

Synergy approved retirement funds

Application

Filling in this form

SYARF30 V18 0512

Before completing this form, please read your Personal Illustration, Key Features document (SYARFKF1), Investment Options guide (SYI01) and Self-Directed Options guide (SYSDO1), given to you by your financial adviser.

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 - Your details

Part 2 - Your details	
Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	Male Female
Surname	mate remate
First Name(s) in full	
Address (House number) Street	
City/Town	
County	
Postcode	Contact number
Personal Public Service number	Date of birth* (DD/MM/YYYY)
Bank account number**	Branch sort code
	9
Bank account name	
Bank name	
Bank address	

- * Evidence of your age
 (e.g. passport, driving
 licence) must be submitted
 with this application, unless
 already submitted. Failure
 to do so will result in the
 application being delayed
 and your money will not be
 invested until a later date.
 You must be 75 or under
 to invest.
- ** Your ARF withdrawals will be lodged to this account. Please allow 5 business days for the payment to reach your account. Payments must be lodged to your own or your jointly owned Irish personal bank account. Payments cannot be made by cheque.

You need to satisfy the eligibility conditions for investing in an ARF. 1. Do you have an existing ARF? 2. If no to question 1, have you a guaranteed pension income for life of €18,000 per annum*? No

If YES, provide a copy of payment slip, letter from annuity provider or other evidence acceptable to Revenue and give details below.

Annuity provider/ Qualifying Fund Manager	Policy type Annuity/AMRF	Amount invested	Start date (DD/MM/YYYY)	Policy number
		€		
		€		
		€		
		€		

If you have answered NO to questions 1 and 2, you need to

- a) Invest in an AMRF which, when added to your existing AMRF (if applicable) brings your total AMRF investment to €119,800
- b) Purchase an annuity which, when added to your existing guaranteed pension income (if applicable), brings your total guaranteed pension income to €18,000 per annum or
- c) Invest in a combination of an AMRF and an annuity to bring your total investment in an annuity and an AMRF to €119,800

* The Revenue accepts your State Pension and pension annuities as guaranteed pension income for life. Income in respect of your spouse/civil partner or dependant is not taken into account. Neither is your salary, State assistance, allowances or benefits, rental income, or maintenance order payments. The Revenue also require us to hold evidence on file. Until you provide satisfactory evidence, your money will not be invested.

Part 4a - ARF regular withdrawals	
Please choose either of the following regular withdrawal options.	
% (max 5% per annum of fund value before tax) Or	
% (max 5% per annum of premium before tax)	
First payment date	
0 6 (earliest: 1 month after Start Date, latest: 13 months after Start Date)	
Frequency	
Every month Every 3 months Every 6 months Once a year	
You must withdraw 5%* of the value of your policy each year. If you do not make withdrawals of at least this amount during each year, in December, we will make a withdrawal and lodge it to your account.	* Where the total value of your ARF(s) and vested PRSA(s) is more than €2 million at
To ensure the correct taxes are deducted from your payments, the Revenue require us to have an up to date Certificate of Tax Credits. Contact the Revenue on (01) 702 3011 or their Locall PAYE helpline, based on where you live (Standard Life's 'employer' number for ARFs is 9578247P).	30 November each year, you must withdraw 6%.
Dublin region: 1890 333 425 South West region: 1890 222 425	
Border Midlands West region: 1890 777 425 East and South East region: 1890 444 425	
Please tick to confirm you have contacted the Revenue	
Where regular withdrawals are chosen above the minimum amount which can be withdrawn is €900 before PAYE taxes.	
Withdrawals will be deducted on the 6 th day (or the next business day) of each month and payment	
should reach your bank account within 5 business days of deduction.	
Part 4b - Nominee Qualifying Fund Manager (QFM)	
Have you appointed a nominee QFM?	
(If yes please provide the following details)	
Name of QFM	
Address Street	
City/Town	
County	

Reference number to be used for correspondence

Part 5 - Your investment		
ARF investment	AMRF investment	
€	(minimum €10,000)	(minimum €10,000, maximum €119,800)
Do you require a 'willing and abl	e' letter to be sent to the transfer provider?	Yes No
If yes, please provide details be Name of Provider	low	
Policy number		
Part 6 - Your investment choice		
In order to complete this section guide (SYSDO1).	n, refer to the Investment Options guide and the S	Self-Direct Options
Indicate how your contribution a	as set out in Part 5 is to be allocated.	
We will assume that your investr state otherwise.	ment choice will apply to your ARF as well as your	AMRF unless you
Synergy funds €		
and/or		
Self-Directed Options €		
policy's cash account. You must instructions and to pay the charge	the Self-Directed Options, your funds will be initial have enough money in this account to enable us ges related to the Self-Directed Options that you h s Guide, or contact your Financial Adviser for furth	to carry out your nave selected. Please

vou wish to invest in th		f Synergy funds			
		funds, indicate the rele	vant perc	entage in the table bel	low.
Standard Life MyFolio fu	inds				
MyFolio I	%	MyFolio II	%	MyFolio III	
MyFolio IV	%	MyFolio V	%		
Standard Life funds					
Standard Life Barclays Multi-Asset Protected 85	%	Fixed Interest	%	Japanese Equity	
Cautious Managed	%	Global Absolute Return Strategies	%	Managed	
China Equity	%	Global REIT	%	North American Equity	
Corporate Bond	%	Global Selector	%	Pacific Basin Equity	
Euro Inflation Linked Bond	%	India Equity	%	Property	
European Ethical Equity	%	Irish Equity	%	UK Equity European Smaller	
uropean Equity	%	Euro Global Liquidity	%	Companies	
Standard Life multi-man	ager fund	s			
Balanced Multi-Manager	%	Japanese Equity Multi-Manager	%	Pacific Basin Equity Multi-Manager	
European Equity Multi-Manager	%	North American Equity Multi-Manager	%	UK Equity Multi-Manager	
Global Equity	%				
Mutti-Manager					
Property Information wecution only stockbrokers and 7b)	ails of the on Questic	property you wish to pu pnnaire (SYPIQ). se note that when choos	sing this c	ption you must also co	
elf-Directed Options Direct property Tick this box if you a Please provide deta Property Information Execution only stockbrokers 7a and 7b)	nils of the on Question Questi	property you wish to pu pnnaire (SYPIQ). se note that when choosing execution only stock	sing this c	ption you must also co	
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elf-Directed Options Direct property Tick this box if you and Please provide detan Property Information xecution only stockbrokers 7a and 7b) Tick this box if you and 7b	wils of the on Questic con Questic cong (pleasure selection l contact y option, fill	property you wish to purponnaire (SYPIQ). se note that when choosing execution only stock you directly.	sing this c	ption you must also co	ils to

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.

Authorising your financial adviser to give investment instru	ictions on your behalf					
Please speak to your financial adviser before completing t	his 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 to verify that your instructions have been carried out properly.						
I authorise Standard Life and the execution only stockbrok financial adviser named in Part 1, to buy or sell investment This authorisation will apply until Standard Life receives a or withdrawing my authorisation.	s under this policy as outlined below.					
Your signature (Synergy funds and deposits)	Date (DD/MM/YYYY)					
Your signature (Execution only stockbroking)	Date (DD/MM/YYYY)					
Only complete Part 7a and 7b if you have chosen the Self-Lonly stockbroking.	Directed option of execution					
Part 7a - Money laundering regulations						
Due to money laundering regulations, we are required to o income and details of how you acquired the money you are your application.						
Policyholder's occupation						
and the second s						
Source of wealth						
Source of wealth Please tick all that apply. Please tell us how you acquired	the money you are investing.					
Please tick all that apply. Please tell us how you acquired	the money you are investing. ary/bonus Sale of company					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal						
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal	Sale of company					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal	Sale of company e of investments Savings					
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Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal Other Your annual income before taxation Please indicate which income band applies to you. Please Under €15,000 €15,000 to €19,999 €20	Sale of company Sole of investments Savings Savings Sate the income of the policyholder.					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal Other Your annual income before taxation Please indicate which income band applies to you. Please Under €15,000 €15,000 to €19,999 €20 €40,000 to €49,999 €50,000 to €59,999 €60	Sale of company of investments Sale of company Savings of property State the income of the policyholder. 000 to €29,999 €30,000 to €39,999 000 to €69,999 €70,000 or more					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal Other Your annual income before taxation Please indicate which income band applies to you. Please Under €15,000 €15,000 to €19,999 €20	Sale of company of investments Sale of company Savings of property State the income of the policyholder. 000 to €29,999 €30,000 to €39,999 000 to €69,999 €70,000 or more					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal Other Your annual income before taxation Please indicate which income band applies to you. Please Under €15,000 €15,000 to €19,999 €20 €40,000 to €49,999 €50,000 to €59,999 €60 To comply with money laundering regulations we may vericheck with a reference agency. Where an online check is carried out, the agency will verify	Sale of company e of investments Savings e of property State the income of the policyholder. ,000 to €29,999 ,000 to €69,999 €70,000 or more fy your identity by carrying out an online your identity against public records and					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal Other Your annual income before taxation Please indicate which income band applies to you. Please Under €15,000 €15,000 to €19,999 €20 €40,000 to €49,999 €50,000 to €59,999 €60 To comply with money laundering regulations we may vericheck with a reference agency. Where an online check is carried out, the agency will verify it will also check whether you have a credit history (but it wo	Sale of company e of investments Savings e of property State the income of the policyholder. ,000 to €29,999 ,000 to €69,999 €70,000 or more fy your identity by carrying out an online your identity against public records and ill not disclose any information about					
Please tick all that apply. Please tell us how you acquired Compensation payment Inheritance Sal Divorce settlement Lottery/betting win Sal Gift Policy claim/maturity Sal Other Your annual income before taxation Please indicate which income band applies to you. Please Under €15,000 €15,000 to €19,999 €20 €40,000 to €49,999 €50,000 to €59,999 €60 To comply with money laundering regulations we may vericheck with a reference agency. Where an online check is carried out, the agency will verify	Sale of company e of investments Savings e of property State the income of the policyholder. ,000 to €29,999 ,000 to €69,999 €70,000 or more fy your identity by carrying out an online your identity against public records and ill not disclose any information about to that an identity check was made to your					

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 policyholder. 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: Current Identification form (ML 10) containing Current passport photo signed by a member of the Gardai Immigration certificate of registration (GNIB card) Current photo card driving licence accompanied by letter from Office of Minister for Integration (signed and stamped) **Current National Identity Card** National Age card Non photographic identification: Current documentation/cards issued Current bank statements, or credit/debit card by the Revenue showing the name of statements, issued by a regulated financial sector the policyholder and their PPSN designated person in Ireland, EU or comparable jurisdiction (including those printed from the internet) Current documentation/cards issued by the Department of Social Current utility bills (including those printed from Protection showing the name of the the internet) policyholder and their PPSN Current household/motor insurance certificate Current instrument of a court or renewal notice appointment (such as liquidator, or grant of probate) 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.

Par	t 8 - Your financial adviser's declaration							
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.								
4.								
5.	5. I have verified the identity of the following policyholder (only applicable if execution only stockbroking is chosen).							
Polic	cyholder's name (BLOCK CAPITALS)							
Fina	ncial adviser's name (BLOCK CAPITALS)							
Fina	ancial adviser's signature Date (DD/MM/YYYY)							
Init	ial (% of premium – max 3%) FBRC (% of fund – max 0.5%) Issue policy to							
	% Broker Client							
Che	ecklist							
	Complete all sections of this application form and sign it Enclose certified age evidence							
	Check that the minimum requirements for investing in an 'ARF only' are satisfied Enclose the cheque							
	Contact the Revenue for the tax certificate Please ensure Standard Life receives a completed Certificate of Source							

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 the Data Protection Notice in my Key Features document. 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 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.
- 4. I declare that the information given, whether in my handwriting or not, is true and complete.
- 5. I agree that a copy of this application can be treated as the original for all purposes.
- 6. I am beneficially entitled to the assets of the pension fund used to apply for this AMRF and/or ARF investment and this investment consists only of assets from a Revenue approved pension arrangement, AMRF or ARF.
- 7. I have received in writing and read the information specified in 1 and 2 of my financial adviser's declaration (Part 8).
- 8. I agree to be legally bound by the Synergy approved retirement funds Policy Provisions (SYARF60).
- 9. I request Standard Life to appoint the Investment Manager, if any, named in Part 6.

Signature						Date (DD/MM/	YYYY)				
16	 	_	c.	 			1.4				10

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 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.

(01) 639 7080 www.standardlife.ie newbusiness@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 Dublin, Ireland (905495) at 90 St Stephen's Green, Dublin 2 and Edinburgh, 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.

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We require this certificate to be completed before we can set up the policy. Therefore please organise for this certificate to be completed by the relevant party and send back to us with this application form as we will not be able to proceed without this certificate correctly completed. Only upon receipt of this certificate, correctly completed application and other relevant information will the monies be allocated.

Certificate of Source	
If your pension fund is currently invested with anot complete and sign.	her provider, please give them this certificate to
They must send this certificate to Standard Life with Alternatively, ask them to send us the cheque according to the cheque ac	
Your Name(s) in full	
Address (House number) Street	
City/Town	
County	
Postcode	
Personal Public Service number	Date of birth (DD/MM/YYYY)
Where are your pension fund assets, which are to b	e invested in a Standard Life
ARF/AMRF, currently held?	
D AMPE	Personal pension (RAC)
PRSA AMRF Occupational Small self-administered	Personal pension (RAC)
pension scheme pension scheme	Buy-out/Personal retirement bond
Policy number of pension fund assets	Amount of pension fund assets being moved to a Standard Life ARF/AMRF
Totacy number of pension fund assets	€
Provider name	
Provider address	
We confirm the details quoted above are correct and from assets to which this client is beneficially entitle source within the meaning of Section 784B of the Ta	ed, and those assets are derived from an approved
Note: The insurance company, Trustees, PRSA provide	der or Qualifying Fund Manager must sign below.
Signature	Date
Signature	(DD/MM/YYYY)
Position	
For and on behalf of	