



Synergy Personal Pension

Application

Before you complete this form

Please read your Personal Illustration (pre-sale), Key Features document (SYPPKF1), Investment Options guide (SYIO1) and Self-Directed Options guide (SYSDO1), given to you by your financial adviser.

SYPP30 V33 0317

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 - Your personal details

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

Please give us one of your policy numbers

Title

First names
(in full)

Surname

Email

@

Address

Date of birth*
(DD/MM/YYYY)

Home
phone number

Mobile
phone number

* Minimum age is 18.

Please complete the checklist after Part 10 - Your declaration.

Part 3 - Your eligibility, occupation and retirement details

1. Are you self employed or a partner personally acting in some trade, profession or occupation which gives rise to relevant income? ☐ Yes ☐ No
2. Are you an employed person in an occupation that is non-pensionable? ☐ Yes ☐ No

If no to 1 and 2, please consult your financial adviser who will need to check your eligibility.

Your occupation

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

* 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, a single contribution or transfer payment.

Part 4 - Your contributions

Regular contribution**

€

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

Single contribution or transfer payment***

€

Payable by

- ☐ Cheque ☐ Bank Draft^ ☐ Direct credit^^ ☐ Telegraphic transfert^^

^ Please give account details from where money was drawn

Your International Bank Account Number (IBAN)

Name on your account

^^ Please contact us on (01) 639 7080 to pay by direct credit or telegraphic transfer.

Do you require a 'willing and able' letter to be sent to the transfer provider? ☐ Yes ☐ No

** The minimum contribution is €175 each month, €525 each quarter, €1,050 each half-year, €2,100 each year.

*** The minimum single contribution or transfer payment to set up a policy is €5,000.

Part 5 - Source of wealth

Tell us how you acquired the money you are investing. Tick all that apply.

- ☐ Compensation payment ☐ Inheritance ☐ Salary/bonus ☐ Sale of company
- ☐ Divorce settlement ☐ Lottery/betting win ☐ Sale of investments ☐ Savings
- ☐ Gift ☐ Policy claim/maturity ☐ Sale of property

Other

In certain circumstances, we may request further information.

Part 6 - Source of your transfer payment

Must be completed for transfer payments

If your contribution is a transfer payment, please give Insurer name and policy number

Insurer name Policy number

Is the transfer payment subject to, or as a result of 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.

Part 7 - Your investment choice

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

Indicate how your contribution as set out in Part 4 is to be allocated. If you have more than one contribution type (for example a monthly contribution of €250, plus a €5,000 single contribution) please make a copy of this section and complete it for each contribution type.

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 following funds

| | | | | | |
|---|------------------------|--|------------------------|-----------------------|------------------------|
| Absolute Return Global Bond Strategies (ARGBS) | <input type="text"/> % | Global Equity (previously Global Selector) | <input type="text"/> % | MyFolio Active V | <input type="text"/> % |
| Asia Pacific Equity (previously Pacific Basin Equity) | <input type="text"/> % | Global Inflation Linked Bond | <input type="text"/> % | MyFolio Market I | <input type="text"/> % |
| Cautious Managed | <input type="text"/> % | Global Real Estate | <input type="text"/> % | MyFolio Market II | <input type="text"/> % |
| China Equity | <input type="text"/> % | Global REIT | <input type="text"/> % | MyFolio Market III | <input type="text"/> % |
| Corporate Bond | <input type="text"/> % | Global Smaller Companies | <input type="text"/> % | MyFolio Market IV | <input type="text"/> % |
| Enhanced-Diversification Growth | <input type="text"/> % | India Equity | <input type="text"/> % | MyFolio Market V | <input type="text"/> % |
| Euro Global Liquidity | <input type="text"/> % | Japanese Equity | <input type="text"/> % | North American Equity | <input type="text"/> % |
| European Equity | <input type="text"/> % | Managed | <input type="text"/> % | Property | <input type="text"/> % |
| European Ethical Equity | <input type="text"/> % | MyFolio Active I | <input type="text"/> % | Total Return Credit | <input type="text"/> % |
| European Smaller Companies | <input type="text"/> % | MyFolio Active II | <input type="text"/> % | UK Equity | <input type="text"/> % |
| Fixed Interest | <input type="text"/> % | MyFolio Active III | <input type="text"/> % | UK Smaller Companies | <input type="text"/> % |
| Global Absolute Return Strategies (GARS) | <input type="text"/> % | MyFolio Active IV | <input type="text"/> % | | |

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

Direct property

☐ Tick this box if you are purchasing a property. Please provide details of the property you wish to purchase by completing the **Property Information Questionnaire** (SYPIQ).

Deposits

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

There are minimum investment amounts applied by the Deposit providers. Please see www.standardlife.ie for the minimums that apply.

Self-Directed Options continued

Execution only stockbroking

☐ Tick this box if you are selecting execution only stockbroking. We will pass your details to Stocktrade who will contact you directly.

Your occupation

Please indicate which income band applies to you

☐ Under €20,000 ☐ €20,000 to €34,999 ☐ €35,000 to €49,999 ☐ €50,000 to €74,999 ☐ €75,000+

You'll also need to attach certified copies of one of each of the following:

- ☐ Proof of identity, for example
- Current passport
 - Current EU driving licence
- and**
- ☐ Proof of address, for example
- Recent bill (electricity, phone or gas)
 - Recent statement (bank or credit union)
 - Recent document from Revenue or Dept of Social Protection showing your name, address and PPSN

☐ Tick this box if you want to deal or view your Stocktrade account online

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.

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.

Stocktrade will use your email address given in Part 2 to set up your online account.

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.

Policyowner
signature



Date

(DD/MM/YYYY)



Signature

Please speak to your financial adviser before completing this section.

Part 8 - Your financial adviser's declaration

To be completed by the financial adviser

1. I confirm that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, my client has been given in writing the information specified in Schedule 1 of those Regulations, 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 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.
4. 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.

5. I have verified the identity and address of:

Name

to the standards set out in the anti-moneylaundering regulations, which will be forwarded to Standard Life on request*.

* Enclose verification if Self-Directed Option of execution-only stockbroking chosen.

Financial adviser
signature

Date

(DD/MM/YYYY)

Financial adviser's name


Signature

Commission details

Please select your Flexible and clear pricing option (tick the appropriate box)

- A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G ☐ H ☐
I ☐ For term to NRA \geq 1 and $<$ 5 complete years J ☐ For term to NRA \geq 1 and $<$ 5 complete years K ☐ For term to NRA $<$ 1 complete year

For more information on Flexible and clear pricing, refer to Products from Standard Life for financial advisers (SYAPS).

If you are taking FBRC, please choose payment frequency

Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Regular contributions

Initial (% of premium)

% (If Front: max 25.00%. If Level or age 65+ max 5.00%. If nil, insert 0%)

Renewal (% of premium)

% (If Front: max 2.00%. If Level: max 5.00%. If nil, insert 0%)

FBRC (% of fund)

% (Max 1.00%. If nil, insert 0%)

No commission is payable for a term of less than one year.

Single contribution/transfer

Initial (% of premium)

% (Max 5.00%. If nil, insert 0%)

FBRC (% of fund)

% (Max 1.00%. If nil, insert 0%)

Issue policy to

☐

Financial adviser

☐

Client

For office use only

FPPC

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Part 9 - 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 which is in the Key Features document 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 8).
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 (SYPP60), together with this Application Form and any associated statements or questionnaires submitted in connection with this application.
7. I agree that the contract will be governed by Irish law.
8. I agree that the benefit under this pension policy is governed by Chapter 2 of Part 30 of the Taxes Consolidation Act 1997 as amended, and benefits under this policy cannot be surrendered, assigned or commuted.

Policyowner
signature



Date

(DD/MM/YYYY)

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)

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 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. There may be a delay in collecting the first contributions while the direct debit is set up with your bank.



Signature

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

Avoiding delays - Your checklist

All the information we ask for is essential to set up and administer your policy. Any missing information will cause a delay.

These are the most commonly missed:

Part 1 – Your financial adviser's company details

- ☐ Standard Life agency code
- ☐ Company name

Part 2 – Your personal details

- ☐ Your name and contact details

Part 4 – Your contributions

- ☐ Distinguished between regular and single

Part 7 – Your investment choice

- ☐ Your investment choice
- ☐ Funds total adds up to 100%
- ☐ Deposits: include provider name and term

Part 8 – Your financial adviser's declaration

- ☐ Declaration completed in full

Your payment

- ☐ Cheque enclosed
- ☐ Direct debit mandate completed

(01) 639 7000 www.standardlife.ie customerservice@standardlife.ie

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For office use only

Creditor Identifier: IE09ZZZ304935

Unique Mandate Reference
(your policy number)

SDDN V03 0216

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

International Bank
Account Number
(IBAN)

Type of payment: Recurrent

Accountholder signatures

Date _____

(DD/MM/YYYY)

Please return this mandate to Standard Life, 90 St Stephen's Green, Dublin 2.

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

For more information on SEPA, visit the Customer Assist section of the Banking & Payments Federation Ireland website, www.bpfi.ie

(01) 639 7000 www.standardlife.ie customerservice@standardlife.ie

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