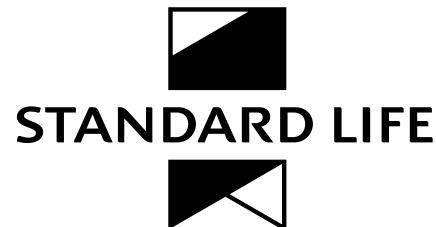


Executive Pension Plan

Application for benefits for a new member



EPP3ORPI

Who this form is for

When we refer to 'Standard Life' we mean 'Standard Life Assurance Limited'.

This form is for anyone who wishes to become a member of their employer's Executive Pension Plan. It should be completed by the employee and then signed by the employer and the Trustee(s) (where appropriate), who should return the form to Standard Life.

Material facts are facts that in our view would be likely to affect our assessment of the risk and any terms offered.

If you are receiving advice from a financial adviser, you should remember that the adviser is acting on your behalf, not only by giving you advice, but also regarding the completion of this form.

Filling in this form

Before completing this form, please ensure you read the Key Features Document (EPP17RPI).

A copy of the standard terms and conditions of the Plan and the completed application form will be sent to you on request.

Please use BLOCK CAPITALS to fill in this form. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

How is the Executive Pension Plan written ?

This plan will be written under Stanplan A or under your employer's own trust. Please indicate below which applies to you.

Stanplan A (please go to Part 1)

Employer's own trust (please complete the additional details below)

Name of Scheme

Name and address of contact for information about the Scheme

Postcode

Stanplan A is a centralised Scheme established under trust with Standard Life Trustee Company Limited (a subsidiary of Standard Life Assurance Limited) as its sole trustee.

This is the address to which enquiries about the Scheme or about an individual's entitlements to benefits should be sent.

Part 1 Your personal details

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	Surname				
First names (in full)					
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Date of birth D/M/Y					
Marital status	Single <input type="checkbox"/>	Married/Civil partnership <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced/Dissolved Civil Partnership <input type="checkbox"/>	Widowed/Surviving Civil Partner <input type="checkbox"/>
Home address			Postcode		
Telephone - home (inc. STD code)		Telephone - business (inc. STD code)		Telephone - mobile (inc. STD code)	
National Insurance number					
Occupation					
What is your Gross Annual Income – please indicate which income band applies to you.					
Under £10,000 <input type="checkbox"/>		£10,000 to £14,999 <input type="checkbox"/>		£15,000 to £19,999 <input type="checkbox"/>	
£20,000 to £24,999 <input type="checkbox"/>		£25,000 to £29,999 <input type="checkbox"/>		£30,000 to £39,999 <input type="checkbox"/>	
£40,000 to £49,999 <input type="checkbox"/>		£50,000 or more <input type="checkbox"/>			

Part 2 Your employment details

You should discuss your Normal Retirement Age with your employer. When selecting a Normal Retirement Age, your employer must not discriminate on grounds of age or sex.

Full name of your employer		
Date of joining employer's service D/M/Y		
Normal retirement date D/M/Y		

Part 3a Your payment details

Any payments you make in a tax year that exceed your total earnings for that year won't qualify for income-tax relief.

Choose a date between the 1st and the 28th of the month.

A full year's payment is payable on the yearly payment date prior to the normal retirement date.

Your payments are deducted from your salary before tax is paid.

New members to a Scheme must make payments on the same day of the month as existing members.

Regular payments

Regular payments can be made either monthly by Direct Debit or yearly by Direct Debit or cheque. Please complete the appropriate box to show when regular payments are to be made.

- Monthly, starting (the first payment date)
OR
- Yearly, starting (the first payment date)
and yearly thereafter on (the yearly payment date)

For yearly payments where there is less than a full year between the first and the yearly payment date there is an option to make a full year's payment on the first payment date.

Is a full year's payment to be made on the first payment date? Yes No

Now please complete the appropriate box to show how much you and your employer wish to pay and the selected method of payment.

	Employer Ordinary	Employee Ordinary	Employee Voluntary
• Monthly by Direct Debit, <i>or</i>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• Yearly by Direct Debit, <i>or</i>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
• Yearly by cheque	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

If you are making payments on which date will your employer start deducting payments from your salary?

When will your payments be deducted? weekly monthly other

If 'weekly', which day of the week will they be deducted on?

If 'monthly', which day of the month will they be deducted on?

If 'other', please give details

We need to be able to tell when each regular payment is deducted from your salary. For example, for a regular payment due to be paid to Standard Life in January, please advise the date the payment will be deducted from your salary.

Part 3b Single payment details

Single payments are 'special' payments for the purposes of the Rules of the Scheme.

Your payments are deducted from your salary before tax is paid.

If a transfer value is to be paid the appropriate transfer form can be obtained from your nearest Standard Life office.

Only complete when a single payment is to be made. Single payments must be made by cheque.

	Employer	Employee Voluntary
Amount of single payment (min £3,600 or £1,500 if additional payments are to be made)	£ <input type="text"/>	£ <input type="text"/>

Part 3c Source of Wealth

Due to FSA requirements we are required to obtain information about the source of your payment, before we can accept your application. Please indicate below how you acquired the money you are investing.

Salary/Bonus <input type="checkbox"/>	Divorce settlement <input type="checkbox"/>	Gift <input type="checkbox"/>
Inheritance <input type="checkbox"/>	Lottery/betting win <input type="checkbox"/>	Policy claim/maturity <input type="checkbox"/>
Compensation payment <input type="checkbox"/>	Sale of investments <input type="checkbox"/>	Sale of property <input type="checkbox"/>
Sale of company <input type="checkbox"/>	Savings <input type="checkbox"/>	

If other, please specify

Part 4 Protecting your family

Only complete this part and Part 5 if an insured lump sum and/or dependant(s) pension is to be payable in the event of your death in service. Otherwise go straight to Part 6.

If you die before you have taken all of your benefits, your fund that has been built up will be used to provide benefits in accordance with the rules of the Scheme. However, you may choose to arrange additional life cover payable if you die in service. Depending on when your Scheme was established there are two types of lump sum cover to choose from.

Additional Life Cover

This will provide your dependant(s) with a specified lump sum in addition to the value of your pension fund. This cover is available to all new members joining an Executive Pension Plan.

Additional Life Cover is paid for by making an additional separate payment at the same time as your pension payments. (Minimum level payment is £3 a month or £30 a year.)

If you require this type of cover, give the amount of the lump sum you wish your dependant(s) to receive in addition to your fund.

£

Important Note for members of Schemes on which we reduced the number of charges on 25 February 2002

If you have chosen Additional Life Cover, you can also choose to pay for this by cancelling units in your fund each month (Pay-As-You-Go basis). If you wish to pay for your Additional Life Cover in this way please tick the box. If you do not tick this box, any Additional Life Cover will be paid for as described above ie by making an additional separate payment at the same time as your pension payments.

Minimum Death Benefit

Minimum Death Benefit is only available to new members joining an Executive Pension Plan on which we reduced the number of charges on 25 February 2002. If you are joining this style of plan and choose this type of cover we will provide your dependant(s) with a specified lump sum or the value of your pension fund, whichever is the greater.

Minimum Death Benefit is paid for by cancelling units in your fund each month (Pay-As-You-Go basis).

If you require this type of cover, give the amount of the minimum lump sum you wish your dependant(s) to receive.

£

Dependant(s) Pension

An additional payment can be made to provide a dependant(s) pension if you die in service.

- Additional payment for death in service benefits

£

- Providing a dependant(s) pension of

£

a year

If you have completed this part, you may have to complete a supplementary Health Questionnaire which will then form part of this Application.

You may only complete this part if you or your employer are making regular payments.

Personal Illustrations can be provided by your nearest Standard Life office to help you complete this part.

Life cover must stop if you remain in service with your employer after your normal retirement date or if regular payments stop. No life cover is payable if you die on or after your 75th birthday.

Ask your financial adviser to provide you with a Health Questionnaire if you do not already have one.

Part 8 Data Protection Notice – important, please read

All parties named on this form have a right to know that Standard Life holds personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

Personal information provided in connection with your Application will be used by Standard Life to set up and administer the plan.

If your Application does not proceed it will be held on our records for 6 years before it is deleted.

We will keep the information you have supplied confidential, and will not disclose it unless it is lawful to do so.

If you have appointed a financial adviser, we will give them information about the plan and, where appropriate, send copies of correspondence to them to enable them to give you advice.

If you are an employee and your employer is making payments to your plan, we may disclose information to them about the payments they have made.

We may, in future, be able to send you a yearly statement that shows both information about your state pension and the benefits you may get from this plan. To be able to do this, we would have to share the information set out in Part 1 of this form with the Department for Work and Pensions (DWP). We would not use this information for any other purpose.

If you want us to share this information with the DWP, you need take no action.

If you do not want us to share this information with the DWP please tick this box.

If you do **not** tick the box, you will have 30 days from the date you sign this form to change your mind before we may share information about you with the DWP. We may share information each year, as long as you are a member of this plan. If you decide later on that you do not want us to share this information with the DWP you can contact us as detailed in the "How to contact us" section of the Key Features Document.

We and the other subsidiaries of Standard Life plc would like to contact you from time to time to keep you up to date with special offers, new products and services, newsletters and other promotions. We will never pass your details to companies that are not subsidiaries of Standard Life plc for marketing purposes.

If you do not want to be kept informed, please tick this box.

If you would like to request a copy of the personal data we hold about you, please write to the Data Protection Co-ordinator. We may charge a fee for providing the information.

Part 9 Employee's declaration

1. I request that the benefit described in this Application for Benefits be provided for me and in consideration of its acceptance I undertake to be bound in all respects by the Trust Deed and Rules of the plan for the time being in force.
2. I agree the amount of employee payments to be made by me and I authorise their deduction from my pay.
3. I declare that to the best of my knowledge and belief the answers given in this Application, whether in my handwriting or not, are correct and complete.
4. I understand that the declaration in 3 above and the answers to any questions which may be put to me by the medical officer of Standard Life Assurance Limited will be used as the basis of any assurances to be effected on my life in connection with this Application and that any inaccuracy may result in the reduction or cancellation of the benefits to be provided.
5. I have read and understood the Data Protection Notice, and agree that my personal information (including sensitive data) may be used for the purposes described (subject to me exercising my right not to be contacted with details of other products and services).

Signature

Date

Part 10 Employer's declaration

To the Trustee

We, the employer named in Part 2, submit the foregoing Application for Benefits and declare that the answers above are correct.

For and on behalf of the employer.

Signature

Date

Designation

Part 11 Trustee declaration (Employer's own Trust only)

This section should only be signed if the Executive Pension Plan is to be written under an employer's own trust.

EMPLOYER'S TRUST

To: Standard Life Assurance Limited

1. We, the Trustees of the Scheme, hereby submit this Application for Benefits and request you to accept it, and any Application for Increased Benefits as a proposal by us to effect such assurances with you as will secure for us amounts equal to the benefits shown and payable on the dates on which the said benefits are to fall due.
2. We agree that the declaration by the employee and the answers to any questions that may be put to the employee by any medical officer appointed by you shall be the basis of the contract between us.

For and on behalf of the Trustees.



Signature

Date



Designation

<i>Financial adviser's details</i>	
Intermediary Reference Number (maximum 25 characters)	
Name of contact	
Location	
Basis of Sale	Whole of Market <input type="checkbox"/> Other <input type="checkbox"/> If other please specify _____
Was advice given?	Advice <input type="checkbox"/> No Advice <input type="checkbox"/> (eg Execution only)
Commission Basis	Note: If this box is left blank, commission will be paid on the basis agreed for this scheme. Type of commission % of entitlement Regular Premium Initial Commission (RPIC) <input type="text"/> % Fund Based Commission (FBC) <input type="text"/> % Level <input type="text"/> %
Money laundering	Money laundering form completed and attached <input type="checkbox"/>
FSA or Authorisation number	