

Filling in this form

Before completing this form, please read your Illustration and Investment Options guide (SYIO1), given to you by your financial adviser.

SYEP30 V17 0212

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 - Employer details

Company name

Company address for correspondence

Building number

Street

City/Town

County

Postcode

Contact number

Employer's tax registration number

Company registration number

Employer's accounting year end (DD/MM)

Part 3 - Member details

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)

Male

Female

Surname

First Name(s) in full

Current annual salary

€

Additional benefits*

€

Normal Retirement Age**

(Must be age 60-70)

Date of joining company (DD/MM/YYYY)

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

Spouse's date of birth (DD/MM/YYYY)

Personal Public Service number

N N N N N N N L (L)

Marital status

Single

Married

Separated

Divorced

Widowed

Does the employee alone, or together with his or her spouse and/or minor children, directly or indirectly own or control more than 20% of the voting rights of the employer?

Yes

No

Vesting provisions

Immediate vesting

Statutory vesting (i.e. vesting after 2 years)

* For example, benefit in kind, bonus etc.

** 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.

*** Minimum age is 18.

Part 4 - Pension contribution details

Regular contribution

Employer

€

Member Additional Voluntary Contributions

€

Payable by

Monthly direct debit

Quarterly direct debit

Half-yearly direct debit

Yearly direct debit

Yearly cheque

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

Renewal date* (DD/MM)

Employer single contribution

€

(must be paid by cheque)

Member Additional Voluntary Contributions

€

We can accept the following payment methods for single contributions and transfer payments.

Please tick the box to indicate which payment method you wish to use:

Direct Credit

Telegraphic transfer

Cheque

Bank Draft

- If you wish to send your payment by Direct Credit or Telegraphic Transfer, please contact us on **01 639 7080** for details on how to make the payment.
 - If you wish to pay by cheque, please make your cheque payable to 'Standard Life Assurance Limited' and enclose it with this application.
 - If you wish to pay by bank draft, please make the draft payable to 'Standard Life Assurance Limited' and enclose it with this application. You also need to enclose a bank statement (or stamped receipt) containing the bank draft transaction details, account holder's name and account number.
- The minimum contribution (employer and AVCs combined) is €175 each month, €525 each quarter, €1,050 each half-year, €2,100 each year. The minimum single contribution that can be used to set up a plan is €5,000 and the minimum single additional contribution is €2,000. Employer contributions to the plan must be 'meaningful'.

* The renewal date is the date on which the annual review becomes effective. For regular premium choose a day between 1st-28th of the month.

Part 5 - Other retirement benefits

If the member has any other retirement benefits, please provide details of the scheme*.

Name of scheme or insurance company

Type of scheme

Defined benefit or Defined contribution

Other (please specify e.g. personal pension)

Normal Retirement Age

Defined benefit

Pension at date of leaving

€

Additional tax-free cash at date of leaving

€

Date of leaving
(DD/MM/YYYY)

Pension escalation

% p.a.

Spouse's benefit details on death after retirement

%

Defined contribution

Projected fund at Normal Retirement Age

€

Current fund

€

Other

Projected fund at Normal Retirement Age

€

Please note that we will be unable to proceed if Part 5 is incomplete.

Part 6 - Your investment choice

In order to complete this section, refer to the Investment Options guide (SYI01). Indicate how your total contributions as set out in Part 4 are to be allocated

Synergy funds €

and/or

Self-Directed Options €

If you choose to invest in any of the Self-Directed Options, your funds will be initially placed in your policy's cash account. You must have enough money in this account to enable us to carry out your instructions.

Synergy funds

Choose from the following range of Synergy funds

If you wish to invest in the Synergy funds, indicate the relevant percentage in the table below.

Standard Life funds

Standard Life Barclays Multi-Asset Protected 85	<input type="text"/>	%	Fixed Interest	<input type="text"/>	%	Japanese Equity	<input type="text"/>	%
Cautious Managed	<input type="text"/>	%	Global Absolute Return Strategies	<input type="text"/>	%	Managed	<input type="text"/>	%
China Equity	<input type="text"/>	%	Global REIT	<input type="text"/>	%	North American Equity	<input type="text"/>	%
Corporate Bond	<input type="text"/>	%	Global Selector	<input type="text"/>	%	Pacific Basin Equity	<input type="text"/>	%
Euro Inflation Linked Bond	<input type="text"/>	%	India Equity	<input type="text"/>	%	Property	<input type="text"/>	%
European Ethical Equity	<input type="text"/>	%	Irish Equity	<input type="text"/>	%	UK Equity	<input type="text"/>	%
European Equity	<input type="text"/>	%	Euro Global Liquidity	<input type="text"/>	%	European Smaller Companies	<input type="text"/>	%

Standard Life multi-manager funds

Balanced Multi-Manager	<input type="text"/>	%	Japanese Equity Multi-Manager	<input type="text"/>	%	Pacific Basin Equity Multi-Manager	<input type="text"/>	%
European Equity Multi-Manager	<input type="text"/>	%	North American Equity Multi-Manager	<input type="text"/>	%	UK Equity Multi-Manager	<input type="text"/>	%
Global Equity Multi-Manager	<input type="text"/>	%						
							Total 100%	

For example, if you indicated above that you wish to invest €10,000 in the Synergy 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)**.

Execution only stockbroking

(please note that when choosing this option you must also complete Parts 7a and 7b)

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

Deposits

If you are selecting this option, fill in the name of the bank and the fixed term you have selected, including the amount.

Deposit provider

Term

€

Authorising your financial adviser to give investment instructions on your behalf

Please speak to your financial adviser before completing this section. If you wish to give this authority to your financial adviser, please sign this section.

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 for checking that we have carried out instructions properly.

I authorise Standard Life and any third party to accept my instructions from my financial adviser named in part 1, to buy or sell investments under this policy.

This authorisation will apply until Standard Life receives a written instruction from me changing or withdrawing my authorisation.

Policyholders signature (Synergy funds and deposits)

Date
(DD/MM/YYYY)

Policyholders signature (Execution only stockbroking)

Date
(DD/MM/YYYY)

Only complete Part 7a and 7b if you have chosen the Self-Directed option of execution only stockbroking.

Part 7a - Money laundering regulations

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

Member's occupation

Source of wealth

Please tick all that apply. Please tell us how you acquired the money you are investing.

- | | | | |
|---|--|--|--|
| <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 taxation

Please indicate which income band applies to you. Please state the income of the member.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Under €15,000 | <input type="checkbox"/> €15,000 to €19,999 | <input type="checkbox"/> €20,000 to €29,999 | <input type="checkbox"/> €30,000 to €39,999 |
| <input type="checkbox"/> €40,000 to €49,999 | <input type="checkbox"/> €50,000 to €59,999 | <input type="checkbox"/> €60,000 to €69,999 | <input type="checkbox"/> €70,000 or more |

To comply with money laundering regulations we may verify your identity by carrying out an online check with a reference agency.

Where an online check is carried out, the agency will verify your identity against public records and it will also check whether you have a credit history (but it will not disclose any information about your actual borrowings). The agency will add a note to show that an identity check was made to your credit file, but this information will not be made available to any third parties. In addition to this, your financial adviser will submit certified copies of the documents used to identify you to Standard Life.

Part 7b - Comply with money laundering regulations

To be completed by the financial adviser.

To comply with money laundering regulations, we must confirm that you have verified the identity and address of each member. To comply with this, **please attach certified copies** of one item from the list of photographic identification and certified copies of one item from the list of non photographic identification.

Photographic identification:

- | | |
|---|---|
| <input type="checkbox"/> Current passport | <input type="checkbox"/> Current Identification form (ML 10) containing photo signed by a member of the Gardai |
| <input type="checkbox"/> Current photo card driving licence | <input type="checkbox"/> Immigration certificate of registration (GNIB card) accompanied by letter from Office of Minister for Integration (signed and stamped) |
| <input type="checkbox"/> Current National Identity Card | <input type="checkbox"/> National Age card |

Non photographic identification:

- | | |
|--|---|
| <input type="checkbox"/> Current documentation/cards issued by the Revenue showing the name of the policyholder and their PPSN | <input type="checkbox"/> Current bank statements, or credit/debit card statements, issued by a regulated financial sector designated person in Ireland, EU or comparable jurisdiction (including those printed from the internet) |
| <input type="checkbox"/> Current documentation/cards issued by the Department of Social Protection showing the name of the policyholder and their PPSN | <input type="checkbox"/> Current utility bills (including those printed from the internet) |
| <input type="checkbox"/> Current instrument of a court appointment (such as liquidator, or grant of probate) | <input type="checkbox"/> Current household/motor insurance certificate or renewal notice |
| | <input type="checkbox"/> Current medical card |

For the purposes of the above, current means where a document has a specific expiry date that has not passed or in the absence of a specific expiry date the document was issued within 6 months of the date it is submitted to Standard Life.

Part 8 - Data Protection Notice

All parties named in your application should know how Standard Life holds, uses and processes their personal information, which it does in accordance with the Data Protection Acts 1988-2003. They all should read this notice.

Standard Life will use your personal information to set up, administer and manage your policy and to comply with the law. Your personal information may be shared for these purposes with other companies within Standard Life group, third party service providers, regulators and auditors. If they are based outside the European Economic Area, measures will be taken to ensure adequate steps are in place to protect your personal information.

If you have appointed a financial adviser, we may share with them information about your policy to enable them to give you advice. Your financial adviser will hold, use and process your personal information in accordance with their data protection notice.

If you want to request a copy of the personal information we hold about you, please write to us. We may charge you a fee for providing it.

Part 9 - Your financial adviser's declaration

To be completed by your financial adviser

1. 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.
2. I have verified the identity of the following member (only applicable if execution only stockbroking is chosen).

Member's name

Financial adviser's name (BLOCK CAPITALS)

Financial adviser's signature

Date
(DD/MM/YYYY)

Regular contributions

Option 1

25% max initial*
2% max renewal
1% FBRC

Option 2

5% initial
5% renewal
1% FBRC

Option 3

Initial

 %

Renewal (% of premium)

 %

FBRC (% of fund - max 1%)

 %

Single contributions

Please complete if **other** than standard commission terms to apply.

Initial (% of premium - max 5%)

 %

FBRC (% of fund - max 1%)

 %

* Not applicable if member is 65 or more.

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

Issue policy to

Broker

Trustees

We can accept the following payment methods for single contributions and transfer payments.

Please tick the box to indicate which payment method you wish to use:

Direct Credit

Telegraphic transfer

Cheque

Bank Draft

- If you wish to send your payment by Direct Credit or Telegraphic Transfer, please contact us on **01 639 7080** for details on how to make the payment.
- If you wish to pay by cheque, please make your cheque payable to 'Standard Life Assurance Limited' and enclose it with this application.
- If you wish to pay by bank draft, please make the draft payable to 'Standard Life Assurance Limited' and enclose it with this application. You also need to enclose a bank statement (or stamped receipt) containing the bank draft transaction details, account holder's name and account number.

Part 10 - Declaration

Please read carefully before signing.

WARNING: If you propose to enter into this executive pension contract in complete or partial replacement of any existing pension arrangement, please take special care to satisfy yourself that this executive pension contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing pension arrangement. Please take particular care if you are giving up any guarantees. If you are in doubt about this, please contact your financial adviser.

Member declaration

1. I have read the Data Protection Notice (Part 8) and I agree that my personal information may be used for the purposes described.
2. I authorise the Revenue and the Department of Social Protection to give Standard Life my most recent address held on their records at any time in the future.
3. I declare that the information provided in this and other related forms (if any) are true and correct to the best of my knowledge and belief.
4. I agree that a copy of this application can be treated as the original for all purposes.
5. 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.

Employer and Trustees declaration

1. We have read the Data Protection Notice (Part 8) and we agree that our personal information may be used for the purposes described.
2. We agree that a copy of this application can be treated as the original for all purposes.
3. We declare that the information provided in this and other related forms (if any) are true and correct to the best of our knowledge and belief.
4. We request Standard Life to appoint the Investment Manager, if any, named in Part 6.
5. We agree to be legally bound by the Synergy Executive Pension policy provisions.
6. We appoint Standard Life as the registered administrator of this executive pension. However, should we wish to appoint an alternative registered administrator, we will notify Standard Life.

Member's signature	Date (DD/MM/YYYY)	<input type="text"/>
Signature – for and on behalf of employer and trustees*	Date (DD/MM/YYYY)	<input type="text"/>

* Where the trustees and employer differ, **both** must sign.

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 any 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 policy provisions 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.

Part 11 - Letter of exchange

Between ("The Employer")

and ("The Member")

Letter date and start date of plan (DD/MM/YYYY)

Dear Member,

The Employer has agreed to establish, with effect from the date of this letter, an executive pension plan ("the Plan") with Standard Life to provide you ("the Member") with relevant pension benefits. The Plan (to be known as the

Pension Plan) is established under irrevocable trusts as a retirement benefits scheme capable of approval by the Revenue as an exempt approved scheme under Part 30, Chapter 1, Taxes Consolidation Act 1997.

To the extent that persons are named as trustees below, the Employer hereby appoints those persons as trustees of the Plan and, as so testified by their signatures, those persons consent to act as trustees. To the extent that persons have not been named as trustees below, the Employer hereby agrees to act as the corporate and sole trustee of the Plan. The persons so named or the Employer as the case may be, shall hereinafter be referred to as "the Trustees", which expression shall include the trustees for the time being of the Plan.

The power of appointing new trustees is vested in the Employer who may remove from office any trustee for the time being appointed. Except where a corporate trustee is sole trustee, the number of trustees shall not be less than two.

The Plan is governed by this letter, the application to which this letter is attached, the Standard Life Synergy Executive Pension Rules ("the Rules")(SYEPR), a copy of which will be issued to you along with the scheme documentation.

The Plan benefits will be provided by means of a contract or contracts with Standard Life, and the benefits payable will be subject to the terms and conditions of the contract or contracts and to the Rules. Please acknowledge receipt of this letter by signing below and returning it to me.

Yours faithfully,

Signature – for and behalf of the employer

Position held

Name in BLOCK CAPITALS

I acknowledge receipt of this letter.

Member's signature

Direct debit instruction

Your instructions to the bank and your signature

- I instruct and authorise you to pay direct debits from my account at the request of Standard Life
- I confirm that the amounts to be debited are variable and may be debited on various dates
- I shall duly notify the bank in writing if I wish to cancel this instruction. I shall also notify Standard Life of such a cancellation



ORIGINATOR'S IDENTIFICATION No.

3 0 4 9 3 5

POLICY NUMBER
OFFICE USE ONLY

Name and full postal address of your bank branch

Name of account holder

Branch sort code

9

Bank account number

Account holder signature

Date
(DD/MM/YYYY)

Some banks may not accept instructions to pay direct debits from, or may not allow them from, some types of account (e.g. most savings accounts). If in doubt, please consult your bank.



Filling in your direct debit instruction

Please make sure that you complete and sign the instruction and date it. Then return it to Standard Life, 90 St Stephen's Green, Dublin 2.

Please ensure that

- your account can handle direct debits (most savings accounts and some banks do not)
- there are sufficient funds in your account to pay the amounts you have agreed to pay, when they are due (especially the first debit when there may be more than one amount collected)

Please remember that

- the policy is not in force until the amount due is paid
- if you fail to pay the amounts when due, procedures may be applied and/or benefits adjusted

Standard Life will

- only collect amounts that we have agreed with the policy owner in advance
- contact the policy owner if a direct debit is rejected by your bank

The Direct Debit Guarantee

- This is a guarantee provided by your own bank as a member of the Direct Debit Scheme, in which banks and originators of direct debits participate
- If you authorise payment by direct debit, then
 - Standard Life will notify the policy owner in advance of the amounts to be debited to your account; and
 - your bank will accept and pay such debits, provided that your account has sufficient available funds
- If it is established that an unauthorised direct debit was charged to your account, you are guaranteed an immediate refund by your bank of the amount charged where you notify your bank without undue delay on becoming aware of the unauthorised direct debit and in any event no later than 13 months of the date of debiting such direct debit to your account
- You are entitled to request a refund of any variable direct debit the amount of which exceeded what you could have reasonably expected, subject to you so requesting your bank within a period of 8 weeks from the date of debiting of such direct debit to your account
- You can instruct your bank to refuse a direct debit payment by writing in good time to your bank
- You can cancel the direct debit instruction by writing in good time to your bank