



Standard Life Express™ Implementation package

Your implementation checklist

1

Complete the implementation package and return the following documents to your Standard Life Manager, Business Development (MBD).

- 1 **Implementation package** (which generates the employee Summary of main provisions) – fax or email electronic version for quicker implementation
- 2 **Application** (RSP) signed by the client – fax and keep original
- 3 **Application** (TFSA), if applicable, signed by the client – fax and keep original
- 4 **New broker contracting documents** (*only required for new advisors to Standard Life*). Contact your MBD to obtain a copy of these documents.

Note: the client should retain all originals as Standard Life and/or the Canada Revenue Agency may request them at any time. Each affiliated company/subsidiary must have its own plan and complete its own package.

2

Proceed with the member enrolment process.

- 1 **Obtain member enrolment packages** – choose one of the following two approaches
 - ✓ **Print** one copy for each employee at <https://viproom.standardlife.ca/pin/Login.jsp> and insert the printed employee *Summary of main provisions* (created in step One above)
 - ▣ You must ensure the member package contains the *Plan for life™* brochure, the Rates of Return & Investment Management Fees and the enrolment forms, corresponding to the selected investment menu and the Summary of main provisions.
 - ✓ **Order** pre-assembled enrolment packages and complete section 9 in part A of this implementation package.
- 2 **Hold a member enrolment session and hand out the enrolment packages:** a template of the presentation is available for you online at <https://viproom.standardlife.ca/pin/Login.jsp>

3

Return enrolment forms.

- ✓ Paper enrolment – return to your MBD
 - ▣ Member enrolment forms signed by the client and the member – mail original
 - ▣ Spousal enrolment form (if applicable) signed by the client, the member and the spouse – mail original
- ✓ Online enrolment – return to address indicated online
 - ▣ Member Beneficiary designation form signed by the member – mail original
 - ▣ Spouse Beneficiary designation form signed by the spouse – mail original

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will receive all required documentation and will

- ✓ Contact you for any missing information regarding the enclosed implementation material;
- ✓ Contact the employer to review the plan administration within two business days of completing the implementation;
- ✓ Send the material issued by Standard Life to you and/or the client as per the instructions noted in section 12.

Part A (mandatory) - Basic information
1 Applicant identification at Standard Life

Standard Life sales office	<input type="checkbox"/> Calgary <input type="checkbox"/> Halifax <input type="checkbox"/> London <input type="checkbox"/> Montréal <input type="checkbox"/> Quebec City <input type="checkbox"/> Toronto <input type="checkbox"/> Vancouver		
Standard Life Group Savings & Retirement client number ⁽¹⁾	RS	For a new client, contact your Standard Life sales office	
Does the applicant named in Section 2 have group benefits with Standard Life?	<input type="checkbox"/> No	MBD name: _____	
	<input type="checkbox"/> Yes, indicate Policy:	Tel: - - ext. Cell: - -	
		Address: _____	
		Tel: 1- - - ext. Fax: - -	
		Email: _____	

(1) Available to new clients and those who already sponsor a plan under the Standard Life Express product.

2 Applicant's name and business contact information

Full official legal name of employer participating in the plan ⁽²⁾	<input type="checkbox"/> _____		
	<input type="checkbox"/> _____, operating as _____ <small>(company number) (see sample company name)</small>		
Main business address	(No., street, suite)		
City	Province	Postal code	
General telephone (if any)	- - ext.	General fax (if any)	- -
Nature of business			

(2) Must be a single employer (i.e. single legal entity). You must indicate the full official legal name of the employer (example: "232567 Ontario Ltd., operating as Sample Company"). If an affiliated company or subsidiary of the employer also wants to participate, the affiliated company/subsidiary must have its own plan and provide all required documents (completed and signed). If requested, we will set up the plan of each affiliate/subsidiary under the existing client number of the main sponsor/client to facilitate the client's administration.

3 Applicant authorized signing officer (for application purposes)

Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Title	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
Telephone	- - ext.	Fax	- - Email

4 Applicant designated representative with web access (primary administrator)

Full access to the VIP Room provides consolidated client information for all members. This primary administrator is authorised to assign access to other parties on the VIP Room.		<input type="checkbox"/> Same as signing officer <input type="checkbox"/> Other (specify below)	
Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Title	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
Business address	(No., street, suite)	Postal code	
City	Province	Postal code	
Telephone	- - ext.	Fax	- - Email
<input type="checkbox"/> We would like to designate a different day-to-day contact – please complete the form <i>Part A (optional) – Administrators/subgroups</i>			

5 Agent of record (firm or individual named on your license)

<input type="checkbox"/> Firm <i>Capsil Code:</i> <i>(Internal only)</i>	Name			
	Business address	(No., street, suite)	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French
	City	Province	Postal code	
	Note: the firm day-to-day contact is as specified in section 6			
Or				
<input type="checkbox"/> Individual <i>Capsil Code:</i> <i>(Internal only)</i>	Last name	First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
	Title	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
	Business address	(No., street, suite)	Postal code	
	City	Province	Postal code	
	Telephone	- - ext.	Fax	- - Email

Part A (mandatory) - Basic information

6 Agent of record - representative with web access

Access to the VIP Room is granted with access to client information for all members. This representative is NOT authorised to assign access to others.		<input type="checkbox"/> Same as individual agent of record named under section 5 ⁽³⁾ <input type="checkbox"/> Agent of record day-to-day contact indicated below	
Last name		First name	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Title			
Business address	(No., street, suite)	Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French
City		Province	Postal code
Telephone	- - ext.	Fax	- - Email

(3) Web access can only be provided to an individual person and not a firm.

7 Contribution remittance method

Contributions are remitted with eServicing using Electronic Fund Transfer (EFT), Internet banking or Wire transfer. Our Standard Life Representative will discuss these options when reviewing the administration of the plan with the plan sponsor.

8 Member grouping for reporting purposes ⁽⁴⁾

- No special member grouping (i.e. reports will show all members)
 Group members by subgroup to have reports at subgroup level (ex: employees have different administrators, are in different locations or have different payrolls) – please complete the form *Part A (optional) – Administrators/subgroups*

(4) It is very important to group members correctly at implementation. Please note that Standard Life will automatically create a different subgroup for the administration of the plan(s), where necessary.

9 Member enrolment

Expected date of member enrolment sessions?	(YYYY/MM/DD)		
Members will be enrolled using (select applicable option(s))	<input type="checkbox"/> Paper enrolment	Do you wish to order pre-assembled member enrolment packages ⁽⁶⁾ ?	<input type="checkbox"/> No, they will be printed directly from Standard Life web site
	<input type="checkbox"/> Online enrolment ⁽⁵⁾		<input type="checkbox"/> Yes, please send the kits to the individual agent of record named in Section 5 or if it is a firm to the attention of the day-to-day contact specified in section 6.

(5) Within five to seven business days after receiving the completed implementation package, the sponsor will receive a PIN to enter basic member information on the VIP Room. A PIN letter will then be issued and mailed to each member who will logon to the member VIP Room to complete enrolment. The member will need to print, sign, and mail the beneficiary form to Standard Life.

(6) The number of copies per language is as requested in section 16.

10 Investment menu (applies to all members)

Investment menu selected ⁽⁷⁾	<input type="checkbox"/> Monitored Avenue Portfolio Program 1	<input type="checkbox"/> Monitored Avenue Portfolio Program 2
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(7) Subject to conditions described in the selected program overview.

11 Pricing information (applies to all members)

Estimated number of members		Estimated annual cash flow	
Base Annual Investment Management Fees ("IMF")	1.975%	Guaranteed and daily interest rates	Base Rate*

* Standard Life Canada's based interest rate for group plans.

12 Issued material prepared by Standard Life

Issued material (i.e. policy and official plan text) should be sent to	<input type="checkbox"/> Policyholder (i.e. applicant named in sections 2 and 3) with a copy to the agent of record
	<input type="checkbox"/> Agent of record (named in section 5) for delivery to the policyholder

Part A (optional) – Administrators/subgroups

You must only complete this form, if you have indicated that you would like to:

- designate a different day-to-day contact for administration purposes under section 4, and/or
- group members by subgroup under section 8

If in section 8, you indicated you had no special member grouping, go directly to sections c) and d) below:

a) Member subgroup #1		
Subgroup full name (maximum of 70 characters)		
Subgroup short name / identifier (maximum of 5 characters)		
Subgroup day-to-day contact / administrator*	<input type="checkbox"/> Same as primary administrator named under section 4	
	<input type="checkbox"/> As specified below under c)	Should this administrator receive reports for the specific subgroup? <input type="checkbox"/> Yes <input type="checkbox"/> No

b) Member subgroup #2		
Subgroup full name (maximum of 70 characters)		
Subgroup short name / identifier (maximum of 5 characters)		
Subgroup day-to-day contact / administrator*	<input type="checkbox"/> Same as primary administrator named under section 4	
	<input type="checkbox"/> As specified below under d)	Should this administrator receive reports for the specific subgroup? <input type="checkbox"/> Yes <input type="checkbox"/> No

The day-to-day administrator(s) named below are Standard Life contact for administration purposes:

c) Day-to-day contact / administrator*							
Last name				First name			<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Title							
Business address	(No., street, suite)				Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
City				Province			Postal code
Telephone	- -	ext.	Fax	- -	Email		

d) Day-to-day contact / administrator* (only, if more than one)							
Last name				First name			<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Title							
Business address	(No., street, suite)				Language of correspondence	<input type="checkbox"/> English <input type="checkbox"/> French	
City				Province			Postal code
Telephone	- -	ext.	Fax	- -	Email		

* The applicant-designated representative with web access (referred to as the primary administrator under section 4 in *Part A (mandatory) – Basic information*) will provide the administrator(s) named above with the appropriate access to the VIP Room.

Part B (mandatory) – Plan details

13 Plan information

Employer-sponsored Retirement Savings Plan (RSP)

Plan name ⁽⁸⁾	Retirement Savings Plan for the employees of the employer named in Part A (mandatory) – section 2 under “Full official legal name of employer participating in the plan”
Effective date (YYYY/MM/DD) ⁽⁹⁾	

Tax-Free Savings Account (TFSA)

Plan name	The Standard Life Tax-Free Savings Account
Effective date (YYYY/MM/DD) ⁽⁹⁾	

(8) As per Canada Revenue Agency, the term “Registered” may not be part of the plan name.

(9) The date may not be before the effective date of the plan with Standard Life.

14 Summary of main provisions (for members)

Does the Agent of record want to have his contact information appear at the end of the summary?	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes, show name and phone number of	<input type="checkbox"/> Agent of record – individual named in section 5	
		<input type="checkbox"/> Agent of record – representative with web access named in section 6	
		<input type="checkbox"/> As follows	Last name
		First name	
		Telephone	- - ext.
Do all employees have the same plan provisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, indicate how many employment classes with different plan provisions the plan holds ⁽¹¹⁾ ? <input type="checkbox"/> 2 classes <input type="checkbox"/> 3 classes	

(11) The employment classes are defined in section 15. The number of employment classes indicated above must match the exact number of plan provisions pages in section 15.

Note: you must complete one plan provisions page for each employment class defined. Please add additional pages as needed.

15 Plan provisions (RSP)						
Description of eligible employment class						
This employment class is defined as	<input type="checkbox"/> All Employees					
	Employees who are ⁽¹²⁾ :	<input type="checkbox"/> Salaried <input type="checkbox"/> Hourly	<input type="checkbox"/> Unionized <input type="checkbox"/> Non unionized	<input type="checkbox"/> Management <input type="checkbox"/> Non management	<input type="checkbox"/> As selected in electronic menu <input type="checkbox"/> Permanent ⁽¹²⁾	
Eligibility waiting period						
Full-time employees	<input type="checkbox"/> Immediately on the date of hire		Part-time employees	<input type="checkbox"/> Same as full-time		
	<input type="checkbox"/> On the first of the month following completion of (months of service with the employer): <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months			<input type="checkbox"/> Immediately on the date of hire		
				<input type="checkbox"/> On the first of the month following completion of (months of service with the employer): <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months		
				<input type="checkbox"/> Not eligible		
Participation of eligible employees						
Full-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary	Part-time employees	<input type="checkbox"/> Mandatory	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Not applicable / not eligible
Annual earnings						
<input type="checkbox"/> N/A – Employee required contributions and employer contributions described below are not based on a percentage of annual earnings						
Are defined as follows	<input type="checkbox"/> T4 earnings, as reported by the employer					
	<input type="checkbox"/> Base salary, as determined by the employer, plus the payment for (if applicable): <input type="checkbox"/> Overtime <input type="checkbox"/> Bonuses <input type="checkbox"/> Commissions <input type="checkbox"/> Expenses allowances					
Employee required contributions						
<input type="checkbox"/> None (employees are not required to contribute but may elect to make voluntary contributions ⁽¹³⁾) – go to <i>Employer contributions</i> section						
Are defined as follows (select one option)	<input type="checkbox"/> \$_____ per pay					
	<input type="checkbox"/> ____% of the employee annual earnings					
	<input type="checkbox"/> a minimum of ____% up to a maximum of ____% of the employee annual earnings					
	<input type="checkbox"/> a percentage of employee annual earnings, based on years of completed service with the employer					
			____%	____%	less than ____ years	at least ____ but less than ____ years
		____%	____%	____%	____ or more years	
May be withdrawn during employment ⁽¹⁴⁾	<input type="checkbox"/> Yes	<input type="checkbox"/> No, unless withdrawals are made under the Home Buyers' Plan / Lifelong Learning Plan				
May be directed to a spousal account ⁽¹⁵⁾	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Employer contributions						
<input type="checkbox"/> None (there are no employer contributions ⁽¹³⁾) – go to section 16						
Are defined as follows (select one option)	<input type="checkbox"/> \$_____ per pay					
	<input type="checkbox"/> ____% of the employee required contributions					
	<input type="checkbox"/> ____% of the employee annual earnings					
	<input type="checkbox"/> a minimum of ____% up to a maximum of ____% of the employee annual earnings					
	<input type="checkbox"/> a percentage of employee annual earnings, based on years of completed service with the employer					
		____%	____%	less than ____ years	at least ____ but less than ____ years	
		____%	____%	____%	____ or more years	
May be withdrawn during employment ⁽¹⁴⁾	<input type="checkbox"/> Yes	<input type="checkbox"/> No, unless withdrawals are made under the Home Buyers' Plan / Lifelong Learning Plan				
May be directed to a spousal account ⁽¹⁵⁾	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

(12) You can only select two boxes if one of them is "Permanent" (ex: if you select Permanent and Salaried, the employment class is "Permanent Salaried Employees").
 (13) Employee voluntary contributions are always permitted and a percentage, as selected by the employee, may be directed to the spousal plan.
 (14) Any withdrawal restrictions on employee required contributions and/or employer contributions also apply to such contributions directed to the spousal account.
 (15) Standard Life will automatically set up a spousal account to allow employees to contribute for their spouse in their spousal account.

16 Number of copies to print (for kits and summary of main provisions)	English ____	French ____
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Application Employer-sponsored Retirement Savings Plan

We, _____ (the applicant), acting as agent for and on behalf of the
(Full official legal name of employer participating in the plan)

employees to be included in the Employer-sponsored Retirement Savings plan (the "plan") hereby make application to The Standard Life Assurance Company of Canada (Standard Life Canada) and Standard Life Assurance Limited (Standard Life) for a policy to be issued to us to take effect from the date stated in the policy. The policy will be jointly issued by the Standard Life Assurance Company of Canada and by Standard Life Assurance Limited, a Scottish company, in the course of its insurance business in Canada.

We agree:-

- to supply Standard Life Canada with all information and documents deemed necessary to fulfil its obligations under the policy. This includes but is not limited to, our approval (email or other written approval) of the pricing terms associated to the policy, the provisions of the plan and the confirmation of the investment funds selected for the plan. Such approval can be given by our representative who has responsibility for the administration of the plan, or by the agent of record named below. Standard Life Canada shall be entitled to act upon the instructions that we or our authorized representative have provided without further investigation or validation by Standard Life Canada;
- that full access to the Standard Life VIP Room be provided to the designated representative we have named for that purpose and we authorise such representative to assign access to other parties, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- (a) _____ has been appointed as our agent of record for the plan to arrange for and service the policy on an ongoing basis;
(b) that access to the Standard Life VIP Room be provided to our agent of record, designated representative with web access, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- that the fees may include a commission from Standard Life Canada to the agent of record following the acquisition of the group policy, and that an additional compensation in the form of bonuses may also be provided;
- that we are under no obligation to transact any other business with Standard Life Canada or Standard Life or any other person or company as a condition of Standard Life Canada and Standard Life issuing the policy to us;
- to comply with federal and/or provincial privacy legislation regarding the privacy of personal information collected, used, and disclosed in relation to the plan and to obtain the written consent of each member of the plan to the exchange of such information and to provide such written consent to Standard Life Canada in the manner or form deemed appropriate by Standard Life Canada for the ongoing administration of the plan;
- to provide each member of the plan with a written explanation of the terms and conditions of the plan, any applicable plan amendments and an explanation of his or her rights and duties with respect to the benefits available to him or her under the terms of the plan;
- that the policy will be established on the basis of the specimen policy forming part of Standard Life Canada Specimen plan No. RSP267-046 (Employer-Sponsored RSP) that is pre-approved by Canada Revenue Agency and we acknowledge and accept that any modification to the specimen plan offered under this policy be binding on the policyholder and its members;
- that this application, together with the Quotation established in connection with the policy, will form the basis of the contract between the applicant and The Standard Life Assurance Company of Canada and Standard Life Assurance Limited.

The policy is an annuity contract that is based on the following terms:

This policy includes benefits that are not guaranteed and which fluctuate with the market value of the assets of the funds supporting them.

Employees: Such employees as are included under the plan. The benefits of employees are derived from income earned in Canada.

Annuity: The amounts and types of annuity are determined according to the terms of the policy, unless provided otherwise in the plan.


Premiums: The applicant will remit all premiums to Standard Life Canada for investment.

Standard Life Guaranteed funds are only made available to those members whose investments in Standard Life Canada Guaranteed funds have reached the Assuris maximum protection limit for registered group policies and who wish to secure additional Assuris coverage by investing in Standard Life Guaranteed funds. Assuris is a not for profit corporation, funded by the life insurance industry, that protects Canadian policyholders against loss of benefits due to the financial failure of a member company. Details about the extent of Assuris' protection are available at www.assuris.ca or in its brochure, which can be obtained from your financial advisor, life insurance company or Assuris from info@assuris.ca or by calling 1-800-268-8099.

If this application is signed in Quebec:

The undersigned acknowledges having requested that this application and its policy be provided in the English language;

Le soussigné reconnaît avoir demandé que la présente proposition et la police soient établies en anglais.

Signature		
Signature of duly authorized officer	Title	
		
Name (please print)	Signed at	Date (YYYY/MM/DD)

Policy no (to be completed by Standard Life): RS - _____



Application The Standard Life Tax-Free Savings Account (the "plan")

We, _____ (the applicant), acting as agent for and on behalf of the
(Full official legal name of employer participating in the plan)

employees to be included in the Standard Life Tax-Free Savings Account (the "plan") hereby make application to The Standard Life Assurance Company of Canada (Standard Life Canada) and Standard Life Assurance Limited (Standard Life) for a policy to be issued to us to take effect from the date stated in the policy. The policy will be jointly issued by the Standard Life Assurance Company of Canada and by Standard Life Assurance Limited, a Scottish company, in the course of its insurance business in Canada.

We agree:-

- to supply Standard Life Canada with all information and documents deemed necessary to fulfil its obligations under the policy. This includes but is not limited to, our approval (email or other written approval) of the pricing terms associated to the policy, the provisions of the plan and the confirmation of the investment funds selected for the plan. Such approval can be given by our representative who has responsibility for the administration of the plan, or by the agent of record named below. Standard Life Canada shall be entitled to act upon the instructions that we or our authorized representative have provided without further investigation or validation by Standard Life Canada;
- that full access to the Standard Life VIP Room be provided to the designated representative we have named for that purpose and we authorise such representative to assign access to other parties, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- (a) _____ has been appointed as our agent of record for the plan to arrange for and service the policy on an ongoing basis;
(b) that access to the Standard Life VIP Room be provided to our agent of record, designated representative with web access, subject to the applicable privacy laws and regulations and solely for the purpose of the plan;
- that the fees may include a commission from Standard Life Canada to the agent of record following the acquisition of the group policy, and that an additional compensation in the form of bonuses may also be provided;
- that we are under no obligation to transact any other business with Standard Life Canada or Standard Life or any other person or company as a condition of Standard Life Canada and Standard Life issuing the policy to us;
- to comply with federal and/or provincial privacy legislation regarding the privacy of personal information collected, used, and disclosed in relation to the plan and to obtain the written consent of each member of the plan to the exchange of such information and to provide such written consent to Standard Life Canada in the manner or form deemed appropriate by Standard Life Canada for the ongoing administration of the plan;
- to provide each member of the plan with a written explanation of the terms and conditions of the plan, any applicable plan amendments and an explanation of his or her rights and duties with respect to the benefits available to him or her under the terms of the plan;
- that the policy will be established on the basis of the specimen policy forming part of Standard Life Canada Specimen plan No. TFSA267-0016 (The Standard Life Tax-Free Savings Account) that is pre-approved by Canada Revenue Agency and we acknowledge and accept that any modification to the specimen plan offered under this policy be binding on the policyholder and its members;
- that this application, together with the Quotation established in connection with the policy, will form the basis of the contract between the applicant and The Standard Life Assurance Company of Canada and Standard Life Assurance Limited.

The policy is an annuity contract that is based on the following terms:

This policy includes benefits that are not guaranteed and which fluctuate with the market value of the assets of the funds supporting them.

Employees: Such employees as are included under the plan. The benefits of employees are derived from income earned in Canada.

Annuity: The amounts and types of annuity are determined according to the terms of the policy, unless provided otherwise in the plan.

Premiums: The applicant will remit all premiums to Standard Life Canada for investment.

Standard Life Guaranteed funds are only made available to those members whose investments in Standard Life Canada Guaranteed funds have reached the Assuris maximum protection limit for registered group policies and who wish to secure additional Assuris coverage by investing in Standard Life Guaranteed funds. Assuris is a not for profit corporation, funded by the life insurance industry, that protects Canadian policyholders against loss of benefits due to the financial failure of a member company. Details about the extent of Assuris' protection are available at www.assuris.ca or in its brochure, which can be obtained from your financial advisor, life insurance company or Assuris from info@assuris.ca or by calling 1-800-268-8099.

If this application is signed in Quebec:

The undersigned acknowledges having requested that this application and its policy be provided in the English language;

Le soussigné reconnaît avoir demandé que la présente proposition et la police soient établies en anglais.

Signature

Signature of duly authorized officer

Title

Name (please print)

Signed at

Date (YYYY/MM/DD)

Policy no (to be completed by Standard Life): RS _____ - _____