

Self Invested Personal Pension

Plan number: D

Authorisation form

Applying online

I, (CLIENT NAME & ADDRESS):

authorise my adviser (ADVISER NAME):

to apply online on my behalf for a Self Invested Personal Pension from Standard Life Assurance Limited ('Standard Life').

I understand that Standard Life will send me a confirmation schedule containing all the information and declarations provided by my adviser on my behalf.

I understand that it's my responsibility to check that all the information given in the confirmation schedule is correct, in particular the level of commission and/or fees that I have agreed to pay to my adviser. I will contact Standard Life immediately if there are any errors or omissions.

Transfer payment declarations

My declaration to the administrators of the transferring schemes named below

- ▶ I authorise and instruct you to transfer funds from the plan(s) as listed in this application directly to Standard Life. Where you have asked me to give you any original policy document(s) in return for the transfer of funds, and I am unable to do so, I promise to accept responsibility for any claims, losses and expenses of any nature which you may incur as a result of having made the transfer(s) listed in this application.
- ▶ I authorise you to release all necessary information to Standard Life to enable the transfer of funds to Standard Life.

Plan number: D

- ▶ I authorise you to obtain from and release to the financial adviser named in this application, any additional information that may be required to enable the transfer of funds.
- ▶ If an employer is paying contributions to any of the plans as listed in this application, I authorise you to release to that employer, any relevant information in connection with the transfer of funds from the relevant plan(s).
- ▶ Until this application is accepted and complete, Standard Life's responsibility is limited to the return of the total payment(s) to the administrator of the transferring scheme.
- ▶ Where the payment(s) made to Standard Life represent(s) all of the funds under the plan(s) listed in this application, then payment made as requested will discharge the administrator of the transferring scheme of all claims and responsibilities in respect of the plan(s) listed.
- ▶ Where the payment(s) made to Standard Life represent(s) part of the funds under the plan(s) listed in this application, then the administrator of the transferring scheme will be discharged of all claims and responsibilities only in respect of the part of the plan(s) represented by the payment(s).

My declarations to Standard Life Assurance Limited and the administrators of the transferring schemes.

- ▶ I promise to accept responsibility in respect of any claims, losses and expenses that Standard Life and the administrator of the transferring scheme may incur as a result of any incorrect information provided by me in this application or of any failure on my part to comply with any aspect of this application.
- ▶ I confirm that, where I am transferring Protected rights, I wish to transfer these from the administrator of the transferring scheme to Standard Life.

Transfer payment details - 1

Administrator name	<input type="text"/>	
Transferring scheme name	<input type="text"/>	
Reference/plan number(s)	Non-Protected Rights/ Ordinary Benefits	Protected Rights/ Contracted Out Benefits
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Transfer payment details - 2

Administrator name	<input type="text"/>	
Transferring scheme name	<input type="text"/>	
Reference/plan number(s)	Non-Protected Rights/ Ordinary Benefits	Protected Rights/ Contracted Out Benefits
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Transfer payment details - 3

Administrator name		
Transferring scheme name		
Reference/plan number(s)	Non-Protected Rights/ Ordinary Benefits	Protected Rights/ Contracted Out Benefits

Transfer payment details - 4

Administrator name		
Transferring scheme name		
Reference/plan number(s)	Non-Protected Rights/ Ordinary Benefits	Protected Rights/ Contracted Out Benefits

Transfer payment details - 5

Administrator name	<input type="text"/>	
Transferring scheme name	<input type="text"/>	
Reference/plan number(s)	Non-Protected Rights/ Ordinary Benefits	Protected Rights/ Contracted Out Benefits
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Ongoing Authorisation

I authorise Standard Life to accept instructions from during the lifetime of my plan to buy or sell investments under my plan.

I also authorise Standard Life to accept information provided by my adviser regarding the amount of the lifetime allowance I have used up and the value of retirement benefits I have already taken, or I am about to take, from other pension schemes or plans.

Signature

Date
