

Before you complete this form

Please read your Personal Quotation and Key Features document (RIOTAKF1), given to you by your financial adviser.

ANN30 V06 0316

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 - Annuitant personal details

☐ Tick this box if you're already  
a customer of Standard Life

Please give us one of  
your policy numbers

Title

☐ Male ☐ Female

First names  
(in full)

Surname

Email

Address

Date of birth\*  
(DD/MM/YYYY)

Home  
phone number

Personal Public  
Service number

Mobile  
phone number

\* Proof of your date of birth  
(for example, a certified copy  
of your passport or driving  
licence) must be submitted  
with this application, unless  
already submitted.

Part 3 - Source of purchase money

Name of pension provider

Amount due

€

Type of pension fund

☐ Personal pension (RAC) ☐ ARF or AMRF ☐ Company pension scheme (including AVC scheme) ☐ Buy out bond (Personal retirement bond) ☐ PRSA (including AVC PRSA)

The existing pension provider should pay out any cash lump sum requested before sending us the annuity purchase price.

Is the amount due subject to, or as a result of family law proceedings? (for example, Pension Adjustment Order, Property Adjustment Order, Financial Order) ☐ Yes ☐ No

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

Separate annuities must be set  
up where proceeds relate to  
separate employments and  
self-employments.

<b>Part 4 - Annuity details</b>	
<b>Purchase price</b> € <input type="text"/> (minimum €2,500)	<b>Gross annuity at outset</b> € <input type="text"/> pa
<b>Payment to be</b> <input type="checkbox"/> In arrears <input type="checkbox"/> In advance	

Gross annuity at outset	€	pa
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### Increases in the annuity

'Final remuneration' of scheme employment**	€	and	Revenue 'maximum benefit limit'***	€	pa
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- \* If more than 3% and this is a company pension scheme annuity, increases will be restricted to CPI if Revenue maximum benefits would be breached.

**\*\*** Only required if source is a company pension scheme (including AVCs). You should also enclose supporting documents, for example, P60s).

**Guaranteed period**

☐ None      ☐ 5 years      Other  years (maximum 10 years)

The annuity is payable throughout the greater of the lifetime of the principal annuitant and the guaranteed period chosen.

The guaranteed period applies to the principal annuitant's annuity only, not to any spouse/civil partner's annuity.

If spouse/civil partner's annuity chosen, the maximum guaranteed period is 5 years.

The annuity is payable throughout the greater of the lifetime of the principal annuitant and the guaranteed period chosen.

The guaranteed period applies to the principal annuitant's annuity only, not to any spouse/civil partner's annuity.

If spouse/civil partner's annuity chosen, the maximum guaranteed period is 5 years.

### Part 5 – Spouse/civil partner’s annuity (optional)

**Amount**

☐ 1/2 of principal annuity
 ☐ 2/3 of principal annuity
 Other (please specify)  %

**Title**

☐ Male
 ☐ Female

**First names (in full)**

**Surname**

**Personal Public Service number**

**Date of birth\***

(DD/MM/YYYY)

Personal pension and PRSA annuities must be written with overlap.

For occupational pension scheme annuities, if principal annuity is to be guaranteed, choose overlap type.
 ☐ without overlap
 ☐ with overlap

If the principal annuity is guaranteed for more than 5 years, you must choose without overlap.

**With** overlap: The spouse/civil partner’s annuity starts on the principal annuitant’s death.

**Without** overlap: The spouse/civil partner’s annuity starts on the later of the principal annuitant’s death or the end of their guaranteed period.

☐ 1/2 of principal annuity      ☐ 2/3 of principal annuity      Other (please specify)  %

[illegible]

Surname

Personal Public Service number

N

N

N

N

N

N

N

L

(L)

Date of birth\*

(DD/MM/YYYY)

Personal pension and PRSA annuities must be written with overlap.

For occupational pension scheme annuities, if principal annuity is to be guaranteed, choose overlap type. ☐ without overlap ☐ with overlap

If the principal annuity is guaranteed for more than 5 years, you must choose without overlap.

**With overlap:** The spouse/civil partner's annuity starts on the principal annuitant's death.

**Without** overlap: The spouse/civil partner's annuity starts on the later of the principal annuitant's death or the end of their guaranteed period.

- \* Proof of your date of birth (for example, a certified copy of your passport or driving licence) must be submitted with this application, unless already submitted.

## Frequency



Every month



Every 3 months



Every 6 months

Once a year

Dublin region: 1890 333 425

Border Midlands West region: 1890 777 425

South West region: 1890 222 425

East and South East region: 1890 444 425

Please tick to confirm you have contacted the Revenue

## Bank Account

Name on

your account

Your annuity payments will be credited to your bank account on the 1st of the month in which your payment is due. Your 1st payment may be credited on the 15th, depending on when we process your application. Payments must be lodged to your own or jointly owned personal bank account. Payments cannot be made by cheque. The minimum annuity payment each frequency is €65 (before tax).

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).

### 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, and that
2. I have advised my client as to the financial consequences of replacing an existing policy with this policy of cancellation or reduction, and of possible financial losses as a result of such replacement.
3. I have explored the available investment options with my client and taking into account their circumstances, long term needs, age and attitude to risk, I am satisfied that this policy is suitable for them.

Financial adviser  
signature

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Date

(DD/MM/YYYY)

Financial adviser's name

Financial adviser's name
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**Initial** (% of purchase price) Nil Renewal

%

% (Max 2.00%)

## Issue policy to

Financial adviser

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Client



**Signature**

For office use only

**FPPC**

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## Part 8 - Your declaration

**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. We have read the Data Protection Notice in the Key Features document. We agree that our personal information may be used for the purposes described.
2. We agree that the information given in this form is true and complete whether in our handwriting or not.
3. We agree that a copy of this application can be treated as the original for all purposes.
4. We agree that the contract will be governed by the Policy Schedule, Quotation, and the Policy Provisions (RIOTA60), together with this Application Form and any associated statements or questionnaires submitted in connection with this application.
5. We agree that the contract will be governed by Irish law.
6. We have received in writing and read the information as stated in (i) and (ii) of our Financial Adviser's Declaration (Part 7).
7. I, the annuitant, authorise any pension provider, Trustee, administrators, Qualifying Fund Manager or government agency to provide details of any pension or annuity arrangement currently or previously applying to me that Standard Life may require, at any time, but only for the purpose of administering this annuity.

**Annuitant's signature**



**Date**

(DD/MM/YYYY)



Signature

We would like to contact you from time to time to keep you up to date with new products and services, company news and other promotions.

- ☐ No, I don't want to be kept informed by post
- ☐ No, I don't want to be kept informed by phone
- ☐ Yes, I want to be kept informed by email
- ☐ Yes, I want to be kept informed by text message (SMS)

You can change how you want to be kept informed at any time, just let us know.

and (if applicable) for and on behalf of, as Purchaser:

Trustees of

pension scheme

**Trustees signatures**



**Date**

(DD/MM/YYYY)



Signature

Scheme address

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 the purchase price. 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 form will be made available on request. Until the application is accepted, Standard Life's liability is limited to a return of the purchase price. If this application is accepted, we will not wait for further instructions from you. We will commence the policy based on the date your completed application and cheque are received and your policy documents will be issued.

(01) 639 7315 [www.standardlife.ie](http://www.standardlife.ie) [customerservice@standardlife.ie](mailto:customerservice@standardlife.ie)

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