

Who this form is for

This form is for anyone who wishes to make payments to the (Group) Additional Voluntary Contributions Plan arranged with Standard Life by their employer. When we refer to 'Standard Life' we mean 'Standard Life Assurance Limited'.

GAVC30 0921

Filling in this form

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.

Before completing this form, please complete all sections correctly, initialling any changes you make. Please ensure that you read Part 5 – Data Protection Notice and Communication Preferences – and read and sign Part 6 – 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 have any problems filling in this Application, please speak to your financial adviser or Standard Life.

Part 1 – Your personal details

Title (Mr/Mrs/Miss/Ms/ Other eg Dr/Rev)	<input type="text"/>	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname	<input type="text"/>			
Forenames (in full)	<input type="text"/>			
National Insurance Number	<input type="text"/>			
Date of birth (DD/MM/YYYY)	<input type="text"/>	Normal Retirement date (DD/MM/YYYY)	<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"/>			

