale) have been provided to this consumer in respect of this application.
5. 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.
6. 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.
7. 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 instructions I give to Standard Life or any third-party providers on behalf of my client.
9. 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 Yes No

For target market (SYPRM), see: [standardlife.ie/adviser](https://www.standardlife.ie/adviser)

If No, please outline why you are recommending this product

Financial adviser signature

Date

(DD/MM/YYYY)

Financial adviser’s name

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



Signature

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 statements 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)

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:

- Email Phone Post Text

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 payment of a contribution. 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 will start the policy immediately or on the start date you have given us, whichever is later, and your policy documents will be issued. If regular contributions are to be paid by direct debit, there may be a delay in collecting the first contributions while the direct debit is set up with the bank.

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

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



Signature

You can update your consent and preferences at any time, just let us know.

tick all that apply

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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SCOZ0125389012-001

Employer notice to discontinue contributions (Compulsory)

acting as trustee of the
 Pension Plan

Re: The Pension Plan (the "Plan")

Dear Trustee

In accordance with Rule 3.2 of the Synergy Executive Pension Rules governing the Plan, we hereby notify you of our intention to discontinue contributions to the Plan

with effect from

Yours sincerely

Signed for and on behalf of the employer

Date
(DD/MM/YYYY)

Employer

Issued to the Trustee on

Date
(DD/MM/YYYY)

This date should be on or before the date the employer permanently stops contributing to the Plan.


Signature

Wind up declaration (Compulsory)

This Wind up Declaration is made by the Trustee

named in the First Schedule on This date should be on or after the date the employer permanently stops contributing to the Plan.

1. The Trustee notes the Employer's intention to discontinue contributions to the Plan with effect from and will not resolve to maintain the Plan as a paid-up arrangement, and therefore, the Plan has gone into wind-up.
2. The Trustee resolves to encash all the assets of the Plan and utilise the assets, once encashed, to purchase a PRSA or Buy Out Bond in the name of the Member, in order to secure the Member's benefits under the Plan.
3. The Trustee notes that, upon the completion of the transfer of the Plan's assets that the liabilities of the Plan would have been fully secured and all remaining assets of the Plan would have been disposed of, and on that basis the wind up of the Plan would be complete.

First Schedule

Trustee

Signed by the Trustee

Date
(DD/MM/YYYY)


Signature

Your policy number

(which will be your Unique Mandate Reference)

Please complete a separate direct debit for each policy number.

SDDN V06 1122

Direct debit instruction

By signing this mandate form, you authorise

(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.

Name on account

Address on account

Eircode

International Bank Account Number (IBAN)

Type of payment: Recurrent

Accountholder signatures



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.

Some banks may not accept direct debit instructions for some types of accounts (for example, most savings accounts). If in doubt, please consult your bank.

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).


Signature

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

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

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