

RAP30

### Who this form is for

This form is for employees and/or employers who wish to make payments to the Retirement Account Plan the employer has arranged with Standard Life. This form can be used for new entrants and increments. When we refer to 'Standard Life' we mean 'Standard Life Assurance Limited'.

### Filling in this form

Before completing this form, please ensure that you read Part 6 – Member's Data Protection Notice – and read and sign Part 7 – Member's declaration. Please note that failure to give correct answers could invalidate your Application.

A copy of the standard terms and conditions relating to the contract and a copy of your 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.**

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

If you have any problems completing this form, please speak to your financial adviser or Standard Life.

### Part 1 Your personal details

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)			
Surname			
Forenames (in full)			
Address			
Postcode			
Date of birth	D/M/Y	Normal Retirement Date	D/M/Y
Telephone - home (inc. STD code)		Telephone - work (inc. STD code)	
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Marital status	Single <input type="checkbox"/>	Married/Civil partnership <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
National Insurance Number			
Department			
Employee Reference Number			

### Part 2 Details of payments

You can make payments to increase your retirement benefits. Please note all payments must be made through your employer.

#### Regular payments

First payment date

D/M/Y		
-------	--	--

## Part 2 Details of payments (continued)

If you are joining a scheme on which we reduced the number of our charges on 25th February 2002, your payments must be monthly.

Your employer/financial adviser will advise you of the basis for making regular payments to the plan ie whether you pay a flat amount or a percentage of your earnings.

Both member and employer must pay on the same basis, eg flat amount paid on a monthly basis.

### Member regular payments

If you are joining a scheme which commenced before 1st February 1992, regular payments must be expressed as a flat amount. If you are joining a scheme which commenced before this date, you may have to express your payments as a percentage of your earnings. Please note that regular payments cannot be started unless two years' payments can be paid before Normal Retirement Date (NRD). Please complete the following boxes indicating the amount you wish to pay and how often.

£  OR  %  
monthly  OR weekly  OR 4 weekly

If your payments are going to be paid as a percentage of your earnings, please give the earnings or expected earnings on which the first year's payments are to be based. Your employer will be able to provide you with this information.

£

### Employer regular payments

£  OR  %  
monthly  OR weekly  OR 4 weekly

### Single lump sum payment

You and/or your employer can normally make a single lump sum payment at any time. The minimum single payment is £1,000 (unless you and/or your employer is already making regular payments, or have made a single payment, in which case the minimum is £500). Please note that a single lump sum payment can only be made within one year of NRD if the amount is at least £1,500 and the term to NRD is at least two months.

Please indicate the amount of single payment to be made – by you  £  
– by your employer  £

## Part 3 Money Laundering Regulations

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 4 Protecting your family

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

If you are joining a scheme on which we reduced the number of charges on 25th February 2002, any life cover will be paid by cancelling units in your fund each month (Pay-As-You-Go basis). If you are joining a scheme set up on a single charge basis, any life cover payments will be made monthly. This is included within the payments which are paid into your plan each month and will be shown in your personal illustration.

Please complete this section if you want to arrange additional life cover and/or a dependant's pension. If not – go to Part 5.

If you die before you start to take your benefits, the fund that has been built up will be paid according to the rules of the scheme. However, you may wish to arrange additional life cover.

### Additional Life Cover

This will provide your dependants with a specified lump sum in addition to the value of your pension fund.

Please indicate the amount of cover you require.

£

### Minimum Death Benefit

This option is only available to new members joining a scheme on which we reduced the number of our charges on 25th February 2002.

This will provide your dependants with either a specified lump sum or the value of your pension fund, whichever is greater.

Please indicate the amount of cover you require.

£

## Part 4 Protecting your family (continued)

Life cover must cease if you remain in service with your employer after your Normal Retirement Date or if regular payments cease.

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

### Dependants' Pension

This will provide your dependant(s) with a pension if you die in service. If you require this please complete the following section.

Sex of dependant (Male/Female)	Date of birth (DD/MM/YY)	Relationship to you (Eg spouse/civil partner/child/ parent/other)	Pension amount £ per annum

### Health Questionnaire

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

Your employer/financial adviser will advise you whether the option of choosing your funds is available to you.

## Part 5 Your investment choices

Please choose your fund(s) from the booklet 'Your pension investment choices' and complete the details in the boxes below. You can choose to invest in more than 1 fund, but you must ensure that the sum of each % is 100.

Please note that if you choose a Lifestyle profile and wish to combine this with another investment fund, you can only combine this with the with profits fund applicable to your plan. Please refer to the booklet 'Your pension investment choices' (GPEN4 for retail plans or GPEN5 for corporate plans) for details on the with profits fund applicable to your plan. It is not possible to select more than one Lifestyle profile at a time.

#### IMPORTANT:

Please note that the **fund code(s)** and the **FULL fund name(s)** must be included on this form in order for us to process your Application.

If we do not have this information we may have to return your Application. Please refer to the booklet 'Your pension investment choices' for details of the funds available to you.

You can invest in 12 funds at any one time, up to a maximum of 20 different funds over the term of your plan.

Fund Name (in full)	Fund Code	%
Please ensure that your percentage adds up to 100%.	Total	100%

## Part 6 Member's Data Protection Notice - Important, please read

All parties named on this form have the 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.

For payments made by cheque, units for the initial investment will be reserved at the price ruling on the day the Application and cheque are received by Standard Life. If a cheque is not sent with the completed Application, units will not be reserved until the cheque has been received and the Application has been accepted.

If payments are made by Direct Debit, units will be allocated when the Application is accepted by Standard Life provided the Direct Debiting Instruction has already been received.

Until the application is accepted by us, Standard Life's liability is limited to the return of the payments made.

N.B. Direct Debit is only available as a payment method to schemes set up prior to 19th February 2001.

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 him 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.

Any medical information which is provided in connection with your application will be used for underwriting purposes as described in the form. This information is defined as 'sensitive data' by the Data Protection Act 1998 and we require your consent before we can hold, use, or retain it. We regret that if you do not consent, we will be unable to process your application.

A copy of this Application form and any other supporting information (including medical reports) may be given to a reassurance company if we need to share the insurance risk.

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.

We will never pass your details outside the Standard Life group of companies for marketing purposes.

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 this information.

## Part 7 Member's declaration

1. I have read and understood 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).

Signature of Member	Date
---------------------	------

## Part 8 Trustees' signature

For and on behalf of Trustees	Date
Name of Employer	