

### Before you complete this form

Please read your Personal Illustration (pre-sale), Key Features document (SYRIKF1), Key Information Document for the product, Investment Options guide (SYIO1), Supplementary Information Documents for funds and Self-Directed Options guide (SYSDO1), given to you by your financial adviser.

**SYRI30 V29 0821**

### Part 1 - Your financial adviser's company details

#### To be completed by your financial adviser

Financial adviser's  
Standard Life agency code  /

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

Title

**Please tick one box only**

Policy owner and Life assured

Policy owner only

Life assured only

First names (in full)

Surname

Email   
@

Address   
  
  
  
Eircode

Date of birth (DD/MM/YYYY)

Home phone number

Personal Public Service number\*   
(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.

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

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

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

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.

**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

[Grid for policy numbers]

Title [Grid]

**Please tick one box only**

Policy owner and Life assured

Policy owner only

Life assured only

First names (in full) [Grid]

Surname [Grid]

Email [Grid]  
@ [Grid]

Address [Grid]  
[Grid]  
[Grid]  
[Grid] Eircode [Grid]

Date of birth (DD/MM/YYYY) [Grid]

Home phone number [Grid]

Personal Public Service number\* [Grid]  
(not required if you are a life assured only)

Mobile phone number [Grid]

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 [Grid]

TIN [Grid]

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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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.

**Part 2 - Personal details (continued)**

**Person 3**

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

Please give us one of your policy numbers

[Grid for policy number]

Title [Grid]

**Please tick one box only**

Policy owner and Life assured

Policy owner only

Life assured only

First names (in full) [Grid]

Surname [Grid]

Email [Grid] @ [Grid]

Address [Grid] Eircode [Grid]

Date of birth (DD/MM/YYYY) [Grid]

Home phone number [Grid]

Personal Public Service number\* [Grid] (not required if you are a life assured only)

Mobile phone number [Grid]

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 [Grid]

TIN [Grid]

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.

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

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

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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

Payable by:

- Cheque    Bank Draft    Direct credit\*

#### 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: IE51 ULSB 985010 05292222**, quoting reference: your surname, first name, and date of birth (dd/mm/yyyy)

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.

Premium should 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

Absolute Return Global Bond Strategies (ARGBS)	<input type="text"/> %	Global Index Fund 40	<input type="text"/> %	MyFolio Market II	<input type="text"/> %
Asia Pacific Equity	<input type="text"/> %	Global Index Fund 60	<input type="text"/> %	MyFolio Market III	<input type="text"/> %
Cautious Managed	<input type="text"/> %	Global Index Fund 80	<input type="text"/> %	MyFolio Market IV	<input type="text"/> %
China Equity	<input type="text"/> %	Global Index Fund 100	<input type="text"/> %	MyFolio Market V	<input type="text"/> %
Corporate Bond	<input type="text"/> %	Global Inflation Linked Bond	<input type="text"/> %	North American Equity	<input type="text"/> %
Diversified Income	<input type="text"/> %	Global Real Estate	<input type="text"/> %	Property	<input type="text"/> %
Dynamic Multi-Asset Growth	<input type="text"/> %	Global REIT	<input type="text"/> %	Total Return Credit	<input type="text"/> %
Euro Global Liquidity	<input type="text"/> %	Global Smaller Companies	<input type="text"/> %	UK Equity	<input type="text"/> %
European Equity	<input type="text"/> %	Japanese Equity	<input type="text"/> %	UK Smaller Companies	<input type="text"/> %
European Ethical Equity	<input type="text"/> %	Managed	<input type="text"/> %	Vanguard Emerging Market Stock Index	<input type="text"/> %
European Smaller Companies	<input type="text"/> %	Multi-Asset ESG	<input type="text"/> %	Vanguard Euro Government Bond Index	<input type="text"/> %
Fixed Interest	<input type="text"/> %	MyFolio Active I	<input type="text"/> %	Vanguard Eurozone Stock Index	<input type="text"/> %
Global Absolute Return Strategies (GARS)	<input type="text"/> %	MyFolio Active II	<input type="text"/> %	Vanguard Global Bond Index	<input type="text"/> %
Global Corporate Bond SRI	<input type="text"/> %	MyFolio Active III	<input type="text"/> %	Vanguard Global Corporate Bond Index	<input type="text"/> %
Global Equity	<input type="text"/> %	MyFolio Active IV	<input type="text"/> %	Vanguard Global Stock Index	<input type="text"/> %
Global Equity Impact	<input type="text"/> %	MyFolio Active V	<input type="text"/> %	Vanguard US 500 Stock Index	<input type="text"/> %
Global Index Fund 20	<input type="text"/> %	MyFolio Market I	<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

### 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

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

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+ |
|--|---|---|---|-----------------------------------|

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

- |   |            |   |
|---|------------|---|
| <input type="checkbox"/> Proof of identity, for example   | <b>and</b> | <input type="checkbox"/> Proof of address, for example:   |
| <ul style="list-style-type: none"><li>• Current passport</li><li>• Current EU or UK driving licence</li></ul> |            | <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</li></ul> |

If you don't provide suitable documents/information to us, we may be required to stop processing and discontinue doing business with you. Similarly, after the policy is written, if we ask for up to date verification, we may not be allowed to carry out your instructions until it is provided.

In certain circumstances, we may request further information.

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

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.



## Politically exposed persons

We are also 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.

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).

Role* in policy	Role holder's name	Role holder's relationship to PEP	PEP	Position held by the PEP
<i>For example, Policy owner</i>	<i>Anne Murphy-Smith</i>	<i>daughter-in-law</i>	<i>Hugo Smith</i>	<i>Director, UK Post Office</i>

\* Policy owner, life assured, settlor, beneficiary or trustee.

**Part 6 - 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. If a Personal Illustration has not been provided pre-sale, I will provide the declaration set out in Schedule 4 of those Regulations to my client for signing and returning to me when they receive their policy documents.
2. I have advised my client as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial losses as a result of such replacement.
3. I confirm that in accordance with the Packaged Retail and Insurance-based Investment Products EU Directive 2014, my client has been given the Key Information Document for the product and relevant Supplementary Information Documents for funds.
4. I have explored the available investment options with my client and taking into account their circumstances, long term needs, age, attitude to risk, and product suitability, I am satisfied that this policy is suitable for them.
5. 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.
6. I have completed all checks to verify the identity, address, source of funds, and source of wealth of:

Names


to the standards set out in the anti-money laundering and counter financing of terrorism regulations.

**Commission details**

**Regular premium** Please complete (i) and (ii)

(i) Initial (% of premium)

Nil  or Funded Initial  % (Max 15.00% FIC) **or** Premium Based Initial  % (Max 15.00%)

(ii) FBRC (% of fund)

Nil  or  % (Max 1.00%) payable\* Monthly  Quarterly  Half-yearly  Yearly

**Single premium** Please complete (iii) and (iv)

(iii) Initial (% of premium)

Nil  or  % (Max 3.00%)

(iv) FBRC (% of fund)

Nil  or  % (Max 1.00%) payable\* Monthly  Quarterly  Half-yearly  Yearly

\*If FBRC chosen, and payable frequency not ticked, we'll pay it monthly.

Issue policy to

Financial adviser  Client

**Financial adviser signature**

--



**Date**

(DD/MM/YYYY)

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

Financial adviser's name

--

If there are questions relating to this application, email me at

--

Special instructions and/ or additional information

--

## 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 and 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, 2 and 3 of my financial adviser's declaration (Part 6).
8. 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.
9. 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 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:

Policyowner 1	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>	Text <input type="checkbox"/>
Policyowner 2	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Post <input type="checkbox"/>	Text <input type="checkbox"/>

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 and 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 may 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

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

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



Tick all that apply



Signature

(01) 639 7000 [www.standardlife.ie](http://www.standardlife.ie) [customerservice@standardlife.ie](mailto: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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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 V05 0821**

## 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.**

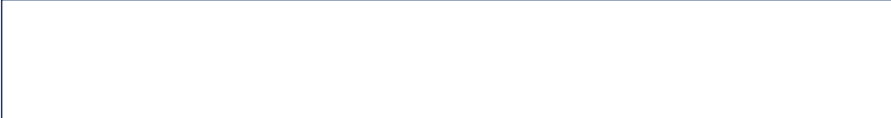
**As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks, starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your 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, 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

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Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary.

**Direct debit instruction**