

Part 2 - Your personal details

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

Male

Female

Surname

First Name(s) in full

Address

(House number)

Street

City/Town

County

Postcode

Email address

Contact number

Date of birth* (DD/MM/YYYY)

Personal Public Service number

N N N N N N N L (L)

* Minimum age is 18.

Part 3 - Transfer payment details

Amount of transfer payment € (€5,000 minimum or stg£ equivalent)

Normal Retirement Age*

Is the transfer payment subject to any Family Law proceedings? (e.g. Pension Adjustment Order) Yes No

If Yes, are you the 'non-Member's spouse' or 'Member'?

The transfer payment is from a personal pension or company pension scheme

If the transferring scheme/plan is a personal pension, please complete Part 4a, if a company pension scheme, Part 4b.

You should ensure that the transfer payment includes any money coming from separate AVC contracts or insurers and any payment for late interest. If this transfer payment is made up of previous transfer payments, please provide details of those transfer payments also.

*Must match the retirement age of the scheme you are transferring from. The Normal Retirement Age stated here must agree with any other simultaneous buy out bond (except where pension splitting applies).

Part 4a - Your personal pension details

Complete only if your transfer payment is from a personal pension

Name of plan from which transfer payment originates

Revenue/HMRC reference number of the transferring plan

Part 4b - Your company pension scheme details

Complete only if your transfer payment is from a company pension scheme

Amount of transfer payment which represents AVCs (please specify currency)

Name of scheme from which transfer payment originates

Revenue/HMRC reference number of the transferring scheme

Is the scheme Defined Benefit or Defined Contribution (If Defined Benefit, ARF option not available unless 5% director)

Was the member a proprietary director (20%) at any time within the last three years of the relevant employment? Yes No

Has the member given up their right to take a tax-free lump sum as part of a redundancy package from the relevant employment? Yes No

(a) (i) Transferring member's maximum tax-free lump sum entitlement at transfer date

(ii) Revenue 'maximum benefit limit'

or

(b) (i) Date of joining relevant employment Date (DD/MM/YYYY)

(ii) Date of leaving relevant employment Date (DD/MM/YYYY)

(iii) Final salary from relevant employment. Alternatively, please enclose copies of the members's three largest consecutive P60s within the last five years of the relevant employment (within ten years for proprietary directors (20%)) and their P45 from the relevant employment. €

Additional Voluntary Contributions have different options available at retirement.

Relevant employment means the employment relating to the pension scheme which you are transferring out of.

The Synergy Buy Out Bond has been approved by HM Revenue & Customs as a Qualifying Recognised Overseas Pension Scheme (reference QROPS500126) and is listed on their website www.hmrc.gov.uk/pensionschemes

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 bondowner.

- | | | | |
|---|---|---|---|
| <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 document's used to identify you to Standard Life.

Part 6b - 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 bondowner. 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 policyowner 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 policyowner 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 its submitted to Standard Life.

Part 7 - Your financial adviser's details

To be completed by your financial adviser

1. I hereby declare 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 instruction I give to Standard Life or any third party providers on behalf of my client.
4. I have verified the identity of the following bondowner (only applicable if execution only stockbroking is chosen).
5. I have explored the available investment options with my client and taking into account their circumstances, long term needs, age and attitude to risk, I am satisfied that this policy is suitable for them.

Bondowner's name

Financial adviser's name (BLOCK CAPITALS)

Financial adviser's signature

Date
(DD/MM/YYYY)

Please complete if other than standard commission terms to apply

Initial (% of premium - max 5%)

 %

FBRC (max 1% of fund)

 %

Issue policy documents to

Broker

Client

Part 8 - Your declaration

To be completed by bondowner and, if applicable, trustees

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 in the Key Features document and I agree that my personal information may be used for the purposes described.
2. I agree that a copy of this application can be treated as the original for all purposes.
3. I understand that the benefit under this pension policy is governed by Chapter 1 or 2 of Part 30 of the Taxes Consolidation Act 1997 as amended, and benefits under this policy cannot be surrendered, assigned or commuted.
4. 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.
5. I declare that the information provided in this and other related forms (if any) are true and complete to the best of my knowledge and belief, whether in my handwriting or not.
6. 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.
7. I agree to be legally bound by the Synergy Buy Out Bond policy provisions.
8. I request Standard Life to appoint the Investment Manager, if any, named in Part 5.
9. I have received in writing and read the information specified in my financial adviser's declaration (Part 7).
10. I have read the Transfers from a UK pension and the protected rights information in the Key Features document.
11. I understand that, depending on my tax residency status, movement of funds from this policy relating to transfer payments from a UK pension will be reported to HM Revenue & Customs.

Signature of bondowner named in Part 2

Date
(DD/MM/YYYY)

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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.

1. We declare that the information given is true and complete to the best of our knowledge and belief.
2. We confirm that ARF options are available under the terms of the scheme.

Signature of Trustees of pension scheme

Date
(DD/MM/YYYY)

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Telephone (01) 639 7080 Email newbusiness@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. www.standardlife.ie