

**SYRI73 V06 0821**

### 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) and Supplementary Information Documents for funds given to you by your financial adviser.

The main Revenue requirements for a savings policy to qualify for Section 73 relief are

- Policy must be in a form approved by Revenue (Synergy Regular Invest meets this requirement)
- Policy must be expressly effected under Section 73 Capital Acquisitions Tax Consolidation Act 2003 for the purpose of paying gift tax
- Policyowner must pay the premiums regularly
- Premiums must be paid continually (yearly, half-yearly, quarterly or monthly) for the first 8 years (single premiums are not permitted)
- If premiums are not paid for 1 year, no further premium may be paid
- Policy must be single life/owner (or joint life last survivor/owner for married couple/civil partners)
- Maximum difference between the highest and lowest annual premiums over the first 8 years cannot be more than 100%
- A withdrawal within first 8 years will reduce annual premium requirement and affect maximum difference
- After 8 years, withdrawal of proceeds must be used to pay gift tax within 1 year of withdrawal

These requirements are based on our understanding in July 2021. The full rules are set down in law, and by Revenue. Laws and tax rules may change in the future.

**You must get professional financial and tax advice.** Standard Life does not give financial or tax advice. You should not base your decision to invest solely on the information in this application.

### 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

### Policy owner and Life assured 1

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

Please give us one of your policy numbers

Title

First names (in full)

Surname

Email

  
@

Address

  
  
  
  
Eircode

Date of birth (DD/MM/YYYY)

Home phone number

Personal Public Service number\*

Mobile phone number

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

You 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 attach proof, 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)

### Policy owner and Life assured 2

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

Please give us one of your policy numbers

Title

First names (in full)

Surname

Email   
@

Address   
  
  
Eircode

Date of birth (DD/MM/YYYY)  Home phone number

Personal Public Service number\*  Mobile phone number

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

**For joint life, you must be married to each other or in a civil partnership.**

You 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 attach proof, 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 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.

### Source of funds

Please give account details from where money was drawn

Your International Bank Account Number (IBAN)

Name on your account

\* Alternatively, you can make direct credit payment to Standard Life International, IBAN: IE51 ULSB 985010 05292222. Please quote 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.

The minimum premium is €125 each month, €375 each quarter, €750 each half-year, €1,500 each year. Please make cheque or bank draft payable to Standard Life.

Premium should be drawn from policyowner account.

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).

## Funds

In order to complete this section, refer to the Investment Options guide (SYIO1).

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

Please ensure you give full fund name, as listed in Investment Options guide (SYIO1).

## Authorising Standard Life to accept instructions from your financial adviser on your behalf

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 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 signing this section.

**Policyowner signatures**



**Date**

(DD/MM/YYYY)



Signature

## Part 4 - Anti-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.

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

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
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <ul style="list-style-type: none"> <li>• politically exposed person (PEP)</li> <li>• close relative of a PEP, or</li> <li>• close business associate of a PEP?</li> </ul> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

If yes, please give details.

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>

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.

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).



## Part 6 - 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 am a resident of the Republic of Ireland.
6. I have received in writing and read the information specified in 1, 2 and 3 of my financial adviser's declaration (Part 5).
7. 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.
8. I agree that the contract will be governed by Irish law.
9. I am effecting this policy with the intention of paying a future gift tax liability under Section 73 Capital Acquisitions Tax Consolidation Act 2003.
10. I accept that, for the policy to qualify for Section 73 relief, it must satisfy the criteria in Section 73, and those set by Revenue, and failure to meet all of them may result in the policy proceeds being liable to Capital Acquisitions Tax.
11. I accept responsibility for satisfying these criteria throughout the life of the policy, and I will not hold Standard Life responsible for any failure to meet them.
12. I accept that if I instruct Standard Life to make any premium changes or withdrawals from the policy, it is my responsibility to ensure the criteria for the Section 73 relief are adhered to, and I will not hold Standard Life responsible for any breach.
13. I accept that this policy is not suitable to fund a future inheritance tax liability under Section 72.
14. I have received professional tax advice (or had the opportunity, and chose not to) before applying for this policy.

**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.

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

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**

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

**Tick all that apply**

(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.

**SDDN V05 0821**

**For office use only**

Creditor Identifier: IE09ZZZ304935

Unique Mandate Reference (your policy number)

**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](mailto: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.