

Retirement Account Plan

Application to pay Additional Voluntary Contributions



RAP31

Who this form is for

This form is for anyone who wishes to make payments to the Retirement Account Plan the employer has arranged with Standard Life. This form can be used for new entrants and increments.
When we refer to 'Standard Life' we mean 'Standard Life Assurance Limited'.

Filling in this form

Before completing this form, please ensure that you read Part 6 – Member's Data Protection Notice – and read and sign Part 7 – Member's declaration. Please note that failure to give correct answers could invalidate your Application.

A copy of the standard terms and conditions relating to the contract and a copy of your 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.

If you are receiving advice from a financial adviser you should remember that the financial adviser is acting on your behalf not only by giving you advice, but also regarding completing this form.

If you have any problems completing this form, please speak to your financial adviser or Standard Life.

Part 1 – Your personal details

National Insurance Number

Title (Mr/Mrs/Miss/Ms/Other e.g. Dr/Rev) Surname First names (in full)

Address

Postcode

Telephone number – home (inc STD code) Telephone number – business (inc STD code)

Date of birth (DD/MM/YYYY) Normal Retirement date (DD/MM/YYYY)

Sex Male Female

Marital status Single Married/Civil partnership
 Separated Divorced Widowed

Department

Employee Reference Number

Part 6 – Member’s Data Protection Notice – Important, please read

All parties named on this form have the 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.

For payments made by cheque, units for the initial investment will be reserved at the price ruling on the day the Application and cheque are received by Standard Life. If a cheque is not sent with the completed Application, units will not be reserved until the cheque has been received and the Application has been accepted.

If payments are made by Direct Debit (or BACS), units will be allocated when the Application is accepted by Standard Life provided the Direct Debiting Instruction has already been received. Until the application is accepted by us, Standard Life’s liability is limited to the return of the payments made.

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.

If you are an employee and your employer is making payments to your plan, we may disclose information to them about the payments they have made.

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 other supporting information (including medical reports) may be given to a reinsurance company if we need to share the insurance risk.

We may, in future, be able to send you a yearly statement that shows both information about your state pension and the benefits you may get from this plan. To be able to do this, we would have to share the information set out in Part 1 of this form with the Department for Work and Pensions (DWP). We would not use this information for any other purpose.

If you want us to share this information with the DWP, you need take no action.

If you do not want us to share this information with the DWP please tick this box.

If you do not tick the box, you will have 30 days from the date you sign this form to change your mind before we may share information about you with the DWP. We may share information each year, as long as you are a member of this plan. If you decide later on that you do **not** want us to share this information with the DWP you can contact us as detailed in the ‘How to contact us’ section of the Key Features Document.

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.

We will never pass your details outside the Standard Life group of companies for marketing purposes.

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 this information.

Part 7 – Member’s declaration

1. I have read and understood the Data Protection Notice. I agree that my personal information (including sensitive data) may be used for the purposes described (subject to me exercising my right not to be contacted with details of other products and services).

Signature

Date
(DD/MM/YYYY)

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Part 8 – Trustees’ signature

For and on behalf of Trustees

Date
(DD/MM/YYYY)

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Name of Employer