

Discounted Gift Plan

Absolute Trust



Important – please ensure that you have:

- completed Parts A to H
- considered the restricted liability of the Trustees in clause 7
- consulted your legal, tax or financial adviser before signing this deed
- signed on page 5 and also all Trustees have signed on page 5

Part A – Date of Trust

Please insert date when last person signs on page 5.

THIS TRUST is made _____ day of _____ 20_____
BY _____

Part B – My Details (Settlor(s))

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

Name
Address
Postcode

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

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

Name
Address
Postcode

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

Part C – Additional Trustees

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.

If any Trustee is non-UK resident please consult your adviser.

Name
Address
Postcode

Name
Address
Postcode

Name
Address
Postcode

Standard Life has drafted this trust with due care and attention to reflect the law at the time of writing. 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, 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 legal or tax adviser.

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.
NOW THIS DEED WITNESSES as follows:

1. Definitions

1.1 In this Trust:

Beneficiaries means the person or persons named or described in Part D

Additional Trustee means the person or persons named in Part C

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

Minor means a person under the age of 18 years

Relevant Section means:

(a) Section 31 Trustee Act 1925 where English law applies to this Trust; or

(b) Section 32 Trustee Act (Northern Ireland) 1958 where Northern Irish law applies to this Trust

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 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.

2. The Gift

Either the Settlor at the direction of the Trustees (as the Trustees by their signature to this Trust document 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 to this Trust document acknowledge) to take out a life policy with Standard Life using an amount equal to the Trust Fund.

3. The Trust

3.1 By signing this Trust 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.

3.2 The Trustees shall hold the Trust Fund for the Beneficiaries absolutely and if more than one in the percentage shares specified in Part D or equally in default of percentage shares being specified (or the specified shares not adding up to 100%).

4. The Trust Provisions

4.1 The Trust shall carry the intermediate income and the Relevant Section (if otherwise applicable) shall not apply to the same and whilst any Beneficiary entitled to income under the Trust is a Minor the Trustees shall pay or otherwise apply for or towards his benefit so much of the income from his share in the Trust as the Trustees may in their absolute discretion think fit and the Trustees shall retain the balance of any income of such share on trust for that Beneficiary absolutely.

4.2 The Trustees shall have the power to pay or otherwise apply the whole or any part of the capital of a share as they in their absolute discretion think fit for or towards the benefit of the relevant Beneficiary.

5. Bare Trust for the Settlor

5.1 Notwithstanding the provisions of clauses 3 and 4 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.

5.2 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).

6. Trustees' powers

- 6.1 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 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 world and (ii) need not have regard to any rule of law requiring them to diversify the investments).
- 6.2 The Trustees may make any disposition they could make if they were absolute beneficial owners.
- 6.3 The Trustees may borrow on the security of all or any part of the Trust Fund or without giving any security.
- 6.4 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.
- 6.5 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.
- 6.6 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.
- 6.7 The Trustees may employ agents, discretionary investment managers, nominees and custodians on such terms as the Trustees in their absolute discretion think fit.
- 6.8 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.
- 6.9 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.
- 6.10 No Trustee shall be precluded from joining in the exercise of any of the powers contained in this Trust 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.
- 6.11 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 or by law.
- 6.12 Any legal rule requiring apportionments to be made for the purpose of the Trust shall not apply.

7. 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.

8. Exclusion of Settlor

Subject to clause 5 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 in any circumstances whatsoever.

9. The Settlor's power to appoint and remove trustees

- 9.1 The Settlor (where there are two Settlers jointly and the survivor of them) has the power of appointing new and additional trustees and also removing trustees during his lifetime whilst he has capacity, failing which this power vests in the Trustees (excluding the Settlor) after the Settlor loses capacity or after the Settlor's death.
- 9.2 Where there are two Settlers and one Settlor has lost capacity, the other Settlor shall have sole power to appoint new and additional trustees and also remove trustees in terms of clause 9.1 above.

10. Choice of law

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

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

*1 Please 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 on page 1.

*2 Please 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 nor their spouse or Civil Partner.

In the presence of	Signed and delivered as a deed by the Settlor
Signature of Witness	Signature
Witness' full name	Full name
Witness' address	Date* 1
Postcode	Place* 2

In the presence of	Signed and delivered as a deed by the second Settlor (if any)
Signature of Witness	Signature
Witness' full name	Full name
Witness' address	Date* 1
Postcode	Place* 2

In the presence of	Signed and delivered as a deed by the first Additional Trustee
Signature of Witness	Signature
Witness' full name	Full name
Witness' address	Date* 1
Postcode	Place* 2

In the presence of	Signed and delivered as a deed by the second Additional Trustee
Signature of Witness	Signature
Witness' full name	Full name
Witness' address	Date* 1
Postcode	Place* 2

In the presence of	Signed and delivered as a deed by the third Additional Trustee
Signature of Witness	Signature
Witness' full name	Full name
Witness' address	Date* 1
Postcode	Place* 2

International Bond from Standard Life International Trustee Bond Application Form



IBIHT30 0411

Financial Adviser's details

This section should be completed by your financial adviser. Failure to complete the following will delay the processing of this application.

Intermediary Reference Number
(maximum 25 characters)

Company name

Location

Name of business writer

Agency no

Basis of sale

Whole of Market

Other

(If other, please specify):

Please state your preferred way(s) for Standard Life International to contact you regarding matters relating to International Bonds:

Telephone

E-mail

Telephone number

E-mail address

Quotation ref. number

You can find the ref. number on the last page of the quotation in the 'For office use only' section.

This Trustee application is only for use by applicants who are habitually resident in the UK. Please ask your financial adviser if you require any guidance.

Who this form is for

This form is for Trustees of a Discounted Gift Plan, Gift Plan or Loan Plan who are investing a lump sum into an investment bond. This form is also for Trustees of a new Gift Plan, where an existing bond has been transferred to that trust and the Trustees are making an additional investment at the same time. This application will be the basis of each contract if you accept any offer of cover made by us. You should remember that your financial adviser is acting on your behalf, not only by giving you advice, but also regarding completing this form.

To be completed by your financial adviser only – What will you be paid as commission

Complete this section to let us know if you want to take commission, how you want to take it and the amounts/proportions you want to take. Please be aware that if there is a difference between the commission basis requested on the Personal Illustration and the basis selected on this application form, then we will use the details on this application form.

Please refer to the 'International Bond Commission Guide' (IB20) for further information.

One-off lump sum investment

Nil Commission

(Tick this box if you require nil commission)

Funded Initial Commission*

(this amount should include any Funded Initial

Commission rebated to increase the client's allocation rate – please see below. Funded Initial Commission is not available on recurrent single payments.)

% of investment

Rebating Funded Initial Commission to increase investment allocation

Funded Initial Commission may also be rebated to the client on a 1% for 1% basis, to increase the client's investment allocation rate. An Establishment Charge of 0.2% per year payable over six years will be charged for each 1% increase in the allocation rate.

If you are rebating Funded Initial Commission, please tell us what you would like your client's investment allocation rate to be:

%

Initial Commission**

Fund Based Renewal Commission

This will be paid quarterly unless specified otherwise.

% of investment or £ value

% of total fund

Recurrent single payments

Nil Commission

(Tick this box if you require nil commission)

Initial Commission**

Fund Based Renewal Commission

This will be paid quarterly unless specified otherwise.

% of investment or £ value

% of total fund

If you would like a different frequency please indicate below:

Commission payment frequency

Please note, once chosen the frequency cannot be changed. If there is a one-off lump sum investment and recurrent single payments, the frequency for commission must be the same for both.

Monthly

Half yearly

Yearly

* A one-off payment for which an Establishment Charge is levied over the first six years.

**A one-off payment deducted from the client's investment at the outset.

Total amount of Funded Initial Commission and Initial Commission should not exceed 8%.

Confirmation of verification of identity – Corporate and other non-personal entity

Introduction by an FSA-regulated firm – To be completed by your financial adviser

1. Details of customer (see explanatory notes below)

Full name of customer

Type of entity
(corporate, trust, etc)

Location of business
(full operating address)

Registered office in country
of incorporation

Registered number,
if any (or appropriate)

Relevant company registry or
regulated market listing authority

Names of directors (or equivalent)

Introduction by an FSA-regulated firm – To be completed by your financial adviser (continued)

Please provide names of principal beneficial owners (over 25%) of the corporate or other non-personal entity below:

First names (in full)	Last Name	Date of Birth
Address		
Postcode		
First names (in full)	Last Name	Date of Birth
Address		
Postcode		
First names (in full)	Last Name	Date of Birth
Address		
Postcode		
First names (in full)	Last Name	Date of Birth
Address		
Postcode		

2. Confirmation

For each of the above beneficial owners, you must provide one item of photo identification AND one item confirming their address. The forms of evidence we can accept are set out below:

1. Photo identification

- current signed passport
- current UK/EU Photocard driving licence
- current National Identity Card (non UK nationals)
- current Identity card issued by the Electoral Office for Northern Ireland.

2. Address verification

- current utility bill
- current council tax demand letter or statement
- current bank or building society statement or debit/credit card statement (issued by a regulated financial sector firm in the UK, EU or compatible jurisdiction)
- instrument of court statement (such as grant of probate)
- full current driver's licence.

Please note – current means where a document has a specific expiry date that has not passed or in the absence of a specific expiry date the document was issued within 12 months of the date of submission for verification purposes.

I/We confirm that:

- the information in section 1 above was obtained by me/us in relation to the customer;
- I/We certify that I/we have verified the identity of the above applicants and certified copies of required documentary evidence are enclosed.

Signed	
Name	
Position	Date

Introduction by an FSA-regulated firm – To be completed by your financial adviser (continued)

3. Details of introducing firm (or sole trader)

Full Name of Regulated Firm
(or Sole Trader):

FSA Reference Number:

Explanatory notes

1. "Relevant company registry" includes other registers, such as those maintained by charity commissions (or equivalent) or chambers of commerce.
2. This confirmation must carry an original signature, or electronic equivalent.

If there are more than two people to be identified, please photocopy this page, complete and send in with this application.

Note that a Photocard driving licence alone is not sufficient evidence for both photo identification and address verification. You must verify one item from each list.

To be completed by your financial adviser only
Certification of Client Identity Verification

To comply with anti money-laundering regulations, we must confirm that you have verified the identity and address of each Settlor. Please complete this part of the application form to verify this.

For each Settlor, you must provide one item of photo identification AND one item confirming their address. The forms of evidence we can accept are set out below.

1. Photo identification

- current signed passport
- current UK/EU Photocard driving licence
- current National Identity Card (non UK nationals)
- current Identity card issued by the Electoral Office for Northern Ireland.

2. Address verification

- current utility bill
- current council tax demand letter or statement
- current bank or building society statement or debit/credit card statement (issued by a regulated financial sector firm in the UK, EU or compatible jurisdiction)
- instrument of court statement (such as grant of probate)
- full current driver's licence.

Please note – current means where a document has a specific expiry date that has not passed or in the absence of a specific expiry date the document was issued within 12 months of the date of submission for verification purposes.

I certify that I have verified the identity of the following applicants and certified copies of the underlying documentary evidence are enclosed.

Settlor 1

Names (in full)

Address

Date of Birth

Settlor 2

Names (in full)

Address

Date of Birth

Full name of adviser firm

Intermediary Reference Number

Full name of financial adviser

Signature of financial adviser

Date

Filling in this form

Before completing this form, please read the Key Features Document (IB17) and the appropriate Question and Answer document for the type of trust you choose.

By filling in this form you are applying for an International Bond which is made up of 100 identical individual policies or 'segments' (although you can request a different number if required – please speak to your financial adviser if you wish to do this). Each policy is evidence of a contract between you and Standard Life International. This application will be the basis of each contract if you accept any offer of cover made by us. Please note that the start date of your bond will be the later of the date on which we receive the initial payment and the date on which we receive at our head office all the relevant signed documentation we require to start the bond. A copy of the standard terms and conditions of the Bond and the completed application form will be sent to you on request.

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

Part 1 – Type of Trust

Discounted Gift Plan Gift Plan Loan Plan

Part 2 – Details of the Trustees (*Bond owners*)

As you are applying for a Bond in your capacity as Trustees, we require each Trustee to fully complete this section.

The information you provide will enable us to carry out appropriate identification checks to satisfy money laundering regulations. The Policy Schedule will reflect that the Bond was taken out by you as Trustees. **(Please note that the trust name will not appear in your policy documents.)**

Name of Trust (if any)

Date of Trust

Add date from Part A of the Trust.

Part 2a – Complete if Corporate Trustee

Company/Limited Liability Partnership (LLP) name

Company/LLP Registration number (if applicable)

Company address

Postcode

Telephone

Authorised Signatories

Name

Name

Name

Name

Name

Name

Part 2b – Complete if Individual Trustees

As Trustees you will own the Bond. ALL current Trustees must provide their full details.

If the Settlor(s) is a Trustee, please remember to complete their details too.

Please note that all correspondence will be issued to the first named Trustee.

First Trustee (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Second Trustee (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Third Trustee (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Fourth Trustee (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Fifth Trustee (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Part 3 – Personal details about the life/lives assured

Gift Plan only

You do not have to complete this section if you are using this form to make an additional investment to an existing International Bond. Please go to Part 4.

Discounted Gift Plan only

The Settlor or Settlor's spouse or civil partner cannot be a life assured due to IHT rules. The bond should be written on the lives of the beneficiaries.

You are the 'life assured' if payment of the proceeds of the bond depends on your life.

Life A (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Life B (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Life C (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Life D (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Life E (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Life F (PLEASE USE BLOCK LETTERS)

Sex Male Female

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

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Gift Plan only

Additional investments to an existing bond and/or recurrent single payments are only available

Part 4 – Details of your investment

Are you making your first investment in a new bond or an additional investment to an existing bond?

First investment or Additional investment

If you are making an additional investment, please tell us the bond number

Number of segments

By default, the bond will be made up of 100 identical policies (or 'segments'). If you require a different number of segments, please provide details below.

Please speak to your adviser if you're considering a different number of segments – note that once the bond has been set up, it's not possible to change the number of segments.

Number of segments required

Some Discretionary Investment Managers, Investment Advisers and Deposit Account providers may specify their own minimum investment.

Part 4a – Amount and frequency of your investment – complete if you are setting up a Gift Plan

You can choose to invest a lump sum, make recurrent single payments or both. Complete the sections below confirming the amount you want to invest and how often you want to make payments.

One-off lump sum investment

The minimum initial lump sum payment for the Gift Plan is £20,000.

The minimum amount for an additional lump sum payment to an existing bond is £2,500.

How much do you want to invest as a lump sum?

Recurrent single payments

You can make recurrent single payments by Direct Debit. The minimum limit depends on how often you make payments and whether you are also making a lump sum investment or have an existing bond.

The minimum limits if you are only making recurrent single payments in a new bond are: £1,000 each month; £3,000 every 3 months; £6,000 every 6 months or £10,000 every year.

The minimum limits if you have an existing bond or are also making a lump sum investment of at least £20,000 are: £500 month; £1,500 every 3 months; £3,000 every 6 months or £5,000 every year.

How much do you want to invest as a recurrent single payment?

How often do you want to make recurrent single payments?

Every month Every 3 months Every 6 months Every year

Please choose the first date for your recurrent single payments to be made between 1st and 28th of the month.

Subsequent payments will be made on the same date each month or year. The first payment date must be a date after the date you have signed this form.

Part 4b – Amount of your investment - complete if you are setting up a Loan Plan or Discounted Gift Plan

You can choose to invest a lump sum only.

The minimum lump sum payment for the Loan Plan is £20,000 and £60,000 if you are setting up a Discounted Gift Plan.

How much do you want to invest as a lump sum?

If you want to pay by BACS, CHAPS/Telegraphic Transfer, please check that your bank can make this type of payment. Your bank may charge you for making a payment in this way.

Discounted Gift Plan only

For a non-underwritten case please send the cheque with this Application. For a fully underwritten case do not send the cheque with this Application. We only require the cheque after underwriting is completed and the Settlor has confirmed he/she wishes to proceed.

Part 4c – Payment method

We can accept the following payment methods. Please tick the box to indicate which payment method you wish to use:

One-off lump sum investment

- 1. BACS
- 2. CHAPS/Telegraphic transfer
- 3. Cheque

Recurrent single payments (Gift Plan only)

- 1. Direct debit – please complete Part 4d

- If you want to send your payment by BACS or CHAPS/Telegraphic Transfer, please contact us on **0845 300 4273** (call charges may vary) for details on how to make the payment, or speak to your financial adviser.

Please give details of the account your payment is made from:

Name of bank
Address of Bank
Account holder's name
Account number
Other source (please give details)

- If you want to pay by cheque, please make your cheque payable to 'Standard Life International Limited' and enclose the cheque with this application form.

The payment of commission to a UK based financial adviser could be treated as a remittance of foreign income or gains for a UK resident but non-domiciled individual. This may apply where the funds used to purchase the bond include or have derived from foreign income, or gains which arose while the applicant was UK resident and have not been subject to UK tax. Please tick here if this applies to your investment.

Part 5 – Your choice of investments

You can choose to invest in Insured Funds, Mutual Funds, Whole of Market Funds and Deposit Accounts. You can also choose to invest with a Discretionary Investment Manager or Investment Adviser.

Note that:

If you choose to only invest in Insured Funds, you don't need to allocate part of your investment to the IB Bank Account.

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 (see Part 5a).

You can also choose our Phased Investment Option. We will automatically switch an equal amount each month (over a period of 3, 6, 9 or 12 months) from the money you have designated for the Phased Investment Option in your International Bond (IB) Bank Account to your chosen investments. The minimum investment amount you can allocate for Phased Investment is £10,000. Please note there is a minimum investment limit of £1,000 per fund, per payment. You should complete Part 5b if you want to choose the Phased Investment Option.

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.

Similarly, Standard Life International will not be held liable for any loss suffered by you in respect of a Deposit Account backed by a government guarantee.

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

You can find out more information about the investment options, including the Fund Codes (or Citicodes for Mutual Funds and Whole of Market Funds) required to complete this application form, in the following guides:

- 'International Bond: Summary of Insured Funds' (IB11a)
- 'International Bond: Summary of Insured Funds and Mutual Funds' (IB11b)
- 'International Bond: Discretionary Investment Managers' (IB41).

Your financial adviser can also go to www.adviserzone.com

Please discuss the availability of Whole of Market Funds and Deposit Accounts with your financial adviser.

We suggest that you maintain an amount of around 3% of the total value of your investments under the bond, plus the amount required to cover any regular withdrawals, in the IB Bank Account.

However, the amount should depend on which investment options you choose and the commission taken by your financial adviser.

Please speak to your financial adviser to determine a suitable amount to allocate to the IB Bank Account.

The minimum amount for Phased Investment is £10,000.

Your initial payment for Phased Investment will be allocated to your IB Bank Account and then invested in your chosen funds from there. You will need to ensure there is sufficient money in your IB Bank Account to cover the charges and your Phased Investment.

You should allocate a percentage of your total investment to the IB Bank Account in Part 5a and give your investment instructions for each Phased Investment in Part 5c. Make sure the total in Part 5a and Part 5c adds up to 100% for your Phased investment.

Part 5a – Your IB Bank Account

Only complete this section if part or all of your investment is to be invested in Mutual Funds, Whole of Market Funds, Deposit Accounts or with a Discretionary Investment Manager or Investment Adviser.

You must place part of your investment in the IB Bank Account to cover charges and withdrawals for those investments.

Please ensure that the percentage in this section is included in the total in Part 5c.

Name of account	%
International Bond Bank Account	

Part 5b – Phased Investment Option

We will automatically switch the money you've designated for Phased Investment from your IB Bank Account to your chosen investments each month. We will invest an equal amount each month, for 3, 6, 9 or 12 months, up to the total amount you allocate to Phased Investment. We may need to round your investment down to the nearest penny in some instances.

It is your responsibility to make sure there is enough money in your IB Bank Account to cover the Phased Investment each month.

Amount to be invested under the Phased Investment Option:

How many equal monthly payments do you want your investment split over?

Your Phased Investment will be made each month on the same day of the month as your investment starts or within 2 working days if that day falls on a bank holiday or a weekend. If you want your Phased Investment to be made on a specific date each month, please state the date here. You can choose between the 1st and the 28th of the month.

You can only invest in Insured Funds and Mutual Funds under the Phased Investment Option.

The amount invested will be split into equal payments after any commission and/or charges have been deducted. Any future charges may affect the final payment to be invested and this will be adjusted accordingly.

If there is not enough money in the IB Bank Account to meet a monthly payment, we will not make that payment and the Phased Investment instruction will stop.

Part 5d – Authorising your financial adviser to give investment instructions on your behalf

Only complete this section if you wish to permit your financial adviser to allocate money from your investments to the IB Bank Account and/or to make investment switches on your behalf. Please speak to your financial adviser before completing this section. If you wish to give this authority to your financial adviser, all bond owners must sign this section.

Note that we will only accept instructions from authorised persons once we are satisfied that we have verified the identify of the authorised person, and it is the responsibility of the authorised person and/or yourself for checking that we have carried out instructions correctly.

I/We authorise the financial adviser named on page 1 of this application form to:

- 1. Sell such investments as are required to maintain a balance in the IB Bank Account to cover charges, expenses and withdrawals. Yes No
- 2. Make investment switches, ie buy and sell any investments held within my International Bond. Yes No
- 3. Change investment instructions for recurrent single payments. Yes No

This authorisation will apply until Standard Life International receives a written instruction from us changing or withdrawing our authorisation.

Signature(s) of bond owner(s)

Signature

Signature Date (DD/MM/YYYY)

Signature

Signature Date (DD/MM/YYYY)

Signature

Signature Date (DD/MM/YYYY)

Signature

Signature Date (DD/MM/YYYY)

Signature

Signature Date (DD/MM/YYYY)

Part 6 – Money Laundering Regulations for Settlor(s)

Corporate and other non-personal entities please complete Part 6a.

Individual Settlor(s) please complete Part 6b.

Part 6a – Money Laundering Regulations for corporate trustee and other non personal entities

Under Money Laundering Regulations, we are required to obtain information about the source of your company’s payment before we can accept your application. Please tell us how your company acquired the money it is investing. Please give full details here and continue on a separate sheet of paper if necessary:

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

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

Part 6b – Money Laundering Regulations for individual Settlor(s)

Due to Money Laundering regulations we are required to obtain information about the Settlor's employment, income and details of how you acquired the money you are investing before we can accept the application. If the Settlor(s) does not work, please state position, eg retired, student.

Settlor 1

Name

Occupation

Settlor 2

Name

Occupation

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 Settlor(s)).

- | | | |
|---------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Under £10,000 | <input type="checkbox"/> £30,000 to £39,999 | <input type="checkbox"/> £60,000 to £69,999 |
| <input type="checkbox"/> £10,000 to £29,999 | <input type="checkbox"/> £40,000 to £49,999 | <input type="checkbox"/> £70,000 or more |
| <input type="checkbox"/> £20,000 to £19,999 | <input type="checkbox"/> £50,000 to £59,999 | |

Source of wealth

Please tell us how you acquired the money you are investing (please cross all that apply).

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

If 'Other', please provide details below:

To comply with Money Laundering Regulations, we may verify the Settlor's identity by carrying out an on-line check with a reference agency. Where an on-line check is carried out, the agency will verify their identity against public records and it will also check whether they have a credit history (but it will not disclose any information about their actual borrowings). The agency will add a note to show that an identity check was made to their credit file, but this information will not be available to any third parties. We regret that we cannot offer an alternative unless the on-line check does not confirm their identity, in which case we will carry out a manual check.

Please continue on a separate piece of paper if necessary.

Discounted Gift Plan only

You must take at least 0.5% of the value of the cheque you write. This figure and the frequency must match the Retained Payment details shown in Part E and Part F of the Trust.

You cannot take withdrawals of more than 10% a year. This reduces to 5% a year if your financial adviser takes Funded Initial Commission.

If part or all of your money is invested in Mutual Funds, Whole of Market Funds, Deposit Accounts, or with a Discretionary Fund Manager or Investment Adviser, you must have sufficient funds in your IB Bank Account to cover any withdrawals, charges and investment transactions.

Gift Plan Only

If this application is being used for an additional payment to an existing bond, then any withdrawal instructions set out on this form will apply to that additional payment only. However, note that regular withdrawals for an additional payment must occur on the same frequency and date as any existing withdrawal instructions. If you wish to change any existing withdrawal instructions for your bond, please speak to your adviser.

Part 7 – Complete if you are setting up a Discounted Gift Plan

Show the total amount you want to withdraw each year in the box below.

£ each year

Cross the appropriate box to show how often during the year you want to make withdrawals.

Once a year Every six months Every three months Every month

Notes

Withdrawals can't start within the first month after your bond is set up.

Withdrawals may not be allowed when an active direct debit is in place to make recurrent single payments.

Part 7a – Complete if you are setting up a Loan or Gift Plan

For regular withdrawals from the bond, show the percentage of the total amount invested or the total amount you want to withdraw each year in the appropriate box below.

£ each year % each year

Cross the appropriate box to show how often during the year you want to make withdrawals.

Once a year Every six months Every four months Every three months Every month

On what date do you want your first regular withdrawal to be paid?

D/M/Y

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

Notes

Withdrawals can't start within the first month after your bond is set up.

Withdrawals may not be allowed when an active direct debit is in place to make recurrent single payments.

Part 8 – Authority for payment

Please complete the section below for immediate withdrawals. Please note that this is an essential requirement for a Discounted Gift Plan.

For Gift Plan only – To avoid gift with reservation rules please do not enter the Settlor's bank details.

Please be aware that, as this information is not stored on our records, if you wish to take withdrawals at a future date, your bank details will need to be re-confirmed.

Name of account holder	
Name of bank/building society	
Address	
Postcode	
Account number	
Sort code	
Name of account/roll number	
IBAN: International Bank Account Number (if applicable)	
Bank SWIFT code (if known)	

Part 9 – Data Protection Notice

All parties named on this form have a right to know that Standard Life International holds personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

Important, to be read by all lives assured, Settlor(s) and Trustees (as bond owners)

We will collect personal information about you in order to consider your application and, if your application is successful, to provide our services to you and manage our relationship and Standard Life International's business and services.

If your application does not proceed, the information will be held on our records for seven years before it is deleted.

We may disclose the information collected to your professional advisers, to other Standard Life group companies, to our third party service providers and where we consider it appropriate and lawful to do so, to other organisations.

Your information may be held or disclosed in countries outside the European Economic Area which may not have the same standard of data protection laws. Where this occurs, we will take appropriate steps to adequately protect it.

If you have appointed a financial adviser, we will give them information about the bond and, where appropriate, send copies of correspondence to them to enable them to give you advice. You should be aware that your financial adviser may use your personal data in accordance with their Data Protection Notice.

If you would like to request a copy of the personal data we hold about you, please write to the Data Protection Co-ordinator, at the registered office of Standard Life International. We may charge a fee for providing the information.

We and the other subsidiaries of Standard Life plc would like to contact you from time to time to keep you up to date with special offers, new products and services, newsletters and other promotions. We will never pass your details to companies that are not subsidiaries of Standard Life plc for marketing purposes. If you do not want to be kept informed, please tick this box.

Part 10 – Declaration

You should consult your own legal and financial adviser before signing this declaration.

Please ensure that **all Trustees (as bond owners) read the declarations in Parts 10a and 10b and confirm acceptance of these declarations by completing and signing Part 10c below.**

Part 10a – Declaration to be read and accepted by all the Trustees (as bond owners)

For your own benefit and protection you should read the Data Protection Notice. If you do not understand any point, please ask us or your financial adviser for further information. We agree that our personal information (including sensitive data) may be used for the purposes described (subject to us exercising our right not to be contacted with details of other products and services).

We, the persons taking out the bond agree that the answers given in this form are true and complete to the best of our knowledge and belief, and that the answers to any questions which the life/lives assured may be asked in connection with this application, will form part of this application.

We have read the terms and conditions (IB62a) applying to recurrent single payments and agree that the terms and conditions form part of my contract with Standard Life International.

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

This declaration must be signed by bond owners who are neither resident nor ordinarily resident in Ireland. In some circumstances this declaration may be signed on behalf of a bond owner by a person who holds a competent power of attorney in his/her favour granted by the bond owner. A copy of the power of attorney must be sent to us with this declaration.

All the Trustees of the Plan must sign this declaration.

Part 10b – Declaration to be read and accepted by all the Trustees (as bond owners)

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.

We declare that:

- We have read the explanation of the terms detailed in the note entitled 'Residence Definitions' attached;
- We are the bond owners in respect of which this declaration is being made;
- We confirm that we are habitually resident in the UK.
- We are not resident or ordinarily resident in Ireland; and
- We hereby undertake to inform Standard Life International of any change in our country of residence during the life of the policy.

Part 10c – Bond owner(s) signature(s)

Trustee 1

Name

Signature

Date

Trustee 2

Name

Signature

Date

Trustee 3

Name

Signature

Date

Trustee 4

Name

Signature

Date

Trustee 5

Name

Signature

Date

Residence Definitions

Residence – Individual

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

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 tax year.

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. Presence in Ireland for a day means the personal presence of an individual at the end of the day (midnight).

Ordinary Residence – 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.

For example, an individual who is resident in Ireland for the tax years

- 1 January 2008 to 31 December 2008,
- 1 January 2009 to 31 December 2009, and
- 1 January 2010 to 31 December 2010

will become ordinarily resident with effect from 1 January 2011.

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 he/she is not resident. Thus, an individual who is resident and ordinarily resident in the tax year 1 January 2008 to 31 December 2008 and departs from Ireland in that year will remain ordinarily resident up to the end of the tax year 1 January 2011 to 31 December 2011.

Residence – Company

A company which has its central management and control in Ireland is resident in Ireland irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in Ireland is resident in Ireland except where:

- The company or a related company carries on a trade in Ireland, and either the company is ultimately controlled by persons resident in EU Member States or countries with which Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a tax treaty country;

or

- The company is regarded as not resident in Ireland under a double taxation treaty between Ireland and another country. It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in Section 23A of Ireland's Taxes Consolidation Act, 1997.

How to contact us

By phone	0845 300 4273 Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary.
By fax	00353 1 4754025
By e-mail	E-mail is not a secure method of transferring personal information but if you are happy to send your details this way, please e-mail us at: service@slinternational.ie
In writing	Standard Life International Ltd Scanning Unit Dundas House 20 Brandon Street Edinburgh EH3 5PP

Standard Life International Limited is a company registered in Ireland (number 408507) at 90 St Stephen's Green, Dublin 2.

Standard Life International Limited is authorised and regulated by the Central Bank of Ireland for the conduct of Linked Long Term Insurance Business and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary. www.slinternational.ie

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Important, please tear off and keep safely.



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 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.

Discounted Gift Plan Underwriting Application



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 underwrite 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.

Who this form is for

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 Discounted Gift Plan marketing material and Key Features Document.

By filling in this Health Questionnaire, Trust and Trustee Bond Application you are applying to enter into a contract with Standard Life, which is made up of one or more separate policies. Each policy is evidence of a contract between you and Standard Life. These applications constitute your offer, which, if accepted by us, will result in a binding contract. The contract will be based on, and subject to, the information contained in these applications and other documents including our standard policy provisions. If we accept your offer, we will issue a policy schedule.

Copies of the policy provisions of the Bond and the completed application forms will be sent to you on request.

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

Health Questionnaire

Personal underwriting details

First Settlor (PLEASE USE BLOCK LETTERS)

1. Current doctor's details

Name of current doctor

Address

Postcode

Telephone number (inc. STD code)

2. Previous doctor's details

Name of previous doctor

Address

Postcode

Telephone number (inc. STD code)

3. If your application is delayed because we need a medical examination, please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice

Second Settlor (PLEASE USE BLOCK LETTERS)

1. Current doctor's details

Name of current doctor

Address

Postcode

Telephone number (inc. STD code)

2. Previous doctor's details

Name of previous doctor

Address

Postcode

Telephone number (inc. STD code)

3. If your application is delayed because we need a medical examination, 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. We have a Code of Practice on the confidentiality of sensitive information and access is restricted.

Medical information about you will not be given to any third party without your consent except to a reassurance company, or to your GP if, in our opinion, a condition is noted at a medical examination of which your GP may not be aware.

Personal underwriting details

First Settlor

1. Have you smoked in the last 12 months? Yes No
2. Average daily amount
3. If 'No', but you have smoked in the past, then in what year did you last smoke?
4. What is your average weekly consumption of alcohol in units? (1 unit = 1 measure of spirits or 1/2 pint of beer or 1 glass of wine) units
5. Have you ever been advised to reduce your alcohol consumption? Yes No
6. What is your height?
 ft ins or cms
7. What is your weight?
 st lbs or kgs
8. 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? Yes No
If 'Yes', please provide details.
9. Do you take part in any hazardous sport or recreation (such as motor sports, climbing, diving, private flying)? Yes No
If 'Yes', please provide details.
10. Have you ever tested positive for HIV or are you awaiting the results of such a test? Yes No
Note: if the result is negative, the fact of having an HIV test will not, itself, have any effect on the terms we offer.
11. 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 or circulation? Yes No
 - b) Cancer, leukaemia, Hodgkin's Disease, lymphoma or any other tumour? Yes No
 - c) Any form of diabetes? Yes No
 - d) Colitis, Crohn's disease, Hepatitis B or C? Yes No
 - e) Paralysis, multiple sclerosis, epilepsy, dementia or other disorder of the central nervous system? Yes No
 - f) Any mental illness that has required hospital or psychiatric treatment? Yes No

Second Settlor

1. Have you smoked in the last 12 months? Yes No
2. Average daily amount
3. If 'No', but you have smoked in the past, then in what year did you last smoke?
4. What is your average weekly consumption of alcohol in units? (1 unit = 1 measure of spirits or 1/2 pint of beer or 1 glass of wine) units
5. Have you ever been advised to reduce your alcohol consumption? Yes No
6. What is your height?
 ft ins or cms
7. What is your weight?
 st lbs or kgs
8. 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? Yes No
If 'Yes', please provide details.
9. Do you take part in any hazardous sport or recreation (such as motor sports, climbing, diving, private flying)? Yes No
If 'Yes', please provide details.
10. Have you ever tested positive for HIV or are you awaiting the results of such a test? Yes No
Note: if the result is negative, the fact of having an HIV test will not, itself, have any effect on the terms we offer.
11. 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 or circulation? Yes No
 - b) Cancer, leukaemia, Hodgkin's Disease, lymphoma or any other tumour? Yes No
 - c) Any form of diabetes? Yes No
 - d) Colitis, Crohn's disease, Hepatitis B or C? Yes No
 - e) Paralysis, multiple sclerosis, epilepsy, dementia or other disorder of the central nervous system? Yes No
 - f) Any mental illness that has required hospital or psychiatric treatment? Yes No

First Settlor (continued)

12. In the past 5 years have you had:

- a) Chest pain, irregular heart beat or raised cholesterol? Yes No
- b) Asthma, bronchitis, shortness of breath or other chest complaint? Yes No
- c) Blood disorder or anaemia? Yes No
- d) Kidney or bladder disorder? Yes No
- e) Any investigation, treatment or operation at a hospital for any medical condition not already disclosed? Yes No

13. Are you presently:

- a) Experiencing any symptom, condition or disability not previously mentioned? Yes No
- b) Waiting to have any consultation, investigation, test or follow up for any condition not mentioned before? Yes No
- c) Taking any medicines or receiving any other form of medical treatment for any condition not mentioned before? Yes No

Second Settlor (continued)

12. In the past 5 years have you had:

- a) Chest pain, irregular heart beat or raised cholesterol? Yes No
- b) Asthma, bronchitis, shortness of breath or other chest complaint? Yes No
- c) Blood disorder or anaemia? Yes No
- d) Kidney or bladder disorder? Yes No
- e) Any investigation, treatment or operation at a hospital for any medical condition not already disclosed? Yes No

13. Are you presently:

- a) Experiencing any symptom, condition or disability not previously mentioned? Yes No
- b) Waiting to have any consultation, investigation, test or follow up for any condition not mentioned before? Yes No
- c) Taking any medicines or receiving any other form of medical treatment for any condition not mentioned before? Yes No

If you have answered 'Yes' to any of the 'underwriting questions' (numbered 1 to 13) please provide full details overleaf. Please indicate which question and which Settlor the details relate to.

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

Data Protection Notice – important, please read

All parties named on this form have a right to know that Standard Life holds personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

We will collect personal information about you in order to consider your application and, if your application is successful, to provide our services to you and manage our relationship and Standard Life's business and services. If your application does not proceed, the information will be held on our records for 7 years before it is deleted.

We may disclose the information collected to your professional advisers, to other Standard Life group companies, to our third party service providers and, where we consider it appropriate and lawful to do so, to other organisations.

Your information may be held or disclosed in countries outside the European economic area which may not have the same standard of data protection laws. Where this occurs, we will take appropriate steps to adequately protect it.

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

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

We and the other subsidiaries of Standard Life plc would like to contact you from time to time to keep you up to date with special offers, new products and services, newsletters and other promotions. We will never pass your details to companies that are not subsidiaries of Standard Life plc for marketing purposes.

If you do not want to be kept informed, please cross this box.

If you would like to request a copy of the personal data we hold about you, please write to the Data Protection Co-ordinator at our Head Office. We may charge a fee for providing the information.

Access to medical records

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act are as follows:

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

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.

Access to medical records (continued)

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:

Standard Life Assurance Limited
Standard Life House
30 Lothian Road
Edinburgh
EH1 2DH
United Kingdom

First Settlor

I do not* want to see the report before it is sent to the company. (*Only delete the word 'not' if you wish to see the report.)

Second Settlor

I do not* want to see the report before it is sent to the company. (*Only delete the word 'not' if you wish to see the report.)

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

I/We confirm I have read and understand the 'Important notes' and the section headed 'Filling in this form' in this form.

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 agree 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 the declaration and consent, important notes and information relating to my rights under the Access to Medical Reports Act.

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

First Settlor

Signature

Date

Second Settlor

Signature

Date