

## Part 1 Request and Undertaking

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

Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

The terms and conditions relating to the contract (and a copy of this completed form) can be made available on request.

By the Trustees/Managers of

("the scheme") established on or by Trust Deed

(DD/MM/YY)

### To Standard Life Assurance Limited

We want you to issue us with a policy in your Trustee Investment Plan/Personal Pension Investment Plan series in your customary form as evidence of the insurance contract made by us with you in connection with the Scheme.

We certify that the Scheme is or is to be a registered pension scheme (as defined in the Finance Act 2004).

The Pension Scheme Tax Reference Number is

We undertake to give you the information you require in order to meet your obligations under the contract and to pay, as they fall due, all monies payable under the contract.

## Part 2 Details of the Scheme

To be able to provide you with the correct terms and conditions we need to know the scheme type.

Occupational Defined Contribution

Occupational Defined Benefit

Occupational Small Self-Administered

Self-Invested Personal Pension

Please provide the full name and address of the Principal Employer or Self-Invested Personal Pension (SIPP) Managers and a contact name for unit statements and other general correspondence.

Contact Name

Company/Manager's Name

Address

Postcode

If this policy relates to an individual member of a SIPP we will normally record the name of the SIPP Scheme and also details of the member. Please provide the following details.

SIPP Scheme Name

SIPP Member's Name

SIPP Member's Reference Number

### Part 3 Scheme Anniversary Date

Scheme Anniversary Date

(DD/MM)

If you want your annual statement to coincide with your Scheme anniversary date shown above, please tick this box.

### Part 4 Authorised Signatories

SIPP Managers – Please send a copy of the arrangements you have in place for authorised signatories with this application.

Occupational Schemes - This part of the form should only be completed where you want to nominate someone other than the full Trustee panel to sign for future instructions under this contract. If no instruction is given here we will require all the Trustees to sign.

If you already have arrangements in place for authorised signatories that you would like us to follow, please send a copy with the application.

Otherwise, complete the following.

We wish you to proceed with any future instructions under this contract on the signed instruction from  of the persons authorised here.

|           |      |          |
|-----------|------|----------|
| Signature | Name | Position |
| Signature | Name | Position |
| Signature | Name | Position |

OR, we wish you to proceed with any future instructions under this contract on the signed instruction from  Trustees.



## Part 7 Financial Adviser Details

Please provide the financial adviser's full name and address and a contact name for unit statements and other general correspondence.







## Part 8 Adviser Remuneration

This section must be completed in order for us to process your application. Until further notice, the financial adviser whose details appear above should be paid the following:

### A Initial Remuneration

This should be split as follows:  % Funded Initial remuneration (maximum 3%)

% Non Funded Initial remuneration

Total Initial remuneration  % of each deposit to this policy (maximum 5%).

and/or

### B Fund Based Renewal Remuneration

% of the value of the fund on each anniversary date of this policy (maximum 0.5%).

Was advice given? Advice  No advice (eg, execution only)

Enter the percentages, if any, agreed between you and your adviser.

Where Funded Initial remuneration and/or Fund Based Renewal remuneration is completed, units equal to the percentage(s) taken will be deducted from the fund.

Where Non Fund Initial remuneration is completed, we will deduct the percentage selected from the premium before investment.

## Part 9 Declaration/Signatures

We confirm that we have read and understood Parts 1 to 8 of this application form and the accompanying notes.

Signed by the Trustees/Managers of the Scheme on














IMPORTANT: Please note that the date must be completed in order for us to process your application.

Where the Scheme has individual trustees, each and every trustee must sign this form.