

Please leave sections marked with a red arrow blank to be completed by the trust company.

DGP30DTRUST 0921

Wrap cases only

Wrap Account details

Account number Account name

Important

This trust is only suitable if you (the Settlor(s)), your Trustees and all of your Beneficiaries are resident in the UK and intend to remain resident in the UK. If you and they are not all resident in the UK at any time, there could be additional tax consequences. Many different factors determine whether a person is resident in the UK so you should speak to your adviser if you are unsure about this.

Please ensure you have:

- completed Parts A to H
- considered the restricted liability of the Trustees in clause 9
- consulted your legal, tax or financial adviser before signing this deed
- signed on page 7 and also that all Trustees have signed on page 8 (and if applicable page 9)

Standard Life has drafted this trust deed with due care and attention to reflect the law at June 2018. It cannot accept any responsibility for loss, damage or other claim which may arise from the use of this trust or the way in which you complete it. Standard Life cannot perform the function of a legal or tax adviser or guarantee that this trust will meet all of your specific requirements. You are strongly recommended to consult your own professional advisers.

Part A – Date of Trust

This trust is made on the day of 20 (YY)

Please insert date when last person signs this deed.

By

Part B – My Details (Settlor(s))

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

Forenames (in full)

Address

Postcode

This Settlor will be automatically appointed as a trustee of this trust unless the following box is marked with the initials of the Settlor

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

Forenames (in full)

Address

Postcode

This Settlor will be automatically appointed as a trustee of this trust unless the following box is marked with the initials of the Settlor

Please insert your full name and address (Settlor 1).

The Settlor should initial the box if appointing Zedra as professional trustee.

Please insert your full name and address (Settlor 2).

Part C – Additional Trustees

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		

Please insert full names and addresses.
 There should be at least one Additional Trustee.
 If the Settlor is a Trustee, details from Part B should not be repeated in Part C.
 Trustees must be 18 years of age or over and UK resident.

Part D – Additional Beneficiaries

Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		

Please insert full names and addresses of any person or persons you are including as a Beneficiary and who are not already included in the list of Beneficiaries set out in clause 1.1(a) – (i) on page 3. You may choose not to include anybody in this category or you may choose any number of Additional Beneficiaries. Do not include a Settlor or his or her spouse or Civil Partner as an Additional Beneficiary.

Part E – Retained Payment

Please add figure (per year) £

Please refer to the appropriate bond key features document for the maximum level of regular withdrawals (retained payments) you can take.
 You must take at least 0.5% of the amount invested in the bond.

Part F – Retained Payment Date

These dates reflect the options in the Investment Bond. Please tick one of the four options.

Every twelve months Every 6 months Every 3 months Every month

Payments can be made from 1st-28th of the month.

Please select the date you wish to receive the payment (write 1-28).

(DD)

Payments will be made with a frequency with reference to the date the Standard Life bond is placed on risk.

Since payment dates cannot be changed in the future, you may wish to select the 16th of the month if any part of the Trust Fund is to be invested in the Distribution Fund.

Part G – Trust Fund

The amount gifted to the Trustees

£

This is the amount gifted to the Trustees.

Part H – Choice of Law

Northern Irish law is to apply to this trust

This trust will be governed by English law unless you initial this box to choose Northern Irish law.

The Settlor wishes to gift the Trust Fund to the Trustees to hold on the trusts and subject to the powers and provisions set out in this trust deed. In addition, the Settlor may wish to transfer cash to the Trustees to hold as Nominee Property.

Now this deed witnesses as follows:

1. Definitions

1.1 In this trust deed:

Accumulation Period means where English law or Northern Irish law applies to this trust, the Perpetuity Period.

Additional Beneficiary means the person or persons named or described in Part D

Additional Trustee means the person or persons named in Part C

Beneficiary means

- a) any widow or widower or surviving Civil Partner of the Settlor whether or not remarried or in a civil partnership provided that such widow, widower or surviving Civil Partner is not a Settlor;
- b) any child or grandchild of the Settlor whenever born;
- c) anyone (other than the Settlor) descended from the father or mother of the Settlor;
- d) anyone who is or has been married to or who is the Civil Partner or former Civil Partner of anyone described in classes (b) or (c) above;
- e) after the death of the Settlor anyone (other than a Settlor) who may benefit from his or her estate;
- f) any Additional Beneficiary;
- g) any person (other than the Settlor), notified in writing by the Settlor during his lifetime to the Trustees;
- h) any body of persons established under the governing law of this trust for charitable purposes only, notified in writing by the Settlor during his lifetime to the Trustees; and
- i) any trust established for the exclusive benefit of any one or more of the foregoing but always excluding any trust from which the Settlor or the Settlor's spouse or Civil Partner for the time being will or may benefit directly or indirectly in any circumstances whatsoever.

Civil Partner means civil partner as defined in the Civil Partnership Act 2004

Minor means a person under the age of 18 years or if domiciled in Scotland under the age of 16 years

Nominee Property means any sum transferred to the Trustees over and above the Trust Fund specified in Part G which is not intended to form part of the Trust Fund, but not including any interest accruing on or growth of that additional sum.

Perpetuity Period means the period of 125 years (80 years when Northern Irish Law applies to this trust) beginning with the Date of Trust in Part A

Retained Payment Date means the date specified in Part F

Retained Payment means the amount specified in Part E

Settlor means the person (or persons) named in Part B

Standard Life means Standard Life Assurance Limited or any company wholly owned by Standard Life Assurance Limited

Trustee means the Settlor, unless the relevant boxes are initialled in Part B, and the Additional Trustees named in Part C and any other trustees for the time being of this trust

Trust Fund means the property specified in Part G and all property, other than the Nominee Property but including any interest accruing on or growth of the Nominee Property, at any time held by the Trustees whether by way of accumulation of income, capital appreciation, further settlement or otherwise and all monies, investments, income and other property for the time being representing or arising from the same or any parts of the Trust Fund.

- 1.2 Words describing relationships include adopted and step children and those tracing their descent through them.
- 1.3 Words importing the singular shall include the plural and vice versa. Words importing a gender include every gender.
- 1.4 Incapable shall be construed in accordance with the provisions of the Adults with Incapacity (Scotland) Act 2000.

2. The Gift

Either the Settlor at the direction of the Trustees (as the Trustees by their signature of this trust deed acknowledge) had paid the Trust Fund to Standard Life or the Settlor has paid the Trust Fund to the Trustees upon them agreeing (as the Trustees by their signature of this trust deed acknowledge) to take out a life policy with Standard Life; and the Settlor assigns all other rights to constitute the Trust Fund to the Trustees.

3. The Nominee Property and payment of fees

- 3.1 The Nominee Property shall be held by the Trustees as nominee for the Settlor.
- 3.2 The Trustees, by their signature of this trust deed, acknowledge that the Settlor has paid the Nominee Property to Standard Life.
- 3.3 The Trustees, by their signature of this trust deed, agree to hold any Nominee Property
- (i) for the purpose of paying any financial advice fee for the Settlor's advice in connection with this trust and/or
 - (ii) for the purpose of paying any financial advice fee for the Trustees' advice in connection with this trust.
- Such payment shall be made in accordance with the payment terms for the fee.
- 3.4 If the amount of the fees is less than the amount of the Nominee Property on the date of payment of the fees by Standard Life, Standard Life will, when instructed to do so by the Settlor, pay the remaining Nominee Property to the Settlor after payment of the fees.
- 3.5 If the amount of the fees is more than the amount of the Nominee Property on the date of payment of the fees by Standard Life, the Settlor hereby instructs Standard Life to use the Nominee Property in payment of the fees. This shall be a full discharge to the Trustees in relation to the Nominee Property.
- 3.6 Where the Settlor receives any funds which are to be used to pay any expenses due by the Trustees they undertake to use these funds only to pay these expenses. These funds will be held on bare trust for the Trustees only to be used for the payment of Trustee fees.

4. The Trust

By signing this trust deed the Trustees accept appointment as trustees and they will hold the Trust Fund on the trusts and subject to the powers and provisions set out in this trust deed.

5. The Trust Provisions

- 5.1 Subject to clause 5.2, the Settlor shall have power to give instructions in relation to the initial investment of the Trust Fund (which shall include the power to give instructions to hold part of the Trust Fund as cash) which instructions the Trustees shall be obliged to follow. These instruction will be conveyed by the Trustees to Standard Life. Once the Trust Fund has been invested, the Settlor's powers under this clause shall cease.

- 5.2 If the Settlor is Incapable and there is a person who is legally entitled to make settlements and make investment decisions on behalf of the Settlor, the Settlor's powers in clause 5.1 shall vest in that person.
- 5.3 While the Settlor or the person acting on his behalf has such power, the Trustees shall have no power in relation to giving instructions on the investment of the Trust Fund.
- 5.4 The Trustees may appoint that they shall hold the Trust Fund for the benefit of any of the Beneficiaries on such terms as the Trustees think fit.
- 5.5 An appointment may create any provisions including discretionary trusts and dispositive and administrative powers exercisable by any person. An appointment must be by deed revocable during the Perpetuity Period or irrevocable and executed during the Perpetuity Period.
- 5.6 The Trustees may pay, transfer or apply the Trust Fund or any part thereof to or for the advancement or benefit of any Beneficiary.
- 5.7 In default of and subject to the exercise of the powers in clauses 5.4 and 5.6 the Trustees shall hold the income of the Trust Fund on trust to pay or apply it to or for the benefit of any Beneficiary, provided that during the Accumulation Period they may accumulate the whole or any part of the income.
- 6. Ultimate Trusts**
- Subject to all the trusts powers and provisions of this trust deed and if and so far as (for any reason whatsoever) not wholly disposed of by it, the Trust Fund shall be held upon trust for such of the Beneficiaries in existence at the date of this trust deed and if more than one in equal shares absolutely.
- 7. Bare Trust for the Settlor**
- 7.1 Notwithstanding the provisions of clauses 5 and 6 above the Trustees shall on each Retained Payment Date during the lifetime of the Settlor and the survivor of them pay to the Settlor and the said survivor an amount equal to the lesser of the Retained Payment or the Trust Fund.
- 7.2 The Trustees shall not pay or apply all or any part of the capital of the Trust Fund to or for the benefit of any Beneficiary prior to the death of the Settlor (or where the Settlor comprises more than one person, the survivor of them).
- 8. Trustees' powers**
- Subject to clauses 5.1 – 5.3:
- 8.1 The Trustees may (with due regard to the standard investment criteria, if applicable, and subject to obtaining advice, if required by law) make any kind of investment of the Trust Fund and the Nominee Property they could make if they were absolute beneficial owners (and in particular (i) may invest in and retain non-income producing assets situated anywhere in the whole world and (ii) need not have regard to any rule of law requiring them to diversify the investments).
- 8.2 The Trustees may make any disposition of the Trust Fund that they could make if they were absolute beneficial owners.
- 8.3 The Trustees may borrow on the security of all or any part of the Trust Fund or without giving any security.
- 8.4 The Trustees may pay or transfer capital or income to the parent or guardian of any Minor who is beneficially entitled to it and the receipt of such parent or guardian shall be a full discharge to the Trustees.
- 8.5 The Trustees may apply all or part of the Trust Fund in purchasing or maintaining any policy of assurance on the life of any person and shall have all the powers of an absolute beneficial owner in relation to any such policy.
- 8.6 The receipt of the Trustees for any money payable under or deriving from any dealing with any policy of life assurance shall be a full and sufficient discharge to Standard Life or to any other company issuing such policy, which company shall not be concerned in the application of any such monies.
- 8.7 The Trustees may appoint advisers, agents, discretionary investment managers, nominees and custodians on such terms as the Trustees in their absolute discretion think fit and may, directly or indirectly, pay fees rendered for such services from the Trust Fund.

- 8.8 The Trustees may appropriate all or any part of the Trust Fund as they think fit in or towards satisfaction of the interest of any Beneficiary and may for that purpose place such value on any property as they think fit.
- 8.9 Any Trustee (other than the Settlor or any spouse or Civil Partner for the time being of the Settlor) who is a solicitor or other person engaged in a profession or business or any corporate trustee, may charge all usual reasonable professional charges in relation to work carried out in connection with this trust.
- 8.10 No Trustee shall be precluded from joining in the exercise of any of the powers contained in this trust deed notwithstanding that he will or may benefit from such exercise or by reason of the fact that he or she is or may become a Beneficiary, provided that at least one other trustee who takes no benefit also agrees to the exercise in favour of the benefitting Trustee.
- 8.11 The Trustees may by deed (and so as to bind their successors) release or restrict the future exercise of all or any of the powers conferred on them by this trust deed or by law.
- 8.12 Any legal rule requiring apportionments to be made for the purpose of this trust is excluded and shall not apply.
- 9. Trustee Liability**
- No Trustee shall be liable for any loss to the Trust Fund or part of the Trust Fund at any time unless that loss is caused by his own knowing breach of trust.
- 10. Exclusion of Settlor**
- Subject to clause 7 no part of the capital or income of the Trust Fund shall be capable of being paid or lent or applied to or for the direct or indirect benefit of the Settlor or any spouse or Civil Partner for the time being of the Settlor in any circumstances whatsoever.
- 11. The Settlor's power to appoint and remove Trustees and to exclude Beneficiaries**
- 11.1 The Settlor (where there are two Settlers, jointly and the survivor of them);
- (i) shall have power to appoint new and additional trustees and to remove any trustee as long as there shall be at least one corporate trustee or two individual trustees acting after such removal; and
 - (ii) may, by notifying the Trustees in writing, exclude any Beneficiary (but not all Beneficiaries) from future benefit under this trust.
- 11.2 Where there are two Settlers and one Settlor is Incapable, the other Settlor shall have the powers in clause 11.1 above.
- 11.3 After the Settlor's death or if the Settlor becomes Incapable, the Settlor's powers in clause 11.1 shall vest in the Trustees (excluding the Settlor) who may, by deed;
- i) appoint new and additional trustees;
 - ii) remove any trustee with the agreement of all Trustees other than the one to be removed, as long as there shall be at least one corporate trustee or two individual trustees acting after such removal; and
 - iii) exclude any Beneficiary (but not all Beneficiaries) from future benefit under this trust.

12. Choice of law
 Subject to any choice of Northern Irish law in Part H this trust shall be governed by English law.

Settlor(s) signatures

IN WITNESS WHEREOF the parties have signed this deed on the day and year first above written

Signed and delivered as a deed by the Settlor:

Signature

Full name

Date*¹
 (DD/MM/YYYY)

Place*²



In the presence of:

Signature of Witness

Witness' full name

Witness' address
 Postcode



Signed and delivered as a deed by the second Settlor (if any):

Signature

Full name

Date*¹
 (DD/MM/YYYY)

Place*²



In the presence of:

Signature of Witness

Witness' full name

Witness' address
 Postcode

*¹Please add the date of signature. Once all parties have signed, the most recent date on which a person signs should be added to Part A.

*²Please add the place where the deed was signed e.g. Edinburgh.

Please ensure that all of the above details have been correctly completed. Witnesses should be independent and not someone already named in the trust or their spouse or civil partner.

Trustees signatures

Signed and delivered as a deed by the Trustee:

Signature 

Full name

Date*¹
(DD/MM/YYYY)

Place*²



In the presence of:

Signature of Witness 

Witness' full name

Witness' address

Postcode



Signed and delivered as a deed by the Trustee:

Signature 

Full name

Date*¹
(DD/MM/YYYY)

Place*²



In the presence of:

Signature of Witness 

Witness' full name

Witness' address

Postcode



Trustees signatures (continued)

Signed and delivered as a deed by the Trustee:

Signature 


Full name

Date*¹
(DD/MM/YYYY)

Place*²



In the presence of:

Signature of Witness 


Witness' full name

Witness' address

Postcode



Signed and delivered as a deed by the Trustee:

Signature 

Full name

Date*¹
(DD/MM/YYYY)

Place*²



In the presence of:

Signature of Witness 

Witness' full name

Witness' address

Postcode



International Bond from Standard Life International

Application form – Trust

Who this form is for

This form is for investment in the Standard Life International Bond by:

trustees of an existing trust (please submit a certified copy of the trust deed with this application)

or

trustees of a Discounted Gift Plan, Gift Plan, Loan Plan or Flexible Reversionary Plan who are investing a lump sum.

The International Bond can be written on either a Capital Redemption or Life Assurance basis.

If making an additional investment to an existing bond, please use the application form for additional payments (IB31).

Filling in this form

You should remember that your financial adviser is acting on your behalf, not only by giving you advice, but also regarding completing this form.

Please use BLOCK CAPITALS to fill in this form. Do not use correction fluid if you make a mistake. If you need to correct an error, please initial any changes.

All relevant sections of the application form must be complete and applicable documents attached for the bond to proceed. Use the checklist provided on page 2.

We will use the information provided on this application form before taking information from any attached illustration. A copy of the completed application form will be sent to you on request.

Before completing this form, please ensure you have read the Key Features Document and the Key Information Document (KID), and where relevant, the appropriate Supplementary Information Document (SID) or Key Investor Information Document (KIID).

Before submitting this form, please ensure the trust is registered on HMRC's Trust Registration Service (unless exempt) and the Irish Revenue's Central Registration of Beneficial Ownership of Trusts (CRBOT). Please note, the CRBOT registration process is being updated and the Irish Revenue will update their website when it's available. There will be no penalty for non-registration whilst this work is carried out. If you have any questions about trust registration, please consult your professional adviser(s).

The Policy Provisions and Policy Schedule together form the terms and conditions of your product and each policy is evidence of a contract between you and Standard Life International.

The start date of your bond will be the latter of;

- the date we receive the initial payment; and
- the date we receive all the relevant, signed documentation needed to start the bond.

For adviser use only – Please see standardlife.co.uk/adviser for our Guidance on FATCA legislation including our 'Guide to FATCA and the new Common Reporting Standard' (GEN2108).

Please send the completed application form, supporting documents and any cheque payments to us at this address:

**Standard Life International Scanning Unit
Standard Life House
30 Lothian Road
Edinburgh
EH1 2DH**

(Only email documents if requested.)

IB30TRUST 0922



This application is only for use by applicants who are habitually resident in the UK, Channel Islands or the Isle of Man. Please ask your financial adviser if you require any guidance.



Call **0345 300 4273**.

Call charges will vary.

If you are using a Standard Life trust deed then the trust is registrable on HMRC's Trust Registration Service. It will also be registrable on the Irish Revenue's Central Registration of Beneficial Ownership of Trusts when the service becomes available. If not and you are in doubt as to the trust's registration obligations, please check with the solicitor who drafted the trust.

If you are taking out a discounted gift plan, please only register the trust and send in the application form / funds once you have received your terms of offer letter which sets out your discount.

Avoiding delays – checklist

The sections listed below may not need completed for all applications. However, any missing information relevant to *your application* will cause a delay.

Trust Deed

Enclosed, at minimum, a 'wet signature' certified copy of Trust Deed (this will be returned to you)

The trustees named on the deed match the application form

For existing trusts, provide any relevant deeds of appointment or retirement along with preceding trust deed

Part 1 – Financial adviser details

Standard Life agency code

Enclosed illustration (new business quote)

Part 7 – Tax residency self declaration

Most Trusts will fall into one of the categories listed

Part 14 – Payment: amount, method and source

Source bank account details

Part 15 – The breakdown of your payment

Complete this part in full

Part 20 – Investment Funds

Citicodes and/or insured fund codes (standardlife.co.uk/adviser)

Investment total 100% including IB bank account

Part 24 – Regular Disinvestment

Confirm the disinvestment frequency

Part 26 – International Bond Bank Account

Assign money to the IB Bank Account

Part 34e and/or 34f – Trustees signatures

Application Form has been signed and dated on or after creation of the trust

All trustees have completed the relevant personal details and signed the forms

Part 1 – Financial adviser details (to be completed by your financial adviser)

Failure to complete the following will delay the processing of this application.

Agency code (MUST be completed) / FCA/PRA or other authorisation number

Agency name

Name of regulator

Business writer name(s)

Contact – Who should we contact with any questions about this application?

Contact's name

Telephone – Office

Email address @

Sales Advice

1. Basis of sale Whole of market Other
 If 'Other', please specify

2. I can confirm advice has been given in relation to this bond. Yes No*

3. I confirm that any adviser charges paid from this bond will only be for advice or services given in relation to this bond. Yes No

4. I have supplied my clients with all relevant documentation, including the Key Information Document and relevant investor information documents, and instructed my clients to read all documents carefully before proceeding, and ask for further information if they do not understand any of the content.

By completing this part, you are confirming that you are taking responsibility for submitting this piece of business for your client.

Signed

Date (DD/MM/YYYY)



It's important you enter the correct agency code to ensure you are remunerated as intended.

Please place cross in box.

*Where no advice has been given, you confirm you have ensured (and will continue to ensure) the Bond and the underlying investments are appropriate for your client.



Adviser's signature required

Part 2 – Choice of International Bond (to be completed by you)

Capital Redemption Bond Life Assurance Bond

Please contact your financial adviser if you require any guidance as to the most suitable option.

Part 3 – Authorising your financial adviser to give investment instructions on your behalf (to be completed by you)

I authorise Standard Life International to accept instructions from the financial adviser named in this form to buy or sell investments under my bond. This will apply until Standard Life receives a written instruction from me changing or withdrawing my authorisation.

If you **do not** want to authorise your financial adviser, as outlined above, cross this box:

If you do not complete this section we will assume that you have given your adviser your authority. You must leave the cross box blank if you want your adviser to be able to contact us with investment instructions on your behalf.

Part 4 – Choice of law (to be completed by you)

Please note that if you are habitually resident in the Channel Islands or Isle of Man, then this section will not apply to you, and the law of England and Wales shall apply to the bond.

England and Wales Scotland Northern Ireland

Please cross the box to indicate the law you wish to apply to this bond. You should select the same law that applies to the trust.

The Discounted Gift Plan is not available with a governing law of Scotland.

The Flexible Reversionary Plan is only available with a governing law of England and Wales.

Part 5 – Type of Trust (to be completed by you)

Please tick the box to indicate the type of bond owner

Existing trust Pension scheme Loan Plan
 Flexible Reversionary Plan Discounted Gift Plan Gift Plan

Part 6 – Details of the trust (to be completed by you)

If you are applying for a bond in your capacity as trustees, we require each trustee to fully complete part 8 for individual trustees or parts 7, 9, 10 and 11 for corporate trustees. The information you provide will enable us to carry out appropriate identification checks to satisfy money laundering regulations.

Name of trust or pension scheme (if any)

Date of trust (DD/MM/YYYY)

Where is the trust tax resident? Please provide the relevant Taxpayer Identification Number (TIN):

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Tax residency information
 Only required if tax resident outside of Ireland.

You can enter up to five countries. If the trust is tax resident in more than five countries, please photocopy this page.

For adviser use only –
 Please see standardlife.co.uk/adviser for our Guidance on FATCA legislation including our 'Guide to FATCA and the new Common Reporting Standard' (GEN2108).

Part 6 – Details of the trust (to be completed by you) – continued

Settlor details where settlor is not a trustee. (Only complete if applicable and only where the settlor is a company)

Name

Address

Company/LLP Registration number

Name

Address

Company/LLP Registration number

Please photocopy this page if more than 2 non trustee settlors.

Part 7 – Tax residency self declaration

1. Are you:

- A financial institution* An actively trading non-financial services business including non-Irish charities/not-for-profit organisations
- A pension fund An investment body

Please see below definitions:

An actively trading non-financial services business

“Actively trading non-financial services business”. This includes all actively trading companies or trusts which are not financial institutions, that do not exist simply to hold investments or receive income.

An investment body

“Investment Body” will include private trusts or companies, which only exist to hold investments or receive income.

A financial institution

“Financial Institution” include entities like bank or life insurance companies and professionally managed trusts. Most trusts will either be ‘A financial institution’ if a corporate trustee is involved, or ‘An investment body’.

* Please provide us with your relevant Global Intermediary Identification Number (GIIN) if you are a financial institution.

GIIN

We need this information to allow us to comply with current tax laws.

For adviser use only – Please see **standardlife.co.uk/adviser** for our Guidance on FATCA legislation including our ‘Guide to FATCA and the new Common Reporting Standard’ (GEN2108).

Part 8 – Personal details

Please complete all sections where applicable. In each instance, please indicate whether or not the information enclosed is for the settlor and/or trustee and/or trust protector and/or trust beneficiary and/or life assured* (pages 6-10).

- For any life assured who is not also a settlor and/or trustee and or trust protector and/or trust beneficiary, please complete details on page 10. *Please note that life assured details are not relevant to the Capital Redemption option.
- All trustees will own the bond and all current trustees must provide their full details. If the settlor is a trustee, please remember to complete their details too. Please note that all correspondence will be issued to the first named trustee.
- If settlor(s) is/are deceased, please provide certified copy of either death certificate or grant of probate. You do not need to complete the settlors details in part 8 if this applies.

Tax residency information only required if tax resident outside of Ireland.

Settlor/Trustee/Beneficiary/Trust Protector 1

Trust Protector Trust Beneficiary Settlor and/or Trustee and/or life assured*

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

Nationality

House number

Street

City/Town Postcode

Email address

Telephone – (inc. STD code)

Occupation

Occupation is required for settlors or persons placing money into the trust. You need to let us know if the money you’re investing is from your salary. Please make sure you include this in part 13 ‘Source of Wealth’. If retired please complete as ‘retired’.

Please provide percentage share of the trust for each trust beneficiary if known e.g. for Absolute Trusts. Where the trust beneficiaries have still to be determined, please leave blank and provide the class of persons in whose main interest the trust is set up or operates e.g. for Discretionary Trusts.

If you are a beneficiary, what is your share of the trust? %

Class of beneficiary

What is relationship to the Settlor?



Please make sure you complete all parts of this form. If there are more than four trustees please photocopy this page.

A settlor and/or trustee can also be a life assured –if this applies to you, cross both boxes.

For a Discounted Gift Plan, the settlor or settlor’s spouse cannot be a life assured.

For a Flexible Reversionary Plan, there should only be one settlor. Neither the settlor or their spouse can be a trustee or a life assured.

Part 8 – Personal details (Continued)

Settlor/Trustee/Beneficiary/Trust Protector 1 (continued)

Where are you tax resident? Please provide the relevant Taxpayer Identification Number (TIN). For example, in the UK it will be your National Insurance Number:

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Settlor/Trustee/Beneficiary/Trust Protector 2

Trust Protector Trust Beneficiary Settlor and/or Trustee and/or life assured*

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

Nationality

House number

Street

City/Town Postcode

Email address

Telephone – (inc. STD code)

Occupation

Occupation is required for settlors or persons placing money into the trust. You need to let us know if the money you're investing is from your salary. Please make sure you include this in part 13 'Source of Wealth'. If retired please complete as 'retired'.

If you are a beneficiary, what is your share of the trust? %

What is relationship to the Settlor?

Where are you tax resident? Please provide the relevant Taxpayer Identification Number (TIN). For example, in the UK it will be your National Insurance Number:

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



A settlor and/or trustee can also be a life assured – if this applies to you, cross both boxes.

For a Discounted Gift Plan, the settlor or settlor's spouse cannot be a life assured.

For a Flexible Reversionary Plan, there should only be one settlor. Neither the settlor or their spouse can be a trustee or a life assured.

You can enter up to five countries. If you are tax resident in more than five countries, please photocopy this page.

For adviser use only – Please see **standardlife.co.uk/adviser** for our Guidance on FATCA legislation including our 'Guide to FATCA and the new Common Reporting Standard' (GEN2108).

Part 8 – Personal details (Continued)

Settlor/Trustee/Beneficiary/Trust Protector 3

Trust Protector Trust Beneficiary Settlor and/or Trustee and/or life assured*

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

Nationality

House number

Street

City/Town Postcode

Email address
@

Telephone – (inc. STD code)

Occupation

Occupation is required for settlors or persons placing money into the trust. You need to let us know if the money you’re investing is from your salary. Please make sure you include this in part 13 ‘Source of Wealth’. If retired please complete as ‘retired’.

If you are a beneficiary, what is your share of the trust? . %

What is relationship to the Settlor?

Where are you tax resident? Please provide the relevant Taxpayer Identification Number (TIN). For example, in the UK it will be your National Insurance Number:

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



A trustee can also be a life assured – if this applies to you, cross both boxes.

For a Discounted Gift Plan, the settlor or settlor’s spouse cannot be a life assured.

For a Flexible Reversionary Plan, there should only be one settlor. Neither the settlor or their spouse can be a trustee or a life assured.

You can enter up to five countries. If you are tax resident in more than five countries, please photocopy this page.

Part 8 – Personal details (Continued)

Settlor/Trustee/Beneficiary/Trust Protector 4

Trust Protector Trust Beneficiary Settlor and/or Trustee and/or life assured*

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

Nationality

House number

Street

City/Town Postcode

Email address
@

Telephone – (inc. STD code)

Occupation

Occupation is required for settlors or persons placing money into the trust. You need to let us know if the money you're investing is from your salary. Please make sure you include this in part 13 'Source of Wealth'. If retired please complete as 'retired'.

If you are a beneficiary, what is your share of the trust? . %

What is relationship to the Settlor?

Where are you tax resident? Please provide the relevant Taxpayer Identification Number (TIN). For example, in the UK it will be your National Insurance Number:

Country	TIN
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



A trustee can also be a life assured – if this applies to you, cross both boxes.

For a Discounted Gift Plan, the settlor or settlor's spouse cannot be a life assured.

For a Flexible Reversionary Plan, there should only be one settlor. Neither the settlor or their spouse can be a trustee or a life assured.

You can enter up to five countries. If you are tax resident in more than five countries, please photocopy this page.

Part 8 – Personal details (Continued)

Life assured 1 – For individuals who are life/lives assured only

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

House number

Street

City/Town Postcode



Please complete all parts in full.

Please note that Life Assured details are not relevant to the Capital Redemption option.

For a Flexible Reversionary Plan, there should only be one settlor. Neither the settlor or their spouse can be a trustee or a life assured.

Life assured 2 – For individuals who are life/lives assured only

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

House number

Street

City/Town Postcode

Life assured 3 – For individuals who are life/lives assured only

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev) Date of birth (DD/MM/YYYY) Male Female

Surname

First name(s) (in full)

House number

Street

City/Town Postcode

Part 12a – Anti-Money Laundering (AML) Regulations for settlors, trustees, beneficial owners and trust protectors

In order to comply with AML regulations, we must verify the identity and address of our customers. To do so we will carry out an online verification check using Call Validate. If the check is successful, no further AML verification is required. Where it fails, we will contact you to ask for evidence of identity and address. This does not need to be certified. Transactions on the bond will be restricted until AML requirements are met in full.

Standard Life trusts holding an International Bond are registrable in the UK and Ireland.

Part 13 – Source of Wealth (for Settlor only)

We will not be able to proceed with your application unless the information requested here is fully completed.

Annual income before taxation

Please indicate which income band applies to you (if this is a joint application please state the combined income of the bond owners).

Under £20,000 <input type="checkbox"/>	£20,000 to £39,999 <input type="checkbox"/>	£40,000 to £59,999 <input type="checkbox"/>
	£60,000 to £89,999 <input type="checkbox"/>	£90,000 or more <input type="checkbox"/>

Please tell us how you acquired the money you are investing, **cross all that apply**. Provide additional details for all completed boxes in the free text box below.

Compensation payment <input type="checkbox"/>	Inheritance <input type="checkbox"/>	Policy claim/maturity <input type="checkbox"/>
Sale of company/property <input type="checkbox"/>	Salary/bonus <input type="checkbox"/>	Sale of investments <input type="checkbox"/>
Existing trust <input type="checkbox"/>	Savings <input type="checkbox"/>	Other <input type="checkbox"/>

Additional Details: (must be completed):

Failure to complete this section fully is the most common cause of delay in processing the application. To help: Provide evidence where possible – documents/internet links/etc. Use the free text box to provide as much information as possible.



Under AML regulations, Standard Life International is obliged to gather information on the origin of the money being invested and on how the wealth leading to the investment was acquired.

In some cases, we may require documentary evidence to verify the information supplied in this section.

Please continue on a separate piece of paper if necessary.

Banks and building societies may not accept direct debit instructions for some types of account.

Part 18 – Recurrent single payment – Direct Debit Instruction (Not available on Loan Plans, Discounted Gift Plans, or Flexible Reversionary Plans)

Completion of your direct debit instruction

1. Complete this form to instruct your bank/building society to make payments directly 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 instruction is returned to Standard Life International.

Instruction to your bank or building society to pay by direct debit

Issued by: Standard Life International,
90 St Stephen's Green, Dublin 2



Service user number

2 7 0 2 6 1

For Standard Life official use only

This is not part of the instruction to your bank or building society.

Name and full postal address of your bank or building society branch.

Name

Building number

Street

City/Town

Country Postcode

Name(s) of account-holder(s)

Bank or Building Society Account No. Branch Sort Code Please refer to the top right hand corner of your cheque book.

Reference number

Your instruction to the bank/building society, and signature

Please pay Standard Life International 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 International and, if so, details will be passed electronically to my bank/building society.

Signature **Date (DD/MM/YYYY)**

Date (DD/MM/YYYY)



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Standard Life International will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Standard Life International to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Standard Life International or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Standard Life International asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Part 19 – Your choice of investments

You can choose to invest in Standard Life insured funds, mutual funds, whole of market funds, the Elevate General Investment Account (Elevate GIA)* and deposit/structured deposit accounts. You can also choose to direct us to invest with a discretionary investment manager who will manage the investments.

*Elevate Portfolio Services Limited trades as Elevate and is part of abrdn group. Elevate Portfolio Services Limited (01128611) is registered in England at 14th Floor, 30 St Mary Axe, London EC3A 8BF and authorised and regulated by the Financial Conduct Authority.

Note that:

If you choose to only invest in Standard Life insured funds, you don't need to allocate part of your investment to the IB bank account. All charges and withdrawals will be applied by cancellation of units from those funds.

If part or all of your investment is to be invested in any type of investment other than insured funds, you **must** allocate part of your investment to the IB bank account.

Please note that we are not responsible for and nor do we guarantee the suitability or tax/regulatory/legal treatment of the bond, and it is your responsibility to ensure it remains suitable for your purposes. We are not authorised to give you tax or legal advice and so recommend you take your own independent advice.

All investment choices are made at your own risk, so it's important to seek the appropriate financial advice.

Standard Life International is not responsible for the performance or solvency of the providers of the investments available through the International Bond.

Please note that some types of investment are not covered by the Financial Services Compensation Scheme (FSCS). Please refer to your Key Features Document/Key Information Document for more information.

Please give the percentages that you wish to invest in each investment option. Use whole numbers only and check that the total adds up to 100%. Remember to include any percentage invested in the IB bank account in the total percentage to cover charges and withdrawals.

If the amounts do not add up to 100% ALL the money will be invested in the IB bank account until you give us clear investment instructions for the whole amount.

Part 20 – Investment funds

If you'd like us to use the investment choices shown in the enclosed personal illustration please cross here.

Only complete this section if you wish to invest in insured or mutual funds.

You must include the Fundcode or Citicode – we use this code to identify the fund. **Failure to use the codes or allocate a percentage may mean we have to delay the investment into your Bond.**

Adviser note:

For investment in 'Whole of Market' funds we will need the ISIN/Sedol number. When you have this, please contact your account manager or our Relationship Support Team on 0345 300 4273. (Call charges will vary.)

Payment Type – Single or Recurrent	Fund code/ Citicode	Fund name	£ or %
One-off payment	KKIG	SL Intl Standard Life MyFolio Managed III <i>EXAMPLE</i>	50%

Insured Funds			

Mutual Funds			

Adviser Note:

Fund codes are available at standardlife.co.uk/adviser

- Fund Code = Insured funds
- Citicode = Mutual funds

Whole of market funds – contact your account manager.

Please photocopy this page if choosing more funds.

We are required to supply a SID for all insured funds. It is important you read the SID before selecting your funds.

A European Union directive requires fund managers to produce a Key Investor Information Document (KIID) for most mutual funds. This document sets out key information about the fund including the objectives and risks of the fund, what it invests in and its charges.

It is important that you read the KIID before selecting the fund.

Where there isn't a SID/KIID available, e.g. for certain whole of market funds, you should ensure you read the relevant investor information document.

You can get copies of these documents from your financial adviser.

Part 20a – Elevate General Investment Account

Only complete this section if you wish to invest in the Elevate GIA. By completing this section you are authorising your adviser to buy and sell investments via the Elevate platform. Please note that your adviser must agree to the terms set out in Part 34a by adding their signature.

Elevate Account Number

£ or %

E L

If making recurrent single payments, these will be held in the IB bank account until your adviser instructs us to transfer the money over to the Elevate GIA. The adviser will then be responsible for setting up the investment.

Elevate Portfolio Services Limited trades as Elevate and is part of abrdn group. Elevate Portfolio Services Limited (01128611) is registered in England at 14th Floor, 30 St.Mary Axe, London EC3A 8BF and authorised and regulated by the Financial Conduct Authority.

Part 21 – Deposit accounts	
Only complete if you wish to invest in deposit/structured deposit accounts.	
Account name	£ or %

Part 22 – Discretionary Investment Manager (DIM)	
Only complete this section if you wish us to appoint a discretionary investment manager.	
Please cross box to indicate the type of service the discretionary manager will be providing.	
Discretionary <input type="checkbox"/> Advisory <input type="checkbox"/>	
1. Name	<input style="width: 100%;" type="text"/>
2. How much do you wish us to send?	£ <input style="width: 150px;" type="text"/> OR <input style="width: 150px;" type="text"/> %
If you have been recommended the Enhanced Discretionary option, please confirm that your Financial Adviser has communicated the restrictions which apply (Please check with your adviser if you are uncertain) <input type="checkbox"/>	

! Some DIM's may not facilitate a Standing Order. If not we will contact you to discuss allocating money to the IB bank account.

Part 23 – Regular Disinvestments	
We will set up a regular disinvestment with your DIM Portfolio/Elevate GIA, to fund the IB bank account to cover charges and withdrawals. Please confirm the following:	
Frequency DIM	Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/>
Frequency Elevate	Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly <input type="checkbox"/>
We will calculate the required amount of the regular disinvestment based on the frequency selected.	
We will contact the DIM provider to set up the regular disinvestment on your behalf.	
Your adviser will set up the regular disinvestment on the Elevate platform.	
We will automatically hold back enough monies in the IB bank account to cover charges and/or withdrawals until the first regular disinvestment is paid.	
Note: It is your responsibility to ensure there is enough money in the IB bank account to cover charges and withdrawals. If you or your adviser make any changes to regular withdrawals and/or adviser charges, you should notify us to amend the regular disinvestment.	

Part 27 – How you want to pay your adviser

We will use the information you provide in this section to pay your financial adviser. By signing part 34 of this form, you are also:

- agreeing to the payment of the adviser charges documented in parts 29/30/31, and
- authorising Standard Life International to accept all future instructions from your adviser for payment of adviser charges that you have agreed to pay them from your bond, or from your payment.
- If you have chosen the Capital Redemption option, any adviser charges taken from within the bond will result in a proportionate reduction in the Guaranteed Maturity Value.

You do not need to complete the information in parts 28, 29 and 30 if:

- your financial adviser is billing you directly for their services, or
- your financial adviser is not charging you for their services.



Please be aware that if there is a difference between the adviser charges requested on the personal illustration and the basis selected on this application form, then we will use the details on this application form.

Part 28 – Adviser charge for single payments

Complete this section if you will be making a single payment to your bond and you have agreed a charge for advice with your adviser.

Initial adviser charge
You can ask us to deduct this charge in one of two ways:

Option a
deduct the charge from the money you send us **before** the payment is invested in the segments in your bond;
Amount to be paid to your adviser £

Option b
deduct the charge from the money you send us **after** the payment is invested in the segments in your bond.
We recommend that you take appropriate independent tax advice before asking us to facilitate any adviser charges from within your bond as this will form part of your 5% tax deferred withdrawal allowance.
Amount to be paid to your adviser £ **OR**

If you choose option (a) the money will be deducted from the payment that you send us and reduce the amount invested in your International Bond.

Part 29 – Ongoing adviser charge

Complete this section if you have agreed to pay your adviser a percentage of the bond value or a regular set amount for ongoing advice in relation to your bond. Ensure you keep enough money in the IB bank account to cover these charges.

1. Percentage of bond value %
This percentage can be taken once a year or split across a different time period:
Monthly Quarterly Half-yearly Yearly

If you have chosen to pay ongoing adviser charges as a percentage of the value of your bond, and that value increases, the actual amount of the ongoing adviser charge will also increase. You may need to check if the 5% tax deferred withdrawal allowance is exceeded in any policy year, as this allowance is based on the payments you make to the bond, not the total value of the bond. This is especially important if withdrawals are taken.

OR
2. Set amount
£ every month £ every year
£ every quarter £ every half-year

When an ongoing adviser charge is selected as a % of the value of your bond, we will round down the calculated amount to the nearest amount that is divisible, to 1 whole penny, by number of segments held within the bond. Any outstanding amounts will be carried over to the next ongoing adviser charge payment.



When adviser charges are paid from your bond, we will round down any amounts selected which are not divisible, to the nearest pence, by the number of segments ('policies') chosen in part 16 of this form.

Part 30 – Adviser charge for recurrent single payments

Complete this section if you will be making recurrent single payments to your bond and have agreed a charge for advice with your adviser (either as one payment or spread over a period of time).

Spread payment of regular initial adviser charge (please complete one of the following options)

£	<input type="text"/>	.	<input type="text"/>	a month for	<input type="text"/>	months.
£	<input type="text"/>	.	<input type="text"/>	a year for	<input type="text"/>	years.
£	<input type="text"/>	.	<input type="text"/>	a quarter for	<input type="text"/>	quarters.
£	<input type="text"/>	.	<input type="text"/>	a half-year for	<input type="text"/>	half-years.

If you're only making one payment to your adviser, you can enter '1' here – eg £100 a month for 1 month.

Part 31 – Declaration

Please ensure that all trustees (bond owners) and settlors (where indicated), read the Data protection notice, part 32, and declarations, parts 33a/33b, and confirm acceptance of these declarations by completing and signing parts 34c/34d/34e.



Important, to be read by all parties named on this form.

Part 32 – Data Protection Notice

Data Protection Notice – Using your Personal Information
 We're committed to maintaining the trust and confidence of our customers. Our Privacy Policy explains how we use our customers' personal information. It explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how you can obtain details of the information we hold about you, and the choices you have about how we use that information. You can get a copy of our Privacy Policy on our website: www.standardlife.ie/privacy

If you're providing information about another person, we encourage you to inform the individual that you have provided this information and suggest they read our privacy policy to understand how we manage and use their data.

Part 33a – Accessing the Elevate platform (to be signed by your financial adviser)

The following terms apply where the bond owner selects the Elevate GIA as an investment option. Discretionary Investment Management on Elevate is not automatically available. Please check with us first as to whether an appropriate agreement is in place between us and the relevant Discretionary Investment Manager before seeking to use this functionality on the Elevate platform.

Authorisation

Standard Life International authorises the financial adviser named on this form to open the GIA with Elevate in our name and place investment instructions directly on the Elevate platform, where the bond owner has agreed to this, and on the terms set out below. By signing this section, you accept such authorisation and confirm your agreement to these terms. Please note these terms are supplemental to and should be read with the Intermediary Terms of Business.

In accepting such authorisation, you undertake, confirm and agree that:

1. you have all the rights necessary to perform your obligations under these terms;
2. you will notify us as soon as you become aware of any breach of these obligations or developments which may (or has) impacted your ability to comply with the terms or applicable laws;
3. you will only select a Discretionary Investment Manager if we have agreed to this. You have entered into an agreement with Elevate to access their platform and you will comply with the terms of that agreement. In particular, if you provide the bond owner with read-only access to the Elevate platform, you will ensure that you and the bond owner keep passwords secret and secure and you do not misuse or do anything to compromise the security of the Elevate platform;
4. the bond owner has authorised you to place investment instructions on the platform in relation to their bond’s investment in the Elevate GIA, and you will immediately notify us of any restrictions on, or removal of, your authority;
5. the authorisation we have given you is limited to those powers to instruct the trading of investments (as conferred to the bond owner by us under the Policy Provisions and you will not exceed this authority;
6. you will ensure that any investment and dealing instructions you send to Elevate comply with our permitted investment requirements as set out in the Policy Provisions and acknowledge we have the right to override or cancel any investments which may be proposed/made, as well as the right to adjust or refuse any directions the bond owner provides to you;
7. you will advise the bond owner as to the suitability of the investments to be held in the Elevate GIA, based on their needs, investment objectives, strategy and risk profile, and in accordance with our permitted investment requirements;
8. we are not responsible for the advice you provide or suitability of the investments and do not recommend or provide any warranty as to suitability or performance of the Elevate GIA platform;
9. you will manage the Elevate GIA portfolio in good faith and with all due care and diligence;
10. all relevant charges have been disclosed to the bond owners;
11. the bond owners are aware that adviser charges are not payable from the Elevate GIA;
12. you must sell investments when we require money to cover any outstanding charges, withdrawals, cash-ins or as otherwise required by us under the bond Policy Provisions (IB62CRB);
13. you will not assign your rights under these terms without our prior written consent;
14. we may terminate your authorisation to place investment instructions on the Elevate platform at any time, for example if you cease to be authorised by the FCA or relevant regulatory body.

You agree to fully indemnify and keep us (and the relevant member of the Standard Life Aberdeen group) fully indemnified against any losses or claims arising as a result of the services you perform regarding the Elevate GIA and/or any breach of these terms.

Adviser signature ▶

Date
(DD/MM/YYYY)

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Part 33b – Declaration to be read and accepted by all trustees

For your own benefit and protection you should read the Data Protection Notice above. If you do not understand any point, please ask us or your financial adviser for further information.

1. I/We agree that my/our personal information (including special category 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).
2. I/We, the person(s) taking out the bond in which I/we have an interest, agree that the answers given in this form are true and complete to the best of my/our knowledge and belief, and that the answers to any questions which the life/lives assured (where relevant) may be asked in connection with this application, will form part of this application.
3. I/We, the person(s) taking out this bond, agree that the details provided match trust records, and any changes in beneficial owner details will result in the trustees updating trust records and informing Standard Life International of the changes.
4. I/We (where the bond owner is an individual) declare that my/our principal home is in the UK, Channel Islands or the Isle of Man and that I am/we are habitually resident in the UK, Channel Islands or the Isle of Man.
5. We (where the bond owner is a company) declare that the company is incorporated in the UK, Channel Islands or Isle of Man.
6. I/We agree to my financial adviser receiving the adviser charge(s) described in parts 28-31 and authorise Standard Life International to accept all future instructions from my financial adviser to pay the charges that I/we have agreed with my/our financial adviser.
7. I/We understand that I/We can access the relevant investor information documents (such as KIIDs and SIDs) for my/our chosen funds (where available) through my/our financial adviser or by calling Standard Life International.
8. I/We agree that the contract between myself/us and Standard Life International will be governed by the policy schedule and policy provisions.



Important, to be read by all parties named on this form.

Part 33c – Declaration for policyholders* resident outside Ireland

Policyholders resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

I/We declare that:

1. I/we have read the explanation of the terms detailed in the notes entitled '**Residence Definition**' below
2. I am/we are/the company is the policyholder in respect of which this declaration is being made;
3. I am/we are/the company is not resident or ordinarily resident in Ireland; and
4. I/we/the company hereby undertake to inform Standard Life International of any change in my/our/the company's country of residence during the life of the policy.

Residence Definition– Individual

An individual will be regarded as being resident in Ireland for a tax year if she/he:

1. Spends 183 days or more in Ireland in that tax year; or
2. Has a combined presence of 280 days in Ireland, taking into account the number of days spent in Ireland in that tax year together with the number of days spent in Ireland in the preceding year.

This declaration is authorised by the Irish Revenue Commissioners. It may be subject to inspection by the Revenue. It is an offence under Irish law to make a false declaration.

This declaration must be signed by policyholders who are neither resident nor ordinarily resident in Ireland.

Where the policyholder is a company, the declaration must be signed by the company secretary or other such authorised officer.

Part 33c – Declaration for policyholders* resident outside Ireland (continued)

Presence in a tax year by an individual of not more than 30 days in Ireland will not be reckoned for the purpose of applying the two-year test. Up to 31 December 2008, presence in Ireland for a day means the personal presence of an individual at the end of the day (midnight). **From 1 January 2009, presence in Ireland for a day means the personal presence of an individual at any time during the day.**

Ordinary Residence Definition – Individual

The term “ordinary residence” as distinct from “residence” relates to a person’s normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in Ireland for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in Ireland ceases to be ordinarily resident at the end of the third consecutive tax year in which she/he is not resident. Thus, an individual who is resident and ordinarily resident in Ireland in 2004 and departs from Ireland in that year will remain ordinarily resident up to the end of the tax year in 2007.

Residence Definition – Company

Prior to Finance Act 2014, company residence was determined with regard to the long established common law rules based on central management and control. These rules were significantly revised in Finance Act 2014 to provide that a company incorporated in Ireland will be regarded as resident for tax purposes in Ireland, unless it is treated as resident in a treaty partner country by virtue of a double taxation treaty. While the common law rule based on central management and control remains in place, it is subject to the statutory rule for determining company residence based on incorporation in Ireland set out in the revised section 23A TCA 1997.

The new incorporation rule for determining the tax residence of a company incorporated in Ireland will apply to companies incorporated on or after 1 January 2015. For companies incorporated in Ireland before this date, a transition period will apply until 31 December 2020.

*** Policyholder**

In cases where the bond is to be held on trust, either by creating a trust when opening the bond, or by an existing trust, the policyholder is deemed to be the settlor(s) of the trust. If the settlor is deceased the declaration should be signed by their personal representative. In all other cases (including instances where the bond is assigned as security for a loan), the bond owner will be the policyholder.

Before signing your application please review against the avoiding delays checklist on page 2.

Part 33d – Settlers who are not trustees

Name	<input type="text"/>											
Signature ▶	<input type="text"/>											
Date (DD/MM/YYYY)	<input type="text"/>			<input type="text"/>			<input type="text"/>			Corporate settlor – authorised signatory <input type="checkbox"/>		
Name	<input type="text"/>											
Signature ▶	<input type="text"/>											
Date (DD/MM/YYYY)	<input type="text"/>			<input type="text"/>			<input type="text"/>			Corporate settlor – authorised signatory <input type="checkbox"/>		


Signature


Signature

If there are more than two signatories please photocopy this page.

Part 33e – Trustees signatures

Trustee 1	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>
Trustee 2	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>
Trustee 3	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>
Trustee 4	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>



Note: the Trust deed must be dated before this application.



Signature



Signature



Signature



Signature

If there are more than four signatories please photocopy this page.

▶ Part 33f – Corporate Trustee – To be signed by named authorised signatories

Authorised signatory	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>
Authorised signatory	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>



Signature



Signature

Part 33g – Trust Protector – To be signed by named authorised signatories

Authorised signatory	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>
Authorised signatory	
Name	<input type="text"/>
Signature ▶	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>



Part 33h – Are you a Politically Exposed Person?

We are required to identify politically exposed persons (PEPs) under anti-money laundering regulations, and apply enhanced customer due diligence procedures.
 A PEP is an individual who is, or has at any time in the preceding 12 months been entrusted with one of the positions listed below:

1. Heads of State, heads of government, ministers and deputy or assistant ministers
2. Members of courts of auditors or of the boards of central banks;
3. Members of the governing bodies of political parties;
4. Members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, except in exceptional circumstances;
5. Members of courts of auditors or of the boards of central banks;
6. Ambassadors, chargés d'affaires and high-ranking officers in the armed forces;
7. Members of the administrative, management or supervisory bodies of State-owned enterprises;
8. Directors, deputy directors and members of the board or equivalent function of an international organisation.

Are you (or either of you under a joint application), or any other party to this application, now, or previously been a PEP or a relative or close business associate of a PEP? No Yes

If 'Yes' please confirm your –

First Name	<input type="text"/>
Last Name	<input type="text"/>
Position Held	<input type="text"/>
Date	<input type="text"/>
Role on the policy (e.g. Life Assured or Beneficial Owner)	<input type="text"/>

Standard Life International dac is authorised and regulated by the Central Bank of Ireland. Deemed authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. The nature and extent of consumer protections may differ from those for firms based in the UK. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website.

Standard Life International dac is a designated activity company limited by shares and registered in Dublin, Ireland (408507) at 90 St Stephen's Green, Dublin 2. www.standardlife.co.uk/International-Bond

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SCOZ0822545318-020

Who this form is for

Please select Underwriting Option

Fully Underwritten or No Underwriting

Please only complete the following pages if you wish your Discounted Gift Plan to be underwritten.

If Standard Life underwrites the Settlor, any Discount figure calculated by us is not guaranteed and may be revised by HM Revenue & Customs (HMRC).

Please note that Standard Life will not provide a Discount figure for Discounted Gift Plans that have not been underwritten – without medical evidence it is impossible for us to work out the Settlor’s life expectancy. In this event, the investment will be treated as an undiscounted gift and we cannot provide information to the Settlor or, in the event of the Settlor’s death, the Executors should they wish to negotiate with HMRC regarding any possible Discount.

The rest of this form is for Discounted Gift Plan underwriting cases only. If you are receiving advice from a financial adviser, remember that the adviser is acting on your behalf, not only by giving you advice, but also regarding how this form is filled in.

Filling in this form

Before completing this form, please read the Key Features Document.

By filling in this Health Questionnaire, Trust and Bond Application you are applying to enter into a contract with Standard Life, which is made up of one or more separate policies. If we accept your offer, we will issue a policy schedule and policy provisions which together form the full terms and conditions of your contract.

Copies of the policy provisions of the Bond will be sent to you. If you wish a copy of the completed application you can request that from us.

If there is any change to your circumstances between completing this questionnaire and the start date of the plan, you must advise us of this change. For example, if you become at risk of exposure to Coronavirus, ill or attend a doctor, you must advise us.

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.

Part 1 – Investment details

Please complete this section if you are submitting this form separately from the Bond application form.

Investment amount £

Frequency of withdrawal payment (Cross the appropriate box to show how often during the year you want to make withdrawals)

Monthly Quarterly Six monthly Yearly

Income withdrawal percentage %

Cross the appropriate box to show the type of Bond

International Bond Tailored Investment Bond

Wrap Onshore Bond International Portfolio Bond for Wrap

Part 2 – Settlor(s) details

Please complete this section if you are submitting this form separately from the Trust Deed and Bond application form.

First settlor

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev) Male Female

Surname

First name(s) (in full)

Current address

House number Street

City/Town

County

Postcode Date of birth (DD/MM/YYYY)

Telephone – work

Telephone – home

Email

Second settlor

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev) Male Female

Surname

First name(s) (in full)

Current address

Are the details the same as for the first settlor? Yes No
If no please provide details below.

House number Street

City/Town

County

Postcode Date of birth (DD/MM/YYYY)

Telephone – work

Telephone – home

Email

Health Questionnaire

Part 3 – Personal underwriting details

First Settlor (PLEASE USE BLOCK LETTERS)

1. Current doctor's details

Name of current doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

2. Previous doctor's details

Name of previous doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

3. If your application is delayed because we need a medical examination, please advise if you would prefer the examination to be done by your own GP. Yes No

4. If no please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice



Important notes: health details

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this to us.



Handling of medical information

If you wish, you can complete any of the health questions in private. Please write details on a separate piece of paper and include your name and address, date of birth, your signature and the date of signing. It can then be forwarded in a sealed envelope marked 'Private and Confidential, for the attention of the Chief Underwriter', and attached to the application.

Personal information regarding your health is defined as 'special category data' under data protection law. We will only collect and use your special category data where we have your explicit consent. For more information, please see the Data Protection Notice in this form.

Part 3 – Personal underwriting details (Continued)

Second Settlor (PLEASE USE BLOCK LETTERS)

1. Current doctor's details

Is your current doctor the same as for the first settlor? Yes No

If No, please provide details below.

Name of current doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

2. Previous doctor's details

Is your previous doctor the same as for the first settlor? Yes No

If No, please provide details below.

Name of previous doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

3. If your application is delayed because we need a medical examination, please advise if you would prefer the examination to be done by your own GP. Yes No

4. If no please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice



Important notes: health details

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this to us.



Handling of medical information

If you wish, you can complete any of the health questions in private. Please write details on a separate piece of paper and include your name and address, date of birth, your signature and the date of signing. It can then be forwarded in a sealed envelope marked 'Private and Confidential, for the attention of the Chief Underwriter', and attached to the application.

Personal information regarding your health is defined as 'special category data' under data protection law. We will only collect and use your special category data where we have your explicit consent. For more information, please see the Data Protection Notice in this form.

Part 3 – Personal underwriting details (Continued)

	First Settlor	Second Settlor
1. Have you smoked in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Average daily amount	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. What is your average weekly consumption of alcohol in units?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> units	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> units
4. Have you ever been advised to reduce your alcohol consumption? If yes, please provide details overleaf.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. What is your height?	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> <input type="text"/> <input type="text"/> cms	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> <input type="text"/> <input type="text"/> cms
6. What is your weight?	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> <input type="text"/> <input type="text"/> kgs	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> <input type="text"/> <input type="text"/> kgs
7. Do you have an occupation that involves working in the fishing industry, oil or gas production industry, underwater, underground, with explosives, the Armed Forces, at heights over 50 feet (15.2 metres) or working outside the United Kingdom? If 'Yes', please provide details on a separate sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you take part in any hazardous sport or recreation (such as motor sports, climbing, diving, private flying)? If 'Yes', please provide details on a separate sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever tested positive for HIV or are you awaiting the results of such a test?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Have you ever been diagnosed with any of the following:		
a) High blood pressure, angina, heart attack, stroke or other disease of the heart, arteries	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Cancer, leukaemia, Hodgkin's Disease, lymphoma or any other tumour?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Any form of diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Colitis, Crohn's disease, Hepatitis B or C?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Paralysis, multiple sclerosis, epilepsy, dementia or other disorder of the central nervous system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Any mental illness that has required hospital or psychiatric treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Smoking = cigarettes, cigars, pipes or e-cigarettes.

1 unit = 1 measure of spirits or 1/2 pint of beer or 1 glass of wine.



Note: if the result is negative, the fact of having an HIV test will not, itself, have any effect on the terms we offer.

Part 3 – Personal underwriting details (Continued)

	First Settlor	Second Settlor
11. In the past 5 years have you had:		
a) Chest pain, irregular heart beat or raised cholesterol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Asthma, bronchitis, shortness of breath or other chest complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Blood disorder or anaemia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Kidney or bladder disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Any investigation, treatment or operation at a hospital for any medical condition NOT already disclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are you presently:		
a) Experiencing any symptom, condition or disability NOT previously mentioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Waiting to have any consultation, investigation, test or follow up for any condition NOT mentioned before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Taking any medicines or receiving any other form of medical treatment for any condition NOT mentioned before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered ‘Yes’ to any of the ‘underwriting questions’ (numbered 1 to 12) please provide full details overleaf.

Part 4 – Insurability questions relating to Covid-19

	First Settlor	Second Settlor
1. Have you been advised by your doctor to have a Coronavirus (Covid 19) test or tested positive for Coronavirus (Covid 19) in the last 30 days ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you had direct contact with someone who has been confirmed or is still suspected to have Coronavirus in the last 30 days ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been personally advised to self-isolate by a medical professional or the NHS 111, but have not been diagnosed with Coronavirus, and are still self-isolating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you currently have symptoms such as; a new or continuous cough, fever/high temperature, shortness of breath, loss or change of your sense of smell or taste, fatigue, body aches and pains, sore throat or headache?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you received a letter from the NHS or been advised by your consultant that you are at a very high risk from Coronavirus?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you returned from overseas in the last 30 days ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you planning to travel overseas?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. If you have had Covid 19/tested positive for Covid 19 have you made a full recovery to good health and returned to normal activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered “Yes” to any of the Covid-19 related questions (numbered 1 to 8) please provide full details overleaf



Note: We’ve have added some further questions to complete to take account of Covid-19

If you answer ‘yes’ to any of these questions, our underwriting team will need to take this into account when we are assessing the application.



Handling of medical information

If you wish, you can complete any of the health questions in private. Please write details on a separate piece of paper and include your name and address, date of birth, your signature and the date of signing. It can then be forwarded in a sealed envelope marked ‘Private and Confidential, for the attention of the Chief Underwriter’, and attached to the application.

Personal information regarding your health is defined as ‘special category data’ under data protection law. We will only collect and use your special category data where we have your explicit consent. For more information, please see the Data Protection Notice in this form.

Additional Details (Continued)

Second Settlor

Which questions are you giving details about?

Name of condition

Dates when condition occurred

How often do you have symptoms?

Treatment given, details of any follow up

Current position

Please now read the following notes before completing the 'Declaration and consent'

Data Protection Notice and Communication Preferences – Important, please read

Data Protection Notice – Using your Personal Information

We're committed to maintaining the trust and confidence of our customers. Our Privacy Policy explains how we use our customers' personal information. It explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how you can obtain details of the information we hold about you, and the choices you have about how we use that information. You can get a copy of our Privacy Policy on our website: www.standardlife.ie/privacy if you are taking out an International Bond. For all other products, go to <https://www.standardlife.com/sl/privacy-policy/slal.page>

Access to medical records

The medical report your doctor fills in asks about the following:

- Your current health.
- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health.
- Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide; or
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

FAO Data Protection Officer
The Phoenix Group
1 Wythall Green Way
Wythall
Birmingham
B47 6WG



*Only delete the word 'not' if you wish to see the report.

First Settlor – I do not* want to see the report before it is sent to the company.

Second Settlor – I do not* want to see the report before it is sent to the company.

Declaration and consent by the Settlor(s)

I/We 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.

For your own benefit you should read:

- the Data Protection Notice
- the “important notes” and
- the section headed “Filling in this form”.

If you do not understand any point please ask us or your financial adviser for further information.

I/We understand that any Discount figure calculated by Standard Life is not guaranteed and may be revised by HMRC.

I/We understand that if I have failed to give correct answers to any questions in this application then the Discount figure calculated by Standard Life is very likely to be incorrect resulting in HM Revenue and Customs challenging the Discount figure when the gift is reported to them or in the event of my death.

I/We consent to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my state of health. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the Discounted Gift Plan, or after my death, to respond to enquiries about the value of my gift into a Discounted Gift Plan.

I/We have read this Declaration and consent section, the information in this application form, and in particular the Data Protection Notice and the information regarding the Access to Medial Reports Act.

I/We consent to the special category data as defined under data protection law and as provided in this form or otherwise to be collected and used by Standard Life for underwriting purposes as described in this form.

First Settlor

Second Settlor

Yes No

Yes No

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

**First Settlor
Signature** ▶

Date
(DD/MM/YYYY)

**Second Settlor
Signature** ▶

Date
(DD/MM/YYYY)



First Settlor



Second Settlor

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