

Part 4 – Income share classes - Important

If you choose to receive an income, please ensure that you have completed Part 2.

If you have chosen to invest in an **income share class** we will automatically pay all the distribution income to your nominated bank account as soon as it is received in your FundZone account.

However, if your aim is capital growth and an accumulation share class is not available for your chosen fund(s), the distribution income can be automatically reinvested for you to buy extra shares.

Please cross this box to instruct us to reinvest your income to buy extra shares.

Please note that your contract note will still be for an income share class.

Any withdrawal payment out of your investment will be made to the nominated bank account you have given in Part 2 of the application.

If no bank details have been provided in this application, you will need to provide us with the details of your own personal nominated account prior to making any withdrawals.

The minimum regular withdrawal is £25. There must be a minimum of £500 within the ISA to allow regular withdrawals to be made. At least £250 must remain invested in an ISA for it to remain open.

Part 5 – Regular withdrawal facility

Complete this section if you want to make a regular withdrawal from your investment.

How often do you want the withdrawal paid?

Monthly Quarterly Half-Yearly Yearly

Please note that if you do not select a frequency, a default of 'Monthly' will be selected for you.

If you wish to withdraw a fixed amount for each payment, please indicate how much you want each payment to be. For example, if you want to withdraw £100 each month (£1,200 per year) tick the monthly box and write £100 in the payment box.

£

OR

If you wish to withdraw a percentage of the **current value** of your holding, indicate the annual percentage amount. For example, if you want to withdraw 6% per year paid at quarterly intervals, tick the quarterly box and write 6% in the percentage box.

%

Note, the percentage you specify will be a percentage of the value of your investment when the withdrawal is made, which could be different from your initial investment.

Please indicate the date you would like payments to start from

(DD/MM/YYYY)

(Please select a start date between the 1st and 28th of the month).

Important – This date must be no sooner than 30 days after you made your investment.

Please ensure you have completed Part 2.

Part 6 – Important information: 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.

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 7 – Declaration and important information

Data Protection Notice, important – please read

Personal information provided in connection with your application will be used by Standard Life Savings Limited to set up and administer the plan. Your personal data may be shared with other companies within the Standard Life group or their respective sub-contractors based in the UK, European Economic Area or elsewhere. In these circumstances we will require the party to comply with the same data protection requirements that would apply if the data was being held within the European Economic Area.

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.

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 cross 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 at our Registered Office. We may charge a fee for providing the information.

I declare that:

- all subscriptions made, and to be made, belong to me;
- I am 18 years of age or over;
- I have not subscribed and will not subscribe more than the overall subscription limit in total to a Cash ISA and a Stocks and Shares ISA in the same tax year.
- I have not subscribed and will not subscribe to another Stocks and Shares ISA in the same tax year that I subscribe to this Stocks and Shares ISA, and
- I am resident and ordinarily resident in the United Kingdom for tax purposes or, if not so resident, either perform duties which, by virtue of Section 28 of Income Tax (Earnings & Pensions) Act 2003 (Crown employees serving overseas), are treated as being performed in the United Kingdom, or I am married to, or in a civil partnership with, a person who performs such duties. I will inform Standard Life Savings Limited if I cease to be so resident and ordinarily resident or to perform such duties or be married to, or in a civil partnership with, a person who performs such duties.
- I understand that Standard Life Savings Limited can accept no responsibility for any losses incurred as a result of a delay in the submission of this application; and
- I have read, understood and agree to the use of my personal data for the purposes described in the Data Protection Notice subject to me exercising my right not to be sent details of products or services of subsidiaries of Standard Life plc

Part 7 – Declaration and important information (continued)

I authorise Standard Life Savings Limited:

- To hold my cash subscriptions, ISA investments, interests, dividends and any other rights or proceeds in respect of those investments and any other cash;
- To make on my behalf any claims to relief from tax in respect of ISA investments; and
- On my written request to transfer or pay to me as the case may be, ISA investments, interest, dividends, rights or other proceeds in respect of such investments or any cash.

Before signing this Application Form, you should read the Key Features Document, Terms and Conditions and the Fund Schedule for your chosen fund or funds carefully, as these are documents on which we will rely. If you have any questions, you should ask your financial adviser or contact the FundZone Customer Centre before signing.

I authorise you to carry out electronic identification checks if required.

My financial advisers (as detailed at Part 11 of the application form) have my authority to notify you, on my behalf, of any switches in investment funds. My financial advisers also have my authority to notify you, on my behalf, of partial encashments of my investment, full encashment of my investment or to set up a regular withdrawal from my investment. The proceeds of these are to be paid into my nominated account. Any notification received from my financial advisers (whether via adviserzone, over the telephone or in writing) should be acted on as if it had been direct instruction from me.

My financial advisers will continue to have this authority until I have notified you in writing that this authority has ended.

I declare that the information given is correct to the best of my knowledge and belief and that I will inform Standard Life Savings Limited of any change in the information given.

Part 8 – Client signature

Read the declaration and important information in Part 6 and 7 of this application form.

Check that you have completed ALL sections of the application form.

Sign that you agree to the declaration and important information.

Signature

Date (DD/MM/YYYY)

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Please ensure you sign here or we will have to return your application.

Please complete and sign a ISA Transfer Authority for each fund manager that you are transferring from. These letters are provided at the back of this application form.

Charges and Commission section to be completed by financial adviser/PCM only.

Part 9 – Charges and Commission: For Transfer Payments

Please choose one of the two Initial Commission options from Step 1, then choose your Renewal Commission in Step 2.

Step 1: Initial Commission

Please select i, ii, or iii from Option 1.

Option 1: Choose your Initial Commission across all funds

i. **Full** standard Initial Commission

OR

ii. **Nil** Initial Commission

OR

iii. **Your own level** of standard Initial Commission* (Enter 0-3% in steps of 0.25%)

AND/OR

Funded Initial Commission* (Enter 0-3% in steps of 0.25%)

** Total Initial Commission and Funded Initial Commission cannot exceed 6%*

If any fund selected pays less than your own chosen level of Initial commission, then we will pay the maximum Initial Commission available for that fund.

OR

Option 2: Choose to invest 100% of your client’s money at outset

Please cross this box to confirm you want to rebate all standard Initial Commission and eliminate any remaining Initial Charge(s) by using the **Funded Initial Charge**

AND (Optional)

Please select a level of Funded Initial Commission (Enter 0-3% in steps of 0.25%)

You may also choose a level of Funded Initial Commission for this option.

AND

Step 2: Renewal Commission across all funds

Please select i, ii, or iii from Step 2.

i. **Full** standard Renewal Commission

OR

ii. **Nil** Renewal Commission

OR

iii. **Your own level** of Renewal Commission (Enter 0-1.50% in steps of 0.05%)

How often do you want Renewal Commission to be paid? Monthly Quarterly Half-Yearly Yearly

Please note that if you do not select a frequency, a default of ‘Quarterly’ will be selected for you.

Please refer to the Guide to Commission and Charges (FZMF21), should you require more detailed information.

This section to be completed by the adviser.

Part 10 – Advice given

If you have not given advice in respect of this investment, please cross here.

Otherwise we will assume that advice has been given.

Basis of Sale Whole of Market Other If other please specify

Adviser FSA or Authorisation number

This section to be completed by the adviser.

Please enter Name and Address of regulated firm. These are your financial advisers.

Part 11 – Name of regulated firm

Postcode

Intermediary Reference Number

We may need to contact you (the Business Writer) about this application, please provide your contact details below:

Name of Business Writer

Contact Number E-mail Address

This section to be completed by financial adviser/PCM only.

Part 12 – Confirmation of Verification of Identity

1. Name of Applicant

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

Male Female

First name(s) in full

Surname

Date of birth
(DD/MM/YYYY)

Previous Address (if changed in last three months)

Postcode

2. CONFIRMATION

I/we confirm that:

- (a) The information in section 1 above was obtained by me/us in relation to the customer and
- (b) The evidence I/we have obtained to verify the identity of the customer:

X one box

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG;

OR

Exceeds the standard evidence (written detail of further verification evidence taken is attached to this confirmation).

Signature

First Name of Regulated Firm

Name

Name of Regulator

Position

Regulator Reference Number

Date (DD/MM/YYYY)

OR

Standard Life Department/Branch

This section must be signed by an officer of the Firm, who is authorised to confirm the accuracy and effectiveness of the Firm's customer identification verification records, to which this section relates.

**When this application form and ISA Transfer Authority have 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.**

ISA Transfer Letter of Authority

These boxes are for adviser/ Standard Life official use only.

<p>Adviser Code</p> <div style="border: 1px solid black; padding: 5px;"> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <p>Adviser to complete</p>	<p>Client Type Existing account number (if applicable)</p> <p>New <input type="checkbox"/> Existing <input type="checkbox"/></p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;">S</td> <td style="width: 15px;">P</td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table>	S	P										
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Please complete in BLOCK CAPITALS using BLACK INK.

We have provided three blank ISA Transfer Authority forms for you. If you require more, please photocopy the relevant pages.

Important information

Any applications that we receive that have not been completed correctly may incur a delay or may have to be returned to you.
 If you wish to transfer from more than one ISA Manager please use a separate ISA Transfer Authority.
 We can only accept documents with original signatures. Documents with faxed or photocopied signatures cannot be accepted.

This ISA Transfer Authority MUST be submitted along with a fully completed ISA Transfer Application Form.

ISA Transfer Authority and details of ISA to be transferred

By completing this form and signing below, I hereby instruct the ISA Manager named below (the 'Existing ISA Manager'), within 30 days of receipt of these instructions or as soon as reasonably practicable to liquidate the investments in the Cash ISA within my ISA Investment and transfer the sale proceeds and interest to Standard Life Savings Limited (the 'New ISA Manager') subject to acceptance.

I further instruct my existing ISA Manager to provide Standard Life Savings Limited with any information requested in respect of the existing ISA including but not limited to transactions and details of the current portfolio and its value.

I understand that the cash transferred (in respect of the Cash ISA for an ISA) will be reinvested in accordance with the instructions to the New ISA Manager indicated in Part 3.

I also instruct the ISA Manager named below to cease collections of my monthly savings plan with immediate effect.

Client Name

Client Address

	Postcode	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> <td style="width: 15px;"> </td> </tr> </table>										

Account Number (with current investment manager) – this information is essential as we are unable to transfer your investment without it.

Current Manager Details

Current Manager Name

Current Manager Address

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Current Manager's Telephone Number (include area dialling code)

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Transfer details

Please complete the sections below to tell us what Tax Years you are transferring to Standard Life.

CURRENT TAX YEAR ISA

Tax years run from 6th April - 5th April each year.

If the current manager named above holds your CURRENT TAX YEAR ISA by entering an 'X' into the box below.

CASH ISA

Date of First Subscription (DD/MM/YYYY)

Subscription for Current Tax Year £

AND/OR

PREVIOUS TAX YEAR ISA

If the current manager named above holds your PREVIOUS TAX YEAR ISA please indicate by entering an 'X' into the box below.

CASH ISA

TOTAL ESTIMATED ISA VALUE £

Client signature

Please ensure that all relevant sections of this document have been completed as required.
You must sign in the box below to enable us to process your transfer request.

Signature

Date (DD/MM/YYYY)

INFORMATION FOR CURRENT ISA MANAGER

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CASH ISA

Date of First Subscription (DD/MM/YYYY)

Subscription for Current Tax Year £

AND/OR

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CASH ISA

TOTAL ESTIMATED ISA VALUE £

Client signature

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