

Before you complete this form

Please read your Personal Illustration (pre-sale), Key Features document (SYRIKF1), Investment Options guide (SYIO1) and Self-Directed Options guide (SYSDO1), given to you by your financial adviser.

SYRI30 V14 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 - Personal details

Person 1

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

Please give us one of your policy numbers

Please tick one box only

☐ Policy owner and Life assured☐ Policy owner only☐ Life assured only

Title

First names (in full)

Surname

Email

@

Address

Date of birth (DD/MM/YYYY)

Home phone number

Personal Public Service number\*

N N N N N N N L (L)

(not required if you are a life assured only)

Mobile phone number

If you are a Policy owner, are you resident for tax purposes anywhere other than the Republic of Ireland?

☐ Yes☐ No

If yes, please tell us where and give us your relevant Taxpayer Identification Number (TIN):

Country

TIN

If you are a Policy owner, you will own the policy and normally receive its proceeds.

If you are a Life assured, payment of the policy proceeds will depend on your life and death.

Lives assured and policy owners must be younger than age 75 when setting up the policy. We'll consider those aged 75+ on a case by case basis: talk to your financial adviser.

If there is more than one policyowner, we'll issue correspondence to all the policyowners at the address of the 1st named policyowner.

\* We're required to verify your PPSN. Please submit evidence, for example, PAYE notice of tax credits or printed Revenue or Dept of Social Protection correspondence showing your PPSN, name and address.

US citizens are considered to be tax resident in the US under US tax law. This applies whether or not they hold a US passport. It also applies to US Green Card holders.

If you need more information about tax residency, talk to your financial adviser. If you need more space to list all your tax residences, please copy this page.

Synergy Regular Invest 01/07

## Part 2 - Personal details (continued)

### Person 2

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

Please give us one of your policy numbers

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Title

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**Please tick one box only**

☐ Policy owner and Life assured

☐ Policy owner only

☐ Life assured only

First names (in full)

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Surname

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Email

@																			

Address


Date of birth (DD/MM/YYYY)

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Home phone number

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Personal Public Service number\*

N	N	N	N	N	N	N	N	L	(L)
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(not required if you are a life assured only)

Mobile phone number

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If you are a Policy owner, are you resident for tax purposes anywhere other than the Republic of Ireland?

☐ Yes

☐ No

If yes, please tell us where and give us your relevant Taxpayer Identification Number (TIN):

Country

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TIN

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### Person 3

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

Please give us one of your policy numbers

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Title

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**Please tick one box only**

☐ Policy owner and Life assured

☐ Policy owner only

☐ Life assured only

First names (in full)

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Surname

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Email

@																			

Address


Date of birth (DD/MM/YYYY)

--	--	--	--	--	--	--	--	--	--

Home phone number

--	--	--	--	--	--	--	--	--	--

Personal Public Service number\*

N	N	N	N	N	N	N	N	L	(L)
---	---	---	---	---	---	---	---	---	-----

(not required if you are a life assured only)

Mobile phone number

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If you are a Policy owner, are you resident for tax purposes anywhere other than the Republic of Ireland?

☐ Yes

☐ No

If yes, please tell us where and give us your relevant Taxpayer Identification Number (TIN):

Country

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TIN

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If you are a Life assured, payment of the policy proceeds will depend on your life and death.

Lives assured and policy owners must be younger than age 75 when setting up the policy. We'll consider those aged 75+ on a case by case basis: talk to your financial adviser.

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## Part 2 - Personal details (continued)

### Person 4

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

Please give us one of your policy numbers

Title

**Please tick one box only**

☐ Policy owner and Life assured

☐ Policy owner only

☐ Life assured only

First names (in full)

Surname

Email

Address

Date of birth (DD/MM/YYYY)

Home phone number

Personal Public Service number\*

Mobile phone number

(not required if you are a life assured only)

If you are a Policy owner, are you resident for tax purposes anywhere other than the Republic of Ireland?

☐ Yes

☐ No

If yes, please tell us where and give us your relevant Taxpayer Identification Number (TIN):

Country

TIN

If you are a Policy owner, you will own the policy and normally receive its proceeds.

If you are a Life assured, payment of the policy proceeds will depend on your life and death.

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## Part 3 - Your investment

Regular premium

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

☐ Monthly direct debit

☐ Quarterly direct debit

☐ Half-yearly direct debit

☐ Yearly direct debit

☐ Yearly cheque

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

Single premium

(minimum €10,000)

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.

Regular premium must be on a day between 1st and 28th of the month.

If you have completed the Bare Trust (SYBTRUST) and wish to make use of the small gift exemption, consider an annual premium option. Talk to your financial adviser.

The minimum premium is €125 each month, €375 each quarter, €750 each half-year, €1,500 each year. The minimum single premium is €500. Please make cheque or bank draft payable to Standard Life Assurance Ltd.

Cheque or bank draft must be drawn from policyowner account.

This policy can only be set up with a regular premium.

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).

## Part 4 - Your investment choice

Indicate how your premium as set out in Part 3 is to be allocated. If you have more than one premium type (for example a monthly premium of €250, plus a €5,000 single premium) please make a copy of this section and complete it for each premium 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.

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

### 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

#### Execution only stockbroking (Exchange Traded Funds)

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

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

If you choose execution only stockbroking, please note that trading is currently limited to Exchange Traded Funds (ETFs). If it comes to our attention that you have bought non-ETF investments, we will instruct Stocktrade to sell those investments. Please be aware that in these circumstances, your policy will be charged the cost of selling those investments. The tax status of your policy may change as a result of buying non-ETF investments.

If you choose to invest in ETFs, before you invest you will need to complete a Brewin Dolphin (Stocktrade) Appropriateness Assessment form to assess your understanding on the appropriateness of ETFs. This form is available from your financial adviser or Standard Life. It should be sent to Standard Life with this application.

Stocktrade will use your email address (policyowner 1 in Part 2) to set up your online account.

## Self-Directed Options continued

### Deposits

Deposit provider	Deposit amount €	Deposit account term

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.

Talk to your financial adviser before completing this section.

Policyowner  
signatures



Date

(DD/MM/YYYY)



Signature

## Part 5 - Anti-money laundering regulations

We are required to obtain information about your occupation, income, details of how you acquired the money you are investing before we can accept your application.

Occupation of policyowner 1	Occupation of policyowner 2
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Source of wealth. Tick all that apply.

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Compensation payment | <input type="checkbox"/> Inheritance           | <input type="checkbox"/> Salary/bonus        | <input type="checkbox"/> Sale of company |
| <input type="checkbox"/> Divorce settlement   | <input type="checkbox"/> Lottery/betting win   | <input type="checkbox"/> Sale of investments | <input type="checkbox"/> Savings         |
| <input type="checkbox"/> Gift                 | <input type="checkbox"/> Policy claim/maturity | <input type="checkbox"/> Sale of property    |  |

Other

In certain circumstances, we may request further information.

Your annual income before tax

- |  |   |   |   |                                   |
|--|---|---|---|-----------------------------------|
| <input type="checkbox"/> Under €20,000 | <input type="checkbox"/> €20,000 to €34,999 | <input type="checkbox"/> €35,000 to €49,999 | <input type="checkbox"/> €50,000 to €74,999 | <input type="checkbox"/> €75,000+ |
|--|---|---|---|-----------------------------------|

If this is a joint application, please state the combined income of the policyowners.

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

- |   |     |   |
|---|-----|---|
| <input type="checkbox"/> Proof of identity, for example <ul style="list-style-type: none"><li>• Current passport</li><li>• Current EU driving licence</li></ul> | and | <input type="checkbox"/> Proof of address, for example: <ul style="list-style-type: none"><li>• Recent bill (electricity, phone or gas)</li><li>• Recent statement (bank or credit union)</li><li>• Recent document from Revenue or Dept of Social Protection showing your name, address and PPSN</li></ul> |
|---|-----|---|

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.

**To be completed by the financial adviser**

- Email me at

Stocktrade will use your email address to set up or add this client's policy to your online financial adviser account.

6. I have verified the identity and address of:
- Names 

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to the standards set out in the anti-money laundering regulations.

Financial adviser  
signature

--

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

Financial adviser's name

Financial adviser's name

**Signature**

If you are taking FBRC, please choose the payment frequency

Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

Funded Initial (% of premium)

	%	(Max 15.00% F
		If nil, insert 0%

OR

Premium Based Initial (% of premium)

FBRC (% of fund)

% (Max 15.00% FIC  
If nil, insert 0%)

% (Max 15.00%  
If nil, insert 0%)

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

Initial (% of premium)

	%	(Max 3.00% If nil, insert 0%)
--	---	----------------------------------

FBRC (% of fund)

## Issue policy to

% (Max 3.00%  
If nil, insert 0%)

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

## Issue policy to

☐ Financial adviser      ☐ Client

For office use only

**FPPC**

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## Part 7 - Your declaration

Please ensure that all policyowners read and sign this section

**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. I have read the Data Protection Notice in my Key Features document. I agree that my personal information may be used for the purposes described.
2. I confirm that I have an interest in the life or lives assured, as I will suffer financial loss on their death.
3. I agree that the information given in this form is true and complete.
4. I agree that a copy of this application can be treated as the original for all purposes.
5. I authorise my financial adviser to complete and process this application online on my behalf.
6. I am a resident of the Republic of Ireland.
7. I have received in writing and read the information specified in 1 and 2 of my financial adviser's declaration (Part 6).
8. If I select the Execution only Stockbroking option, I will only trade in Exchange Traded Funds as listed on schedule of permitted investments, in the Self-Directed Options Guide (SYSDO1).
9. I agree that the contract will be governed by the Policy Schedule, Statement of reasonable projection, and the Policy Provisions (SYRI60), together with this Application Form and any associated statements or questionnaires submitted in connection with this application.
10. I agree that the contract will be governed by Irish law.

**Policyowner signatures**  
(all policyowners must sign)



**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.

Policyowner 1

Policyowner 2

☐☐

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 (if applicable) in payment of premiums. 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 application will be sent to you on request.

**Lives assured only – please sign here only if different from the policyowner**

1. I, a life assured, declare that the information given is true and complete. I have read the Data Protection Notice in the Key Features document. I agree that my personal information may be used for the purposes described.
2. I am aware that if I am a life assured only, I will not benefit from this policy.

**Life assured signatures**

(all lives assured who are not policyowners must sign)



**Date**

(DD/MM/YYYY)

An individual will be regarded as resident in the Republic of Ireland ('the State') for a tax year if the individual:

- (a) is present in the State for 183 days or more in that tax year; or
- (b) has a combined presence of 280 days or more in the State taking into account the number of days present in the State in that tax year together with the days present in the State in the preceding tax year.

If an individual is present in the State for less than 30 days in a particular tax year, the individual will not be considered as being resident in the State in that tax year and no account shall be taken of the period of less than 30 days for the purposes of the 280 day test, unless the individual elects to become a resident. An individual is considered present if they are present in the State at any time during that day.



Signature

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



Signature

(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)

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