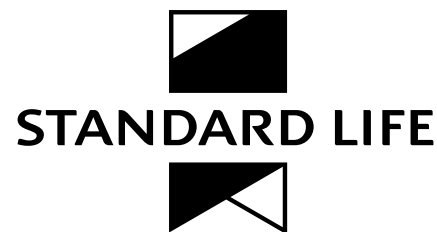


Confirmation of Verification of Identity

Private Individual

FZMF48



Details of individual

Please complete a separate form for all parties to the contract where you are required to undertake identification.

Name of Applicant*/Trustee*/Third Party* *Delete as applicable

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev)	Surname
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First names (in full)

Date of birth	D/M/Y				Gender
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Current Address

	Postcode

Previous Address (if changed in last three months)

	Postcode

2. CONFIRMATION (please complete either Section A or Section B)

Section A

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:

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

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

This form 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 form relates.

We cannot accept photocopies of completed forms.

Signed:	Full Name of Regulated Firm:
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Name:	Name of Regulator:
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Position:	Regulator Reference Number:
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Date:	D/M/Y				OR
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Standard Life Department/Branch:

Details of individual (continued)

Customer identity should be verified in line with our company procedures, and details of the checks made should be recorded in this section.

3. IDENTIFICATION - *Standard Life Use Only*

Document/Method	Reference Number	Supplier/Issue Office	Issue/Expiry/Check Date