

FundZone Mutual Funds

Indemnity form



FZMF32

When we say 'Standard Life', 'we' or 'us', we mean Standard Life Savings Limited.

If you need any help completing this form, please contact us on 0845 279 2002. (Call charges may vary)

These are the people who are entitled legally to deal with the Account Holder's estate. If you are not the Executor(s)/Administrator(s) or are in any doubt, please contact your own solicitor.

If there are more Executor(s)/Administrator(s) please provide details on a separate page.

Filling in this form

Please complete this form to enable us to consider your claim. Please use the margin notes to assist you in completing the form. If the answers given are not sufficient, we may have to request further information.

Part 1 – Account details

Full name of account holder

Existing account number (if applicable)

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Part 2 – Executor(s) / Administrator(s)

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)

Surname

First name(s) (in full)

Address

Post code

Telephone Home (include area dialling code)

Telephone Work (include area dialling code)

Mobile

E-mail address

Date of birth (DD/MM/YYYY)

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Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)

Surname

First name(s) (in full)

Address

Post code

Telephone Home (include area dialling code)

Telephone Work (include area dialling code)

Mobile

E-mail address

Date of birth (DD/MM/YYYY)

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Part 2 – Executor(s) / Administrator(s) (continued)		
Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	Surname	First name(s) (in full)
Permanent UK residential address		
		Postcode
Telephone Home (include area dialling code)	Telephone Work (include area dialling code)	
Mobile	E-mail address	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	Surname	First name(s) (in full)
Permanent UK residential address		
		Postcode
Telephone Home (include area dialling code)	Telephone Work (include area dialling code)	
Mobile	E-mail address	
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Do the debts of the Account Holder exceed his/her assets?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Account Holder's estate subject to proceedings under the Insolvency Act 1986/ Insolvency Order (Northern Ireland) 1989 or Bankruptcy (Scotland) Act 1985?		<input type="checkbox"/> Yes <input type="checkbox"/> No

An asset is property which belonged to the Account Holder and forms part of his/her estate.

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.

Part 3 – Data Protection
<p>Data Protection Notice, important – please read</p> <p>We will collect personal information about you in order to consider your application and, if your application is successful, to provide our services to you and manage our relationship and Standard Life's business and services.</p> <p>If your application does not proceed, the information will be held on our records for 6 years before it is deleted.</p> <p>We may disclose the information collected to your professional advisers, to other Standard Life group companies, to our third party service providers and, where we consider it appropriate and lawful to do so, to other organisations.</p> <p>Your information may be held or disclosed in countries outside the European Economic Area which may not have the same standard of data protection laws. Where this occurs, we will take appropriate steps to adequately protect it.</p> <p>We and 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.</p> <p><input type="checkbox"/> If you do not want to be kept informed, please cross this box.</p> <p>If you would like to request a copy of the personal data we hold about you, please write to the Data Protection Co-ordinator at our Registered Office. We may charge a fee for providing the information.</p>

Part 4 – Money Laundering

To comply with the **Money Laundering Regulations 2007**, 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 available to any third parties. We regret that we cannot offer an alternative unless the online check does not confirm your identity, in which case we will carry out a manual check.

Part 5 – Undertaking to be signed by all Executor(s) / Administrator(s)

I/WE, the Executor(s)/Administrator(s) of the Account Holder CONSIDERING that Standard Life Savings Limited (“Standard Life”) has agreed to pay the redemption proceeds in accordance with my/our instructions without requiring me/us to produce a Grant of Probate/Letters of Administration/Confirmation to it, HEREBY DECLARE, that the answers given to the foregoing are true and to the best of my/our knowledge and belief and I/WE AGREE and UNDERTAKE to fully indemnify Standard Life against all claims or demands, to the extent of the redemption proceeds, which may be brought against it at any time hereafter.

IN WITNESS WHEREOF these presents are subscribed by me/us on

Date
(DD/MM/YYYY)

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Signed by the said Executor/Administrator (full name)

Signed by the said Executor/Administrator (full name)

Signature of Executor/Administrator

Signature of Executor/Administrator

in the presence of: Witness* (Full Name)

in the presence of: Witness* (Full Name)

Witness (Signature)

Witness (Signature)

Address

Address

Postcode

Postcode

Signed by the said Executor/Administrator (full name)

Signed by the said Executor/Administrator (full name)

Signature of Executor/Administrator

Signature of Executor/Administrator

in the presence of: Witness* (Full Name)

in the presence of: Witness* (Full Name)

Witness (Signature)

Witness (Signature)

Address

Address

Postcode

Postcode

* An adult with legal capacity can act as a witness.

When this form has been fully completed and signed, please send it to the address below.
Standard Life, FundZone Customer Centre, Dundas House, 20 Brandon Street, Edinburgh, EH3 5PP