

Who this form is for

Read the notes at the side of this form carefully.

This form is to be used to exercise an option on an existing plan. Please tick the relevant box next to your existing plan type and the option being exercised.

If you are converting to a Homeplan, you should complete form HMP35 HP.

If the option you want to exercise is not listed on this form please contact your financial adviser.

LPR4PR 0621



Please refer to your Policy Provisions and Schedule for details of which option you may exercise under your existing plan.

Your financial adviser should be able to advise you.

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

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

Filling in this form

N.B. You will not have to fill in every part of this form. Please read all the notes carefully.

If you are receiving advice from a financial adviser you should remember that the adviser is acting on your behalf not only in giving you advice, but also regarding completion of 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 a mistake, please initial any changes you make.

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.

Was advice given? Advice No advice (eg Execution only)

Basis of sale Whole of market Other

If 'Other' please specify

Intermediary Reference Number

Financial adviser's name

Financial adviser's address

Building number

Street

City/Town

County

Postcode

Maximum 25 characters.

| Financial Adviser's details <i>Continued</i> | | | |
|--|---|---|--|
| FCA or authorisation number | <input type="text"/> | | |
| Agency code | <input type="text"/> | | |
| Name of Standard Life contact | <input type="text"/> | | |
| Branch | <input type="text"/> | | |
| Commission basis | Level Commission <input type="checkbox"/> | Initial (indemnified) + renewal commission <input type="checkbox"/> | |
| | Initial (non-indemnified) + renewal commission <input type="checkbox"/> | Spread initial + renewal commission <input type="checkbox"/> | |
| The following is for financial advisers to use (if they wish). | | | |
| Commission details | <input type="text"/> | | |
| | <input type="text"/> | | |



Commission is not available on the Homeplan, Variable Protection Plan or the Versatile Investment Plan.

| Choosing Your Option(s) | | | |
|---|--|--------------------------|--|
| Please select your existing Product | Which option(s) do you want to exercise? | | What to do next |
| Renewable Protection Plan <input type="checkbox"/> | Renewal | <input type="checkbox"/> | Complete Part 1 and the declaration in Part 6. Part 5 should also be completed if applicable. |
| Increasable Term Assurance <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable. |
| | Increase | <input type="checkbox"/> | Complete Parts 1 and 6. Part 5 should also be completed if applicable. |
| | Renewal | <input type="checkbox"/> | Complete Part 1 and the declaration in Part 6. Part 5 should also be completed if applicable. |
| Convertible Protection Plan <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable. |
| Convertible Term Assurance Plan <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable. |
| Critical Illness Protection Plan-Level <input type="checkbox"/> | Renewal | <input type="checkbox"/> | Complete Part 1 and the declaration in Part 6. Part 5 should also be completed if applicable. |
| Mortgage Protection Plan A (taken out before 1 January 1995) <input type="checkbox"/> | Conversion | <input type="checkbox"/> | Complete Parts 1, 2, 4 and the declarations in Parts 6 and 7. Part 5 should also be completed if applicable. |
| Family Income Benefit/Dependants Income Policy <input type="checkbox"/> | | | |

Choosing Your Option(s) Continued

| Please select your existing Product | Which option(s) do you want to exercise? | What to do next |
|--|--|---|
| Variable Investment Bond <input type="checkbox"/> | Guaranteed Insurability <input type="checkbox"/> | Complete Parts 1, 3, 4 and the declaration in Part 6. Part 5 should also be completed if applicable. |
| Variable Protection Plan <input type="checkbox"/> | | |
| Versatile Investment Plan <input type="checkbox"/> | | |

Part 1 – Details of the life/lives to be covered**Life A** (Please use block letters)

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

Surname

First name(s) in full

Address

House number

Street

City/Town

County

Postcode

Email address

How long have you lived at this address? years and months

Occupation

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Marital status

Married Single Civil Partnership Separated

Co-habiting Divorced/Dissolved Civil Partnership Widowed/Surviving Civil Partner

Existing plan number



If the Life Assured is not the same as the Plan Owner, please also complete Part 5.

You may be a Life Assured as well as a Trustee. If so, please complete Part 5.

Part 1 – Details of the life/lives to be covered *Continued***Life B** (Please use block letters)

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

Surname

First name(s) in full

Address

House number

Street

City/Town

County

Postcode

Email address

How long have you lived at this address? years and months

Occupation

Telephone – work (inc. STD code)

Telephone – home (inc. STD code)

Marital status

Married Single Civil Partnership Separated

Co-habiting Divorced/Dissolved Civil Partnership Widowed/Surviving Civil Partner

Existing plan number

Part 4 – Investment details**IMPORTANT NOTE:**

This section is only to be completed if your new plan is a Variable Protection Plan. If your new plan is not a Variable Protection Plan then you should go straight to Part 6 (or Part 5 if the Plan Owner(s) are not the Life/Lives Assured).

(a) Multiple policies

If you want your plan to be divided into the maximum number of policies, please tick the first box below. If you want your plan split into fewer than the maximum number, please give the number of policies you want in the second box below.

Maximum Other number

Each individual policy must have an identical payment applied to it. So, we may have to increase your total payment by a few pence (up to 19p). If you do not agree to your payment being increased, we may reduce the number of individual policies.

Please indicate whether or not you agree to this by ticking the appropriate box. Yes No

(b) Application of investment content of payments to funds

We will use your payments to buy units in the investment funds of your choice. You have three options. Choose only one by ticking the box next to your chosen option:

Option 1 – 50% Managed, 50% S2 Life With Profits 2006

Option 2 – 75% Managed, 25% S2 Life With Profits 2006

Option 3 – Please give the percentages that you want to invest in each fund. Use whole numbers only and check that the total adds up to 100%.

| Fund name | % |
|---|-------------|
| Standard Life UK Ethical Life Fund | |
| Standard Life European Equity Life Fund | |
| Standard Life Index Linked Bond Life Fund | |
| Standard Life International Equity Life Fund | |
| Standard Life Japanese Equity Life Fund | |
| Standard Life Managed Life Fund | |
| Standard Life Mixed Bond Life Fund | |
| Standard Life Multi Asset Managed (20-60% Shares) Life Fund | |
| Standard Life North American Equity Life Fund | |
| Standard Life Asia Pacific Ex Japan Equity Life Fund | |
| Standard Life Property Life Fund | |
| Standard Life S2 Life With Profits 2006 Fund | |
| Standard Life Money Market Life Fund | |
| Standard Life UK Equity Life Fund | |
| Total (must add up to 100%) | 100% |

If you make payments by cheque, units will be reserved for you at the price ruling on the day your completed application and cheque are received by Standard Life.



The percentage of your payment that we invest in the S2 Life With Profits 2006 Fund cannot be changed later. Investments cannot be switched in and out of this fund.

Your financial adviser can help you to fill in this section.

You can only invest in up to 12 funds at any one time. You can only invest in up to a maximum of 20 different funds during the lifetime of your Plan.

In order to maintain fairness and equity, we may reduce prices of units in the S2 Life With Profits 2006 Fund in certain circumstances. For information on with profits, please read our with profits guide. You can find this at: www.standardlife.co.uk/investments/funds/with-profits-information#guides or call us on 0800 634 7476 for a paper copy. Our call charges will vary

Data Protection Notice

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: <https://www.standardlife.co.uk/privacy/standard-life-assurance-limited>

Important notes: Money laundering

To comply with the Money Laundering Regulations, we are required to verify the identity of our customers. We do this by carrying out an online identity check with a reference agency. This is not a credit check and will not affect your credit rating. The agency will verify your identity against public records and confirm whether you have a credit history (but will not disclose any information to us about your actual borrowings). The agency will add a note to your credit file to show that an identity check was requested by Standard Life. If successful, a copy of the results will be held by Standard Life to evidence that your identity has been verified. We regret that we cannot offer an alternative unless the online check does not confirm your identity, in which case we will carry out a manual check.

To be read by all parties named on this form.

Part 5 – Details of the Plan owner(s)/Trustee(s)

If you are the Plan owner(s), and/or Trustee(s), please fill in the following section and sign the Declaration by Plan owner(s)/Trustee(s) overleaf. The Plan owner is the person who actually owns the Plan and normally receives the proceeds.

| | |
|---|----------------------|
| Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev) | <input type="text"/> |
| Surname | <input type="text"/> |
| First name(s) in full | <input type="text"/> |
| Address | |
| House number | <input type="text"/> |
| Street | <input type="text"/> |
| City/Town | <input type="text"/> |
| County | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone – work (inc. STD code) | <input type="text"/> |
| Telephone – home (inc. STD code) | <input type="text"/> |
| Email Address | <input type="text"/> |

| | |
|---|----------------------|
| Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev) | <input type="text"/> |
| Surname | <input type="text"/> |
| First name(s) in full | <input type="text"/> |
| Address | |
| House number | <input type="text"/> |
| Street | <input type="text"/> |
| City/Town | <input type="text"/> |
| County | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone – work (inc. STD code) | <input type="text"/> |
| Telephone – home (inc. STD code) | <input type="text"/> |
| Email Address | <input type="text"/> |



Your financial adviser will tell you if you need to complete this section.

If this form is being signed by a company, limited liability partnership or partnership, the authorised signatory/ies must state their title.

You may be a Life Assured as well as a Trustee, and if so, this section must be completed and the declarations in Part 6.

Part 5 – Details of the Plan owner(s)/Trustee(s) *Continued*

| | |
|---|----------------------|
| Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev) | <input type="text"/> |
| Surname | <input type="text"/> |
| First name(s) in full | <input type="text"/> |
| Address | |
| House number | <input type="text"/> |
| Street | <input type="text"/> |
| City/Town | <input type="text"/> |
| County | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone – work (inc. STD code) | <input type="text"/> |
| Telephone – home (inc. STD code) | <input type="text"/> |
| Email Address | <input type="text"/> |

| | |
|---|----------------------|
| Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev) | <input type="text"/> |
| Surname | <input type="text"/> |
| First name(s) in full | <input type="text"/> |
| Address | |
| House number | <input type="text"/> |
| Street | <input type="text"/> |
| City/Town | <input type="text"/> |
| County | <input type="text"/> |
| Postcode | <input type="text"/> |
| Telephone – work (inc. STD code) | <input type="text"/> |
| Telephone – home (inc. STD code) | <input type="text"/> |
| Email Address | <input type="text"/> |

Declaration by Plan owner(s)/Trustee(s)

I/We the person(s) taking out the Plan in which I/we have an interest, agree that the Declaration by the life/lives assured (Life A and Life B) and this Declaration, will form part of this application.

I/We understand that if I/we fail to give accurate answers to any of your questions then this may affect the terms of my/our contract with you and you may not pay out a claim.

For your benefit and protection you should read 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 confirm that we are habitually resident in the UK.

For your 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 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).

| | | | | | | | | | |
|------------------|---|----------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Signature | ▶ | <input type="text"/> | Date (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | ▶ | <input type="text"/> | Date (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | ▶ | <input type="text"/> | Date (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | ▶ | <input type="text"/> | Date (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Now please complete Part 6 below and Part 7 if appropriate.



Signature(s) required.

This section should be completed by the life/lives covered in Part 1.

Part 6 – Declaration by lives assured

This declaration must be completed and signed.

I/We declare that to the best of my knowledge and belief that the information I/we have given is true and complete.

Plan No. shall be part of this application.

For your 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 agree that my 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).

The information I/we give in this application form will be used by Standard Life to assess the terms of any cover it is prepared to offer.

If Standard Life does offer a Plan this will be detailed in a Terms of Offer letter. This will summarise the terms upon which Standard Life is prepared to offer cover.

I/We understand that where there are two lives assured, if either of the lives assured fails to comply with these conditions then this may affect the terms of the contract and Standard Life may not pay out any claim.

I/We have read the declaration and the important notes.

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

| | | | | | | | | | |
|-------------------------|---|----------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Signature Life A | ▶ | <input type="text"/> | Date (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature Life B | ▶ | <input type="text"/> | Date (DD/MM/YYYY) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |



Signature(s) required.

Please insert the number of your existing plan in the space provided.

Part 7 – Declaration for conversions only

Please complete either (a) or (b) as appropriate.

(a) Existing plan to be reduced by endorsement

I/We would like to take out a new plan under the conversion option on Plan No.

I/We understand that the benefits payable under Plan No. will be reduced and the Plan will be endorsed with any changes.

I/We would like the new Plan issued in the terms of this application to start from (DD/MM/YYYY)

I/We agree that if the policy has been assigned or is held by a lender in connection with a mortgage or loan then this will need their consent.

Signature



Date

(DD/MM/YYYY)

Signature



Date

(DD/MM/YYYY)

(b) Existing plan to be cancelled

I/We would like to take out a new plan under the conversion option on Plan No.

I/We understand that once my/our new plan is taken out Plan No.

will be cancelled from

I/We agree that if the policy has been assigned or is held by a lender in connection with a mortgage or loan then this will need their consent.

Signature



Date

(DD/MM/YYYY)

Signature



Date

(DD/MM/YYYY)

What happens now? – When we receive your fully completed application we will check your existing policy options. We will write to you to let you know our decision.



If there is a separate Plan Owner/Trustee named in Part 5 they should complete this section. If not it should be completed by the Lives Assured named in Part 1.

Endorsement means an alteration to your existing plan.



Signature(s) required.



Signature(s) required.

