

**SYPRSA V15 0317**

## What this form is for

This form can be used for:

- If you want to make both AVCs and PRSA contributions, then two separate application forms must be completed (as a result, separate policies will be issued).

4

AVCs only\*

7

PRSA contributions only

\* A separate form is required for each employment (as a result, separate policies will be issued).

- ☐ 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 certified proof of your date of birth.
- ☐ Enclose proof of your PPSN.
- ☐ For AVCs, enclose a copy of a recent annual statement from your occupational pension scheme.
- ☐ For transfer payments, enclose a Certificate of Comparison, unless exempt.

**To be completed by your financial adviser**

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[illegible]

## Part 2 - Your personal details

<input type="checkbox"/> Tick this box if you're already a customer of Standard Life	Please give us one of your policy numbers	<input type="text"/>
Title	<input type="text"/>	
First names (in full)	<input type="text"/>	
Surname	<input type="text"/>	
Email	<input type="text"/>	
Address	<input type="text"/>	
Date of birth* (DD/MM/YYYY)	Home phone number	<input type="text"/>
Personal Public Service number** <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile phone number	<input type="text"/>
Marital status		
<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil partnership	<input type="checkbox"/> Separated
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed

+ Minimum age is 18.

++We are required to get proof of your date of birth (for example, a certified copy of your passport or driving licence) and your PPS number (for example, a copy of your P60). If you don't enclose them, your application will be delayed and your money will not be invested until a later date.

## Part 3 - Your employment status and retirement details

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

### A. Employee

- ☐ Manager, 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, a single contribution or transfer payment.

## Part 4 - Contributions

### Regular contribution<sup>+</sup>

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

### Single contribution

Your contribution  € Your employer's contribution (if applicable)  €

Payable by:

☐ Cheque ☐ Bank Draft\* ☐ Direct credit\*\* ☐ Telegraphic transfer\*\*

\* 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.

<sup>+</sup> The minimum regular contribution is €25 each month, €75 each quarter, €150 each half year and €300 each year. The minimum single contribution by cheque is €50. The overall minimum contribution in any policy year is €300.

Please make cheque or bank draft payable to Standard Life Assurance Ltd.

Cheque or bank draft must be drawn from policyowner's account.

## Part 5 - Your transfer payment

Transfer payment  €

Amount of transfer which represents Employer contributions  €

Amount of transfer which represents Employee contributions  €

From what type of pension arrangement is the transfer payment coming?

☐ Vested PRSA\*\*\* ☐ PRSA ☐ Defined benefit scheme<sup>^</sup> ☐ Defined contribution scheme<sup>^</sup>  
☐ Retirement annuity contract (personal pension) ☐ Pension arrangement outside Ireland

\*\*\* Vested PRSA is a PRSA where you have taken a cash lump sum and/or income. If the transfer payment is from a Vested PRSA, all withdrawals from this policy will be treated as income and taxed under the PAYE system. You must also complete the Supplementary questionnaire for Vested PRSAs (SQVPRSA).

Transferring policy number	
Name of transfer provider	
Name of plan from which transfer payment originates	Revenue reference number of the transferring plan

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.

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

<sup>^</sup> If the transfer payment is coming from an Occupational Pension Scheme, please enclose your Certificate of Comparison, unless exempt.

## Part 6 - Salary deduction

If the regular or single contributions in Part 4 are to be deducted by your employer (named in Part 7) 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. Single contributions must be by direct credit, telegraphic transfer or cheque.

### 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 4, and any increase in contributions, and remit these contributions to Standard Life Assurance Limited.

**Employee signature** ▶

**Date**  
(DD/MM/YYYY)

  
Signature

### Your employer's agreement to deduct from your salary

Name of employer

Address of employer

Employer tax registration number  Contact phone number

I agree to deduct the contributions as outlined in Part 4 and remit these contributions to Standard Life Assurance Limited.

**Employer signature** ▶

**Date**  
(DD/MM/YYYY)

  
Signature

## Part 7 - Your existing retirement benefits

**This section is only applicable if you are making AVCs or a transfer payment representing AVCs.**

Name of employer

Address of employer

Employer tax registration number  Contact phone number

Name of scheme or insurance company

Current annual salary €  Additional salary benefits €

Normal Retirement Age

Name and address of trustee

### Type of scheme

☐ Defined benefit or ☐ Defined contribution or

Other (please specify, for example, personal pension)

### Defined benefit

Date of joining company (DD/MM/YYYY)

Pension at date of leaving €

Additional cash lump sum at date of leaving €

Date of leaving DD/MM/YYYY

Pension escalation  % p.a.

Spouse/civil partner's benefit details on death after retirement  %

### Defined contribution\*

Date of joining company DD/MM/YYYY

Projected fund at Normal Retirement Age €

Current fund €

Contribution amount €

Contribution escalation rate €

### Other

Projected fund at Normal Retirement Age €

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

Where there is more than one scheme, please include details of the schemes on a separate sheet and attach to this form.

\* Please provide your projected fund at Normal Retirement Age or your current fund, contribution amount and contribution escalation rate.

## Part 8 - Your investment choice

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

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 selected 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/or transfer payment as set out in Parts 4 and/or 5 is 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.

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

### Funds

#### Choose from the following funds

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

### 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.

### Deposits

Deposit provider	Deposit amount €	Deposit account term

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.

There are minimum investment amounts applied by the Deposit providers. Please see [www.standardlife.ie](http://www.standardlife.ie) for the minimums that apply.

## 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 9 - 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 10 - Your financial adviser's declaration

To be completed by your financial adviser

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

If you are taking FBRC, please choose the payment frequency Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Single contribution and transfer payment bonus commission (1.5%) ☐ Yes ☐ No

Regular level or single initial commission	Transfer payment commission	FBRC on regular, single and transfer payments	Name of Non-Standard PRSA offered to this consumer	Please tick the appropriate box
0.00%	0.00%	0.00%	Synergy PRSA A	<input type="checkbox"/>
0.00%	0.00%	0.25%	Synergy PRSA B	<input type="checkbox"/>
0.00%	0.00%	0.50%	Synergy PRSA C	<input type="checkbox"/>
2.50%	0.00%	0.00%	Synergy PRSA D	<input type="checkbox"/>
2.50%	0.00%	0.25%	Synergy PRSA E	<input type="checkbox"/>
2.50%	0.00%	0.50%	Synergy PRSA F	<input type="checkbox"/>
5.00%	0.00%	0.00%	Synergy PRSA G	<input type="checkbox"/>
5.00%	0.00%	0.25%	Synergy PRSA H	<input type="checkbox"/>
5.00%	0.00%	0.50%	Synergy PRSA I	<input type="checkbox"/>

You must select whether you want bonus commission or not even if only regular contributions being paid now. Commission selected at the outset of the policy will apply to the whole policy and can not be altered. No commission is payable for a term of less than one year.

### Name of Non-Standard PRSA Product Producer: Standard Life Assurance Limited

- 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.
- I declare that in my opinion it is in the best interest of the above named consumer to purchase this Non-Standard PRSA.
- 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.
- I hereby declare that, in accordance with Article 3 of the Personal Retirement Savings Accounts (Disclosure) Regulations, 2002, a Preliminary Disclosure Certificate (SYPRSA1) and a Personal Illustration (pre-sale) have been provided to this consumer in respect of this application.
- I have advised this consumer as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.
- 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 this consumer.
- 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.

- I have verified the identity and address of Name

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

Financial adviser signature

Date

(DD/MM/YYYY)

Financial adviser's name

Financial adviser's company name (BLOCK CAPITALS)

Position held

Issue policy documents to

☐

Financial adviser

☐

Client

  
Signature

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



## Part 11 – Your declaration

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 or a retirement annuity contract, 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 or retirement annuity contract. If you are in doubt about this, please contact your PRSA provider.

1. I have read and understand the Data Protection Notice in my Preliminary Disclosure Certificate (SYPRSA1). 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.

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 and 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 the bank.

  
Signature

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

(01) 639 7000 [www.standardlife.ie](http://www.standardlife.ie) [customerservice@standardlife.ie](mailto:customerservice@standardlife.ie)

Standard Life Assurance Limited is authorised by the Prudential Regulation Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules. Standard Life Assurance Limited is registered in Dublin, Ireland (905495) at 90 St Stephen's Green, Dublin 2 and Edinburgh, Scotland (SC286833) at Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH. Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary.

**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

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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](http://www.bpfi.ie)

(01) 639 7000 [www.standardlife.ie](http://www.standardlife.ie) [customerservice@standardlife.ie](mailto:customerservice@standardlife.ie)

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