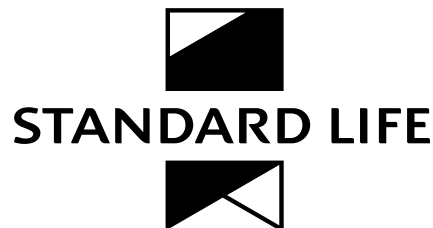


# Small Self-Administered Scheme (SSAS)

Application for benefits for a new member



SAS30 RPG

## Who this form is for

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

This form is for anyone who wishes to become a member of their employer's Director's Premier SSAS or Director's Standard SSAS.

## Filling in this form

Before completing this form, please ensure you read the appropriate guide (SAS10RPG) and Key Features Document (SAS17RPG).

A copy of the standard terms and conditions of the Plan and the 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.**

### For Director's Standard SSAS

Payments to the Director's Standard SSAS must be made to both Standard Life's Retirement Account Plan (RAP) and Open Ended Investment Company (OEIC) funds.

If you are making payments to both the RAP and OEIC by cheque, it is essential that you enclose two separate cheques. Please make these payable to Standard Life Assurance Limited for the RAP and Standard Life Investments (Mutual Funds) Limited for the OEIC. If we do not receive separate payments, we will have to return your cheque.

## Part 1 Your personal details

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

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)	Surname						
First names (in full)							
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>					
Date of birth D/M/Y							
Marital status	Single <input type="checkbox"/>	Married/Civil partners <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>		
Home address			Postcode				
Telephone - home (inc. STD code)		Telephone - business (inc. STD code)		Telephone - mobile (inc. STD code)			
National Insurance number							
Occupation							
What is your Gross Annual Income – please indicate which income band applies to you.							
Under £10,000 <input type="checkbox"/>		£10,000 to £14,999 <input type="checkbox"/>		£15,000 to £19,999 <input type="checkbox"/>		£20,000 to £24,999 <input type="checkbox"/>	
£25,000 to £29,999 <input type="checkbox"/>		£30,000 to £39,999 <input type="checkbox"/>		£40,000 to £49,999 <input type="checkbox"/>		£50,000 or more <input type="checkbox"/>	

## Part 2 Your employment details

Full name of your employer

Date of joining employer's service D/M/Y

Normal retirement date D/M/Y

## Part 3a Regular payment details

Please provide details of how the payments will be invested showing the split between Standard Life's:

Please complete either a) or b).

### a) Retirement Account Plan (RAP), OEIC and non-insured investment for Director's Premier SSAS

- RAP
- OEIC
- Non-insured investment

Please note that OEIC is an optional investment for Director's Premier SSAS.

### b) RAP and OEIC for Director's Standard SSAS

- RAP
- OEIC

Now please complete the appropriate box to show how much you and your employer wish to pay to the RAP (and OEIC if applicable) and the selected method of payment. Regular payments can be made either monthly by Direct Debit or yearly by cheque or Direct Debit.

Your payments are deducted from your salary before tax is paid.

	Employer Ordinary	Employee Ordinary	Employee Voluntary
• Monthly by Direct Debit	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
• Yearly by cheque	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>
• Yearly by Direct Debit	<input type="text" value="£"/>	<input type="text" value="£"/>	<input type="text" value="£"/>

Please complete the appropriate box to show when regular payments to the RAP (and OEIC if applicable) are to be made. The first payment cannot be made before the Starting Date of the Scheme. Regular payments to the RAP may be made on any day of the month except the 29th, 30th or 31st. All regular payments to the OEIC must be made on the 6th of the month.

- |                          | RAP                                | OEIC (if applicable)                  |                           |
|--------------------------|------------------------------------|---------------------------------------|---------------------------|
| • Monthly, starting      | <input type="text" value="D/M/Y"/> | <input type="text" value="D/M/Y 06"/> | (the first payment date)  |
| or                       |                                    |                                       |                           |
| • Yearly, starting       | <input type="text" value="D/M/Y"/> | <input type="text" value="D/M/Y 06"/> | (the first payment date)  |
| and yearly thereafter on | <input type="text" value="D/M"/>   | <input type="text" value="D/M 06"/>   | (the yearly payment date) |

A full year's payment is due on the yearly payment date prior to the normal retirement date.

For yearly payments where there is less than a full year between the first and the yearly payment date there is an option to pay a full year's payment on the first payment date.

Is a full year's payment to be made on the first payment date?

Yes  No

## Part 3b Single payment details

**Only complete this part if a single payment is to be made.**

Please provide details of how the payments will be invested showing the split between the:

Please complete either a) or b).

Please note that OEIC is an optional investment for Director's Premier SSAS.

Your payments are deducted from your salary before tax is paid.

**a) RAP, OEIC and non-insured investment for Director's Premier SSAS**

- RAP
- OEIC
- Non-insured investment

**b) RAP and OEIC for Director's Standard SSAS**

- RAP
- OEIC

Single payments must be made by cheque. The minimum single payment to the RAP is £1,500. For Director's Standard SSAS, payments to the OEIC must be the greater of 10% of the whole payment or £250.

- |                  | Employer   | Employee   |
|------------------|--|--|
| • Single payment | <input style="width: 100px;" type="text" value="£"/> | <input style="width: 100px;" type="text" value="£"/> |

## Part 3c Source of Wealth

**Due to FSA requirements we are required to obtain information about the source of your payment, before we can accept your application. Please indicate below how you acquired the money you are investing.**

- |   |  |  |
|---|--|--|
| Salary/Bonus <input type="checkbox"/>         | Divorce settlement <input type="checkbox"/>  | Gift <input type="checkbox"/>                  |
| Inheritance <input type="checkbox"/>          | Lottery/betting win <input type="checkbox"/> | Policy claim/maturity <input type="checkbox"/> |
| Compensation payment <input type="checkbox"/> | Sale of investments <input type="checkbox"/> | Sale of property <input type="checkbox"/>      |
| Sale of company <input type="checkbox"/>      | Savings <input type="checkbox"/>             |  |

If other, please specify

## Part 4 Transfer benefits

Is it intended to transfer benefits into the Scheme within the first 12 months? Yes  No

If 'Yes', please provide some basic details of the proposed transfers (eg insurer, member, value to be transferred. This Small Self-Administered Scheme cannot accept the transfer of any Guaranteed Minimum Pension or Protected Rights benefits).

## Part 5 Protecting your family

If you die before you have taken all of your benefits, your interest in the fund that has been built up will be used to provide benefits in accordance with the rules of the Scheme. However, you may choose to arrange extra life cover payable if you die in service.

Would you like to arrange extra life cover? Yes  No

*If you have ticked 'Yes', we will contact you separately to arrange cover.*

## Part 6 Details of your dependant

A dependant will be a close relative or some other person who is financially dependent on you.

Complete this part if a pension is to be payable on death in service.

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

First names (in full)

Date of birth D/M/Y

Relationship to you

Sex Male  Female

## Part 7 Money Laundering Notice

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 8 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.

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.

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.

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.

## Part 9 Employee's declaration

1. I request that the benefit described in this application be provided for me and in consideration of its acceptance I undertake to be bound in all respects by the Trust Deed and Rules of the Scheme for the time being in force.
2. I agree the amount of employee payments to be made by me and I authorise their deduction from my pay.
3. I declare that to the best of my knowledge and belief the answers given in this application, whether in my handwriting or not, are correct and complete.
4. 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

Date D/M/Y

**For completion by your financial adviser or Standard Life**

*Financial adviser's details*

Intermediary Case Reference Number (maximum of 25 characters)	
Name of Contact	
Location	
Basis of Sale	Whole of Market <input type="checkbox"/> Other <input type="checkbox"/> If other please specify: _____
Was advice given?	No advice (eg Execution only) <input type="checkbox"/> Advice <input type="checkbox"/>
FSA or Authorisation number	
Agency Code	