

Please complete details in the section below for any member who is to be provided with death benefit and who has been absent from work due to illness or injury in the last two months.

The undernoted members have been absent from work for the period shown and for the reasons given:

Name	Period of absence		Reason for absence
	From	To	

Trustees' Declaration

1. We agree that the members named in this application should be admitted as members of the scheme.
2. We declare that to the best of our knowledge and belief the information given in this application is true and complete and shall, along with Prudential's Acceptance, form part of any resultant contract.
3. We agree that all contributions in terms of this application should be invested in accordance with the Scheme Investment Strategy.
4. We agree that contributions and death benefit, if requested, shall be provided by the method chosen on the Employer's Application.
5. We will provide a copy of Prudential's Data Protection Notice to members to be admitted to the scheme at the time their personal data is collected.

Copies of the plan terms and conditions and the completed application form are available on request.

Signed for and on behalf of the Trustees

Date

D	D	M	M	Y	Y	Y	Y
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For Prudential use only

Cheque acknowledgement number

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Cheque amount

£

Date stamp