

## Synergy Buy Out Bond

Application by trustees for multiple members transferring from a scheme in wind up

### Before completing this form

Please read the sample pre-sale illustration, Key Features document (SYBOBK1) and Investment Options guide (SYI01), given to you by your financial adviser.

Until this application is accepted, Standard Life's liability is limited to the return of the transfer payment to your original pension provider.

Please enclose a copy of the winding-up resolution with this application and a spreadsheet or documents containing the information required for the beneficiaries of the scheme.

**SYBOBMMT30  
V11 0120**

### Who this form is for

This form should be completed by trustees of a company pension scheme (generally, on wind up) who are proposing to make a transfer in respect of a group of members of that scheme to invest in individual Synergy Buy Out Bonds.

### 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 3 - Transfer payment details

Total transfer payment\*

€

Normal Retirement Age+

### Part 4 - Your investment choice

In order to complete this section, refer to the Investment Options guide (SYI01).

Fund name		
		%
		%
		%
		%
<b>Please ensure that your percentage adds up to 100%</b>	<b>Total</b>	<b>100%</b>

### Part 5 - Your financial adviser's declaration

#### To be completed by your financial adviser

- 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
- 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.
- I have completed all checks to verify the identity, address, source of funds, and source of wealth of the beneficiaries to the standards set out in the anti-moneylaundering and counter financing of terrorism regulations, which will be forwarded to Standard Life on request.

#### Commission details

Please complete all three choices (i), (ii) and (iii):

#### (i) Pricing option

A  B  C  D  E  F  G  H

I  For term to NRA  $\geq$  1 and  $<$  5 complete years J  For term to NRA  $\geq$  1 and  $<$  5 complete years K  For term to NRA  $<$  1 complete year

#### (ii) Initial (% of premium)

Nil  or  % (Max 5.00%)

#### (iii) FBRC (% of fund)

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

Issue policy to Financial adviser  Client

Financial adviser signature

Date

(DD/MM/YYYY)

Financial adviser's name

Special instructions

You should make sure that the transfer payment includes any money coming from separate AVC contracts or insurers and any payment for late interest.

- \* The sum of all individual member transfer payments.
- + Must match the retirement age of the transferring scheme

Please ensure you give full fund name, as listed in Investment Options guide (SYI01).

If you wish to invest in funds, indicate the relevant fund name and percentage in the table. 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 write **Managed 100%**

For more information on pricing options, refer to Products from Standard Life for financial advisers (SYAPS).

  
Signature

## Part 6 - Company pension scheme beneficiary details

### To be supplied by the trustees of the transferring scheme

#### We require the following details for each member transferring:

1. **Transfer payment** (€)
2. **AVC** portion of transfer payment (€)
3. **Member name** (Title, first names, surname)
4. **Address**
5. **Email**  
We may use the member's email to help manage their policy. If they don't want us to use it, leave it blank.
6. **Date of birth** (dd/mm/yyyy)
7. **Personal Public Service Number** (PPSN)
8. **Date of joining** this company (dd/mm/yyyy)
9. **Date of leaving** this company, if applicable (dd/mm/yyyy)
10. **Salary details** (€)  
Member's salary details are required to calculate the member's 'final remuneration' and check that benefits are within maximum Revenue limits. To do this (and maximise tax free lump sum and other benefits), detailed salary information is required. Alternatively, please enclose copies of each member's three largest consecutive yearly Employment Detail Summaries for this company (or P60s if before 2019) within the last five years of employment with this company (within ten years for proprietary directors (20%)) and their yearly Employment Detail Summary that includes their income from when they left this company (or P45 if left before 2019).
11. **20% Director** at any time within the last three years of employment with this company (Y/N)
12. **Family law proceedings** (Y/N)  
Is the member's pension (or has it ever been) subject to any family law proceedings (for example, Pension Adjustment Order)? If yes, enclose a copy of the notice or order. We'll then let you know what further information we'll need.
13. Any **other retirement benefits** (Y/N)  
Give details of all other benefits (paid, in payment and not yet taken)
14. **Pension lump sum given up** on redundancy (Y/N)  
Did the member give up the right to take a tax-free pension lump sum as part of a redundancy package from this company?
15. **Politically exposed person**, or close relative/associate of a PEP (Y/N)  
Give relationship of member to PEP, PEP's name and position held.

This company means the employment relating to the pension scheme that the beneficiaries are transferring out of.

## Part 7 - Trustee declaration

Please read carefully before signing.

**WARNING: If you propose to take out these policies in complete or partial replacement of existing policies, please take special care to satisfy yourself that these policies meet the needs of the individual members for which you are making this transfer. In particular, please make sure that you are aware of the financial consequences of replacing the existing policies. If you are in doubt about this, please contact your insurer or insurance intermediary.**

1. We have provided the Data Protection Notice in the Key features document to the beneficiaries. For those beneficiaries that we have made contact with, we confirm that they have read it, and have agreed to their personal data being used for the purposes described.
2. We have made diligent efforts to contact those members with whom we've lost contact. The Pensions Authority has given us permission to make the transfer without the consent of those 'lost' members with a transfer payment of more than €10,000.
3. We have read the Data Protection Notice in the Key Features document and we agree that all trustee personal information may be used for the purposes described.
4. We agree that a copy of this application including the information provided under Part 6, together with supporting documentation can be treated as the original for all purposes.
5. We accept that the benefits under these policies are governed by Chapter 1 of Part 30 of the Taxes Consolidation Act 1997 as amended and benefits under these policies cannot be surrendered, assigned or commuted.
6. We agree that the contract will be governed by the Policy Schedule, Statement of reasonable projection and Policy Provisions (SYBOB60), together with this Application Form and any associated statements and questionnaires submitted in connection with this application.
7. We have fulfilled the requirements as set out in the relevant sections of the Pensions Act 1990 as amended.
8. We acknowledge that some individual transfer payments may be below your acceptable minimum transfer payment of €1,200. In these circumstances, Standard Life will refund these transfer payments to the trustees to be forwarded to the relevant members. Such refunds will be liable to tax, which we, the trustees, accept responsibility for deducting.
9. We declare that the information given is true and complete to the best of our knowledge and belief.
10. We confirm that ARF options are available under the terms of the scheme.
11. We confirm that the company pension scheme has commenced winding-up. We enclose a copy of the winding-up resolution.
12. We request you to issue individual buy out bonds to each member and confirm that this application is to be the basis for the benefits provided under those policies.
13. We have received in writing and read the information specified in the financial adviser's declaration (Part 5).
14. We agree that the contracts will be governed by Irish law.

**Trustees of pension scheme signatures** (all trustees must sign)

**Trustee 1  
signature**



**Date**

(DD/MM/YYYY)

**Trustee 2  
signature**



**Date**

(DD/MM/YYYY)

  
Signature

  
Signature

**Part 7 - Trustee declaration (continued)**

**Trustee 3  
signature**



**Date**

(DD/MM/YYYY)

**Trustee 4  
signature**



**Date**

(DD/MM/YYYY)

  
Signature

  
Signature

If you are receiving advice from a financial adviser, remember that the adviser is acting on your and the scheme beneficiaries' 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 transfer payment. By filling in this form, you, as trustees, are applying to enter into contracts with Standard Life on behalf of the transferring beneficiaries. This application will be the basis of all contracts if it is accepted by us.

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

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