

### Filling in this form

Before completing this form, please read your Personal Illustration (pre-sale), Key Features document (SYPBKF1) and Investment Options guide (SYIO1), given to you by your financial adviser.

**SYPB30 V17 0212**

### 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 - Lives assured

#### Life A

Title Surname

First names (in full)

#### Address

(House number) Street

City/Town

County

Postcode

Contact number

Date of birth (DD/MM/YYYY)

Relationship of Life A to B

All lives assured and policyowners must be age 75 or younger at date of investment. Lives assured will also be policyowners if Part 3 is not completed.

## Part 2 - Lives assured (continued)

### Life B

Title	Surname	
<input type="text"/>	<input type="text"/>	
First names (in full)		
<input type="text"/>		
<b>Address</b>		
(House number)	Street	
<input type="text"/>	<input type="text"/>	
City/Town		
<input type="text"/>		
County		
<input type="text"/>		
Postcode	Contact number	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Part 3 - Policyowner

Only complete this section if the policyowner is to be **different** from the lives assured.  
(The policyowner is normally the person who receives the proceeds of the policy).

Title	Surname	
<input type="text"/>	<input type="text"/>	
First names (in full)		
<input type="text"/>		
<b>Address</b>		
(House number)	Street	
<input type="text"/>	<input type="text"/>	
City/Town		
<input type="text"/>		
County		
<input type="text"/>		
Postcode	Contact number	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurable interest in Life A and B*		
<input type="text"/>		

\* For example, husband/wife; company/director; trustee/beneficiary (attach letter or copy deed).

## Part 4 - Your investment

### Single premium

€  (minimum €10,000)

We can accept the following payment methods. Please tick the box to indicate which payment method you wish to use:

Direct credit       Telegraphic transfer       Cheque

- 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 the cheque with this application form

## Part 5 - Your investment choice

### 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. 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**.

#### 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 Amer Equity Multi-Manager	<input type="text"/>	%	UK Equity Multi-Manager	<input type="text"/>	%
Global Equity Multi-Manager	<input type="text"/>	%						

## 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 to accept my instructions from my financial adviser named in part 1, to buy or sell investments under this policy.

Your signature as policyowner 1

Date  
(DD/MM/YYYY)

Your signature as policyowner 2

Date  
(DD/MM/YYYY)

## Part 6 - Regular withdrawals (optional)

<input type="text"/>	%	of policy value before exit tax (max 5% per annum)		
<b>or</b>				
€ <input type="text"/>		after exit tax (max 5% per annum of premium)		
<b>Frequency</b>	<input type="checkbox"/> Every month	<input type="checkbox"/> Every 3 months	<input type="checkbox"/> Every 6 months	<input type="checkbox"/> Once a year
First payment date (DD/MM/YYYY)	<input type="text"/>	(Choose any day from 1 - 28 of the month. Earliest: 1 month after Start Date; latest: 13 months after Start Date)		
Account number	<input type="text"/>	Bank sort code	<input type="text"/>	<input type="text"/>
Account name	<input type="text"/>			
Bank	<input type="text"/>			
Address	<input type="text"/>			

The minimum regular withdrawal per annum is €900. Please allow at least 3 bank working days for the payment to reach your account.

Payments must be lodged to your own or jointly owned Irish personal bank account. Payments cannot be made by cheque.

## Part 7a - Money laundering regulations

Due to 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	<input type="text"/>
Occupation of policyowner 2	<input type="text"/>

## 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	<input type="text"/>
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## Your annual income before taxation

Please indicate which income band applies to you

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

- |   |   |   |   |
|---|---|---|---|
| <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 policyowner. 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 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 12 months of the date it is submitted to Standard Life.

## Part 8 - 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, and that
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 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.
4. I confirm that I will retain the appropriate evidence regarding any instructions I give to Standard Life on behalf of my client.
5. I have verified the identity of the following policyowners:

Name of policyowner 1 (in full)

Name of policyowner 2 (in full)

Financial adviser's name (BLOCK CAPITALS)

Financial adviser's signature

Date  
(DD/MM/YYYY)

Please complete commission terms to apply

**Initial** (% of premium)

%

**FBRC** (% of fund)

%

**Issue policy to**

Broker

Client

## Part 9 - Your declaration

### Please read carefully before signing

**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 and understand the Data Protection Notice in my Key Features document (SYBKF1). 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. The information provided in this application, whether in my handwriting or not, is true and complete.
4. I agree that a copy of this application can be treated as the original for all purposes.
5. I am over age 18 and a resident of Ireland.
6. I have received in writing and read the information specified in 1 and 2 of my financial adviser's declaration (Part 8).
7. I agree to be legally bound by the Synergy Portfolio Bond policy provisions (SYPB60).

Your signature as policyowner 1

Date  
(DD/MM/YYYY)

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Your signature as policyowner 2 (if applicable)

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 the premium. 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.

### Lives A and B – please sign here *only* if different from the policyowner

I, the life assured, declare that the information given is true and complete. I have read and understand the Data Protection Notice in the Key Features document (SYPBKF1). I agree that my personal information may be used for the purposes described.

Signature Life A

Date  
(DD/MM/YYYY)

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Signature Life B (if applicable)

Date  
(DD/MM/YYYY)

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If you are a named life assured only, you will not benefit from this policy.

Telephone (01) 639 7080 Email [synergy@standardlife.ie](mailto:synergy@standardlife.ie)

Standard Life Assurance Limited is authorised and regulated by the Financial Services 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 Ireland (905495) at 90 St Stephen's Green, Dublin 2 and 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. [www.standardlife.ie](http://www.standardlife.ie)*