

Options Application Form



LPR4 PR

Financial Adviser's details

This section should be completed by your financial adviser. Failure to complete the following will delay the processing of this application.

Was advice given?

Advice

No advice (eg Execution only)

Basis of sale:

Whole of market

Other

If 'Other' please specify:

Intermediary Reference Number (maximum 25 characters):

Financial adviser's name:

Financial adviser's address:

Postcode:

FSA or authorisation number:

Agency code:

Name of Standard Life contact:

Branch:

Commission basis:

Level Commission

Initial (indemnified) + renewal commission

Initial (non-indemnified) + renewal commission

Spread initial + renewal commission

The following is for financial advisers to use (if they wish).

Commission details:

Please refer to your Policy Provisions and Schedule for details of which option you may exercise under your existing plan.

Your financial adviser should be able to advise you.

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

This application is for a UK plan and is only for use by applicants whose principal home is in the UK and who are habitually resident in the UK.

Who this form is for

Read the notes at the side of this form carefully.

This form is to be used to exercise an option on an existing plan. Please tick the relevant box next to your existing plan type and the option being exercised.

If the option you want to exercise is not listed on this form please contact your financial adviser.

Filling in this form

NB You will not have to fill in every part of this form. Please read **all** the notes carefully.

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

Do not use correction fluid if you make a mistake. Please initial any changes you make.

Do not use this form for conversions to a Homeplan, please complete form HMP35 HP.

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.

Choosing Your Option(s)

Please select your existing Product	Which option(s) do you want to exercise?	What to do next If the Life Assured is not the same as The Plan Owner, then Part 5 should be completed.
Renewable Protection Plan <input type="checkbox"/>	Renewal <input type="checkbox"/>	Complete Part 1 and the declaration in Part 6. Part 5 should also be completed if applicable.
Inceasable Term Assurance <input type="checkbox"/>	Conversion <input type="checkbox"/>	Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable.
	Increase <input type="checkbox"/>	Complete Parts 1 and 6. Part 5 should also be completed if applicable.
Convertible Protection Plan <input type="checkbox"/>	Conversion <input type="checkbox"/>	Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable.
Convertible Term Assurance Plan <input type="checkbox"/>	Conversion <input type="checkbox"/>	Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable.
Critical Illness Protection Plan - Level <input type="checkbox"/>	Renewal <input type="checkbox"/>	Complete Part 1 and the declaration in Part 6. Part 5 should also be completed if applicable.
Mortgage Protection Policy (taken out before 1 January 1995) <input type="checkbox"/> Family Income Benefit/Dependants Income Policy <input type="checkbox"/>	Conversion <input type="checkbox"/>	Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable.
Variable Investment Bond <input type="checkbox"/> Variable Protection Plan <input type="checkbox"/> Versatile Investment Plan <input type="checkbox"/>	Guaranteed Insurability <input type="checkbox"/>	Complete Parts 1, 3, 4 and the declaration in Part 6. Part 5 should also be completed if applicable.

Part 1 Details of the life/lives to be covered

LIFE A (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Address

Postcode

How long have you lived at this address?

Date of birth D/M/Y

Occupation

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Status

Single

Married/Living with someone of the opposite sex

Civil Partnership Separated

Divorced/Dissolved Civil Partnership

Widowed/Surviving Civil Partner

Existing plan number

LIFE B (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Address

Postcode

How long have you lived at this address?

Date of birth D/M/Y

Occupation

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Status

Single

Married/Living with someone of the opposite sex

Civil Partnership Separated

Divorced/Dissolved Civil Partnership

Widowed/Surviving Civil Partner

Existing plan number

The answers to the rest of this section are available from your Personal Illustration. Please ask your financial adviser for this information.

Term of your new plan years (Do not complete for Variable Protection Plan.)

Amount of life cover £

Amount of Critical Illness cover/Total Permanent Disability benefit £

How often will you make payments? Monthly Yearly

Monthly payments must be made by Direct Debit. Yearly payments may be made by Direct Debit or by cheque. Please complete the Direct Debit Instruction at the end of this form.

Please refer to your Policy Schedule and Policy Provisions for limits on these values.

Part 2 Conversion

If you are choosing to convert all or part of your existing contract, complete this section.

Please check your Policy Schedule for details of the type of plan that you may convert to.

Where your Policy Schedule refers to Whole of Life, you can now convert to a Variable Protection Plan. If you wish to convert to a Variable Protection Plan, tick the box below and complete the rest of this form.

Variable Protection Plan.

Where your Policy Schedule refers to Endowment Assurance, the following are the types of plan that you can convert to. (Tick the box beside the plan of your choice.)

Homeplan (Complete form HMP35 HP)

Versatile Investment Plan (Complete this form)

If you are converting to a Homeplan you should complete the form named above. You should NOT complete this form.

Part 3 Guaranteed insurability

Choose your new plan below (tick the relevant box).

Variable Protection Plan Versatile Investment Plan

Part 4 Investment details

IMPORTANT NOTE: This section is only to be completed if your new plan is either a Versatile Investment Plan or Variable Protection Plan. If your new plan is not either of these, then you should go straight to Part 6 (or Part 5 if the Plan Owner(s) are not the Life/Lives Assured).

If you make payments by cheque, units will be reserved for you at the price ruling on the day your completed application and cheque are received by Standard Life.

The percentage of your payment that we invest in the S2 Life With Profits 2006 Fund cannot be changed later. Investments cannot be switched in and out of this fund.

Your financial adviser can help you to fill in this section.

You can only invest in up to 12 funds at any one time. You can only invest in up to a maximum of 20 different funds during the lifetime of your Plan.

In order to maintain fairness and equity, we may reduce prices of units in the S2 Life With Profits 2006 Fund in certain circumstances. Please refer to the 'Understanding With Profits' booklet (UWP1nb) for further details.

(a) Multiple policies

If you want your plan to be divided into the maximum number of policies, please tick the first box below. If you want your plan split into fewer than the maximum number, please give the number of policies you want in the second box below.

Maximum Other number

Each individual policy must have an identical payment applied to it. So, we may have to increase your total payment by a few pence (up to 19p). If you do not agree to your payment being increased, we may reduce the number of individual policies.

Please indicate whether or not you are agreeable to this by ticking the appropriate box. Yes No

(b) Application of investment content of payments to funds

We will use your payments to buy units in the investment funds of your choice. You have three options. Choose only one by ticking the box next to your chosen option:

Option 1 50% S2 Life With Profits 2006
50% Managed

Option 2 75% Managed
25% S2 Life With Profits 2006

Option 3

Please give the percentages that you want to invest in each fund. Use whole numbers only and check that the total adds up to 100%.

Managed	<input type="text"/> %	European	<input type="text"/> %	Fixed Interest	<input type="text"/> %
Cautious Managed	<input type="text"/> %	Far East	<input type="text"/> %	Index-Linked	<input type="text"/> %
UK Equity	<input type="text"/> %	Pacific Basin	<input type="text"/> %	Sterling	<input type="text"/> %
International	<input type="text"/> %	Japanese	<input type="text"/> %	Ethical	<input type="text"/> %
North American	<input type="text"/> %	Property	<input type="text"/> %	S2 Life With Profits 2006	<input type="text"/> %
				Total	100%

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.

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

Important notes: Money laundering

To be read by all parties named on this form.

To comply with Money Laundering Regulations 2007, we may verify your identity, by carrying out an on-line check with a reference agency. Where an on-line 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 on-line check does not confirm your identity, in which case we will carry out a manual check.

Part 5 Details of the Plan owner(s)

If you are the Plan owner, Life Assured and/or Trustee, please fill in the following section and sign the Plan owner(s) Declaration overleaf. The Plan owner is the person who actually owns the Plan and normally receives the proceeds. You may be a Life Assured as well as a Trustee.

Your financial adviser will tell you if you need to complete this section.

If this form is being signed by a company, limited liability partnership or partnership, the authorised signatory/ies must state their title.

Title (Mr/Mrs/Miss/Ms/Trustee/Other eg Dr/Rev)
Surname
First names (in full)
Address
Postcode
Telephone – work (inc. STD code)
Telephone – home (inc. STD code)

Title (Mr/Mrs/Miss/Ms/Trustee/Other eg Dr/Rev)
Surname
First names (in full)
Address
Postcode
Telephone – work (inc. STD code)
Telephone – home (inc. STD code)

Title (Mr/Mrs/Miss/Ms/Trustee/Other eg Dr/Rev)
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Telephone – work (inc. STD code)
Telephone – home (inc. STD code)

Title (Mr/Mrs/Miss/Ms/Trustee/Other eg Dr/Rev)
Surname
First names (in full)
Address
Postcode
Telephone – work (inc. STD code)
Telephone – home (inc. STD code)

Plan owner(s) Declaration

I/We the person(s) taking out the Plan in which I/we have an interest, agree that the Declaration by the life/lives assured (Life A and Life B) and this Declaration, will form part of this application. I/We confirm that I/we have read and understand the 'Important notes' and the section headed 'Filling in this form' in this form. I/We confirm that my/our principal home is in the UK and that I/we are habitually resident in the UK.

I/We have read and understood the Data Protection Notice. I/We agree that my/our personal information (including sensitive data) may be used for the purposes described (subject to me/us exercising my/our right not to be contacted with details of other products and services).

Signature	Date
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>
Signature	Date
<input type="text"/>	<input type="text"/>

Now please complete Part 6 below and Part 7 if appropriate.

This section should be completed by the life/lives covered in Part 1.

Please insert the number of your existing plan in the space provided.

Part 6 Declaration by lives assured

THIS DECLARATION MUST BE COMPLETED AND SIGNED.

I declare that to the best of my knowledge and belief that the information I have given is true and complete.

I understand that if I have failed to give correct answers to any questions in any previous application Standard Life will not pay out any claim and will cancel the whole Plan.

Plan No. shall be part of this application.

I declare to the best of my knowledge and belief that the answers I have given (whether in my handwriting or not) are true and complete.

Part 6 Declaration by lives assured (continued)

I confirm that I have read and understand the Data Protection Notice. I 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).

I understand that if I have failed to give correct answers to any questions then Standard Life will not pay out any claim and will cancel the whole Plan.

The information I give in this application form will be used by Standard Life to assess the terms of any cover it is prepared to offer.

If Standard Life does offer a Plan this will be detailed in a Terms of Offer letter. This will summarise the terms upon which Standard Life is prepared to offer cover.

I understand that where there are two lives assured, if either of the lives assured fails to comply with these conditions Standard Life will not pay out any claim and will cancel the whole Plan.

I understand that where I am one of two lives assured should the other life assured fail to comply with the above conditions Standard Life will not pay out a claim and will cancel the whole Plan.

I have read the declaration and the important notes.

I agree that a copy of this application can be treated as the original for all purposes.

Life A	Date
Life B	Date

Part 7 Declaration for conversions only

If there is a separate Plan owner named in Part 5 they should complete this section. If not it should be completed by the lives assured named in Part 1.

Endorsement means an alteration to your existing plan.

Please complete either (a) or (b) as appropriate.

(a) Existing plan to be reduced by endorsement

I/We would like to take out a new plan under the conversion option on Plan No. .

I/We understand that the benefits payable under Plan No. will be reduced and the Plan will be endorsed with any changes. I/We would like the new Plan issued in the terms of this application to start from .

I/We agree that if the policy has been assigned or is held by a lender in connection with a mortgage or loan then this will need their consent.

Signature	Date
Signature	Date

(b) Existing plan to be cancelled

I/We would like to take out a new plan under the conversion option on Plan No. .

I/We understand that once my new plan is taken out Plan No. will be cancelled from date.


I/We agree that if the policy has been assigned or is held by a lender in connection with a mortgage or loan then this will need their consent.

Signature	Date
Signature	Date


What happens now? – When we receive your fully completed application we will check your existing policy options. We will write to you to let you know our decision.

If paying by cheque, it must be made payable to "Standard Life Assurance Limited" and attached to this form.

1. Complete the direct debit to instruct your bank/building society to make payments from your account.
2. If the due date falls on a weekend or bank holiday, your account will be debited within two working days.
3. Please ensure that the instruction is signed and dated and the Direct Debit Guarantee is detached before the form is returned to us.

Instruction to your Bank or Building Society to pay by Direct Debit														
Issued by: Standard Life, Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH														
1. Name and full postal address of your Bank or Building Society:														
	Postcode													
2. Name(s) of account holder(s)														
3. Bank or Building Society Account Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
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9	9	1	5	2	4									
6. Your instruction to the Bank/Building Society, and signature: Please pay Standard Life Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Standard Life and, if so, details will be passed electronically to my Bank/Building Society														
Signature(s)														
D/M/Y														
(u)														
<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>FOR STANDARD LIFE OFFICIAL USE ONLY</p> <p>This is not part of your Instruction to your Bank or Building Society</p> </div>														

Standard Life Assurance Limited, registered in Scotland (SC286833), Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH, authorised and regulated by the Financial Services Authority. 0131 225 2552. Calls may be recorded/monitored. www.standardlife.co.uk
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Your Direct Debit Guarantee	
Please tear off and keep safely.	
<ul style="list-style-type: none"> This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society. If the amounts to be paid or the payments date change Standard Life will notify you 5 working days in advance of your account being debited or as otherwise agreed. If an error is made by Standard Life or your Bank/Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us. 	