Pru
part of M&G plc

Top-Up Application Form

Notes to help you

This form is divided into sections. Notes can be found at the end of each section to help you fill in this form.

Before completing this form, you must read the Privacy Notice in section F page 14. The Privacy Notice explains how we use your personal data and why we are collecting it.

The personal information you provide is being collected for the purpose of entering into a contract and to discharge our legal responsibilities. Failure to provide the requested information will result in the application not being processed.

Please read your Key Features Document before completing this form. If you have any questions while completing this Top-up Application please call us 0808 234 2200 (Monday – Friday, 8.30am – 6pm) where we will be happy to help you. We might record your call to make sure our service is up to standard.

Please use black ink and write in CAPITAL LETTERS or tick as appropriate. Any corrections must be initialled – don't use correction fluid as this will invalidate your application.

Please send this completed form to **Prudential International Assurance, PO Box 13395, Chelmsford CM99 2GH**.

These signs will direct you to the next relevant sections you need to complete.

Optional – If someone else fills this form in for you (for example, your employer or financial adviser), please check that all the details are correct before you sign the declaration. You are responsible for your answers. If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.

If you would prefer, you may complete the medical questions in private and return the Health Details section direct to our Chief Medical Officer. Please indicate on this form if you have done so.

It is very important that you tell us if there is a change to any of the following: your personal health, family history, occupation, your participation in any hazardous leisure activities, travel or residence or your lifestyle (smoking, alcohol consumption etc) between completion of this form and your plan starting. If you do not, a claim in the future may not be paid.

Material facts – Failure to disclose any facts which would be likely to influence Prudential International's assessment or acceptance of this Top-up Application may lead to the cancellation of the contract. If you have any doubt about whether a fact would be important to us in accepting this Top-up Application, please provide full details. You must notify Prudential International if any of your answers change between completion of the Top-up Application and the start of the plan.

Genetic testing – If this Top-up Application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 you need not disclose any genetic test you may have had.

You need not disclose the result of any genetic test undertaken in the context of research.

Genetic test results need only be disclosed where the total sum exceeds £500,000 for life insurance and their use by insurers has been independently approved.

You may, of course, disclose any genetic test result which is in your favour. If you have a family history of, are experiencing symptoms of, or are having treatment for a genetic condition, you must tell us.

Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.

Section A – Life Assured details[1]

Bond Number

Are you notifying us of a change of address as part of this application? Yes ☐ No ☐

If **Yes**, please provide details of new address[2]

Postcode

Are you also changing your country of tax residency? Yes ☐ No ☐

If so, please advise your new country of tax residency:

First (or only) Life Assured

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Full forename(s)

Surname

Address *(your habitual residence)*

Postcode

Telephone number

E-mail address

Date of birth D D M M Y Y Y Y

Nationality

Second Life Assured – *If applicable*

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other

Full forename(s)

Surname

Address *(your habitual residence)*

Postcode

Telephone number

E-mail address

Date of birth D D M M Y Y Y Y

Nationality

Please list the country or countries in which you are resident for tax purposes together with any Tax Identification Number(s) (TIN), if relevant.[3]

Country/Countries of tax residency	TIN

If no TIN has been supplied, tick this box if this is because the country of tax residence does not issue TINs to its residents ☐

If there is another reason why a TIN is not available, please state here:

If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US.

Profession *(If retired also state previous profession.)*

Country/Countries of tax residency	TIN

If no TIN has been supplied, tick this box if this is because the country of tax residence does not issue TINs to its residents ☐

If there is another reason why a TIN is not available, please state here:

If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US.

Profession *(If retired also state previous profession.)*

Section A – Life Assured details[1] – continued

If retired how long have you been retired

Job title including industry

If retired how long have you been retired

Job title including industry

First (or only) Life Assured

Marital status Single ☐ Married/Civil Partner ☐

Other

Does your work involve any manual or physical work? Yes ☐ No ☐

Any work at heights over 40 feet? Yes ☐ No ☐

Working with machinery or tools? Yes ☐ No ☐

If **Yes**, please give full percentage breakdown of duties involved in your occupation.

Name, address and telephone number of your usual doctor

Your doctor's name

Your doctor's telephone number

Your doctor's address

Postcode

How long has he/she been your doctor? Years

Name, address and telephone number of your previous doctor if registered with your current doctor for less than six months.

Your doctor's name

Your doctor's telephone number

Your doctor's address

Postcode

How long has he/she been your doctor? Years

Second Life Assured – *If applicable*

Marital status Single ☐ Married/Civil Partner ☐

Other

Does your work involve any manual or physical work? Yes ☐ No ☐

Any work at heights over 40 feet? Yes ☐ No ☐

Working with machinery or tools? Yes ☐ No ☐

If **Yes**, please give full percentage breakdown of duties involved in your occupation.

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Your doctor's name

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Your doctor's address

Postcode

How long has he/she been your doctor? Years

Name, address and telephone number of your previous doctor if registered with your current doctor for less than six months.

Your doctor's name

Your doctor's telephone number

Your doctor's address

Postcode

How long has he/she been your doctor? Years

All applicants should complete Section B

Notes

1 Failure to disclose relevant information will result in non payment of a claim.

2 Please provide up to date proof of identity and address verification for each policyholder. A certified copy of a utility bill or bank statement dated within the last 6 months will satisfy the address verification requirements.

3 If you do not know your country of tax residence, please ask your financial adviser.

Section B – Owner details

The Ownership details will be on the same basis as the original policy. If you wish to change the owners on the plan please contact us.

Trust & Company owned plans

Please complete the Declaration of beneficial ownership form (INVF11577). A beneficial owner of a Trust includes the Settlor, the Trustees, The Protector (if any), and all Beneficiaries.

Where a Beneficiary of the trust is a corporate entity, the individual shareholders with a shareholding or controlling interest of ≥25% (held directly or indirectly through another legal entity) or persons who exercises control over the management of the company, are considered to be the beneficiaries of the Trust in respect of the corporate entity's interest in the Trust.

A beneficial owner of a Company is an individual with a shareholding or controlling interest of ≥25% (held directly or indirectly through another legal entity) or an individual who exercises control over the management of the Company.

Please provide up to date proof of identity and address verification for each beneficial owner.

Section C – Payment and investment details

The currency for the top up will be the currency selected for the original plan.

Your premium payments

Amount | Frequency | Every year ☐ | Every month ☐

Changes in the rates of exchange between currencies may cause your investment to go up or down.

Please note the premium frequency for your additional payment must be the same as your current plan.

Method of payment[4,5,6]

Your payment is being made by: *(method)*

	Own account
• Telegraphic transfer/CHAPS *(to be remitted by your bank)*	☐
• Cheque *(payable to Prudential International)*	☐
• Direct Debit	☐

If your payment is being made by telegraphic transfer, please provide details of the account from which the payment has been drawn below. Please note that the source of funds must be an account held in the name of the applicant(s). If monies are being paid from your joint account, we require certified photo identification and address verification for the additional account holder(s), even if they are not an applicant.

Name of bank or building society

Account name

Address

Postcode

Account number

Sort code – –

IBAN

SWIFT-BIC

Notes

4 Please enclose the cheque with your completed Top-up Application Form or complete the Direct Debit as appropriate.

5 Direct Debit is for UK £ premium currency only. Payments will be collected on 1st of each month.

6 If your premiums are currently paid by Direct Debit, you only need to complete a new Direct Debit Mandate where your banking details have changed.

Section C – Payment and investment details

Source of your payment/wealth

The following information is required under Anti-Money Laundering Regulations to safeguard against unlawful investment. We may need to request additional information such as personal identification and address verification to comply with our legal and regulatory obligations. Payments made by you will be returned to the source account if there is an undue delay in providing us with all documentation requirements. Please complete (i) and (ii) below.

(i) Bank or building society deposit ☐

Borrowings, investment income, sale of property, sale of stockmarket investments *(please specify)*

Other *(please specify)*

(ii) Territory your payment was made from: UK ☐ EU Country ☐ Other (please specify)

Fund selection[7] *(fractions of 1% should not be used)* –
Up to 10 funds may be chosen, unless you specify otherwise we will put the additional investment in the same fund(s) and in the same proportion(s) as the existing investment at the date this application is accepted.

Fund name	Fund currency £, €, $	% of your total payment into the bond
		Total = 100%

Section D – Plan benefits

All Joint Life Flexible Life Plans will be issued on a the same life assured basis as your current plan.

1. **Life cover sum assured**

   The top up will be on the same cover basis as your current plan.

2. **Waiver of Premium Cover** (Can be added to the plan on either or both Lives Assured)

   First or sole life only ☐ Second life only ☐ Both lives

3. **Automatic Increase Option (only where already included in the plan)**

   The Automatic Increase Option will only continue on the same basis as your current plan.

Notes

[7] Your financial adviser will give you details of our available funds.

Section E – About you and your health

Failure to disclose relevant information will result in non-payment of a claim.

First (or only) Life Assured

Second Life Assured – *If applicable*

1. What is your height and weight?

Height | Weight

Height | Weight

2. (a) What is your average weekly consumption of alcohol in units?
(One unit is the equivalent of 1 glass of wine, 1/2 pint of beer or 1 small measure of spirits)

units

units

(b) Have you ever been advised to reduce your alcohol intake?

Yes ☐ No ☐

Yes ☐ No ☐

(c) Have you smoked or used any tobacco products in the last 12 months?
Note – Applicants may be asked to undergo a continue test.

Yes ☐ No ☐

Yes ☐ No ☐

If **Yes**, please state your average daily consumption

(d) Have you ever used recreational drugs (eg cocaine, heroine)?

Yes ☐ No ☐

Yes ☐ No ☐

3. (a) Has any proposal for Life or Health Insurance on your life ever been declined, deferred or offered on non-standard terms?

Yes ☐ No ☐

Yes ☐ No ☐

If **Yes**, please give details and names of insurance companies.

(b) Is a proposal for Life or Health Insurance on your life currently being made to any other insurance company?

Yes ☐ No ☐

Yes ☐ No ☐

If **Yes**, please give details and names of insurance companies.

Section E – About you and your health – continued

4. **Have you in the last five years, or do you intend to:**

(a) live or travel outside the UK, apart from holiday visits?

Yes ☐ No ☐ Yes ☐ No ☐

(b) engage in any occupation, pursuit or sport which may be considered hazardous, such as private aviation, motor sports, mountaineering or underwater activities?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please confirm full details regarding your travel, your pursuits and/or aviation.

5. **In the last five years have you**

(a) consulted a doctor or other medical professional (or do you intend to)?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please give details

If **Yes**, please give details

(b) been prescribed any pills, drugs, medicines or any other form of treatment?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please give details

If **Yes**, please give details

(c) been advised to have an operation, X-ray, check-up or any investigations or tests?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please give details

If **Yes**, please give details

(d) Have you ever been off work for two weeks or more at a time due to illness or injury?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please confirm dates, illnesses, investigations and treatment (colds, influenza and minor injuries can be ignored)

(e) Have you ever suffered from chronic fatigue or tiredness?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please confirm dates, please confirm dates, treatment and any current symptoms

Section E – About you and your health – continued

Failure to disclose relevant information will result in non payment of a claim

First (or only) Life Assured

Second Life Assured – *If applicable*

6. (a) Have you ever tested positive for HIV/AIDS, Hepatitis B or C, or are you awaiting the results of such a test?
Note if the results are negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance. If yes, please give full details, including the name of the condition and date the test was carried out.

Yes ☐ No ☐ Yes ☐ No ☐

Name of doctor, hospital or clinic

Date D D M M Y Y Y Y Date D D M M Y Y Y Y

Details or description

(b) Within the last five years have you been exposed to the risk of HIV infection? (this can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU).

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please give full details.

(c) Within the last five years have you tested positive or been treated for any disease which was transmitted sexually?

Yes ☐ No ☐ Yes ☐ No ☐

Name of doctor, hospital or clinic

Date D D M M Y Y Y Y Date D D M M Y Y Y Y

Details or description

Section E – About you and your health – continued

Failure to disclose relevant information will result in non-payment of a claim

First (or only) Life Assured	Second Life Assured – *If applicable*

7. Do you currently have, or have you ever had, any disease or disorder:

(a) of the heart, veins or arteries?

Yes ☐ No ☐ Yes ☐ No ☐

(b) of the kidneys?

Yes ☐ No ☐ Yes ☐ No ☐

(c) of the bladder or urinary system?

Yes ☐ No ☐ Yes ☐ No ☐

(d) of the stomach, bowel or intestines?

Yes ☐ No ☐ Yes ☐ No ☐

(e) of the liver?

Yes ☐ No ☐ Yes ☐ No ☐

(f) of the lungs or respiratory system?

Yes ☐ No ☐ Yes ☐ No ☐

(g) of the brain, neurological or nervous system?

Yes ☐ No ☐ Yes ☐ No ☐

(h) of the blood?

Yes ☐ No ☐ Yes ☐ No ☐

(i) of the eyes?

Yes ☐ No ☐ Yes ☐ No ☐

(j) of your hearing?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes** to any of these, please confirm dates, treatment and any current symptoms

Section E – About you and your health – continued

Failure to disclose relevant information will result in non-payment of a claim

First (or only) Life Assured	Second Life Assured – *If applicable*

8. **Do you currently have, or have you ever suffered from:**

(a) high blood pressure?

Yes ☐ No ☐ Yes ☐ No ☐

(b) high cholesterol?

Yes ☐ No ☐ Yes ☐ No ☐

(c) a stroke or mini-stroke?

Yes ☐ No ☐ Yes ☐ No ☐

(d) chest pain?

Yes ☐ No ☐ Yes ☐ No ☐

(e) diabetes?

Yes ☐ No ☐ Yes ☐ No ☐

(f) multiple sclerosis or epilepsy?

Yes ☐ No ☐ Yes ☐ No ☐

(g) any form of paralysis or movement disorder?

Yes ☐ No ☐ Yes ☐ No ☐

(h) any form of cancer, lump, growth or a mole changing in shape or size?

Yes ☐ No ☐ Yes ☐ No ☐

(i) rheumatoid arthritis?

Yes ☐ No ☐ Yes ☐ No ☐

(j) any form of mental illness including anxiety, depression or stress?

Yes ☐ No ☐ Yes ☐ No ☐

If **Yes**, please confirm dates, treatment and any current symptoms

Section E – About you and your health – continued

Failure to disclose relevant information will result in non-payment of a claim

First (or only) Life Assured

Second Life Assured – *If applicable*

9. Are you currently suffering from, or have you in the past suffered from, any physical complaint or disability, illness or injury not mentioned above?

Yes ☐ No ☐

If **Yes**, please confirm dates, treatment and any current symptoms

Yes ☐ No ☐

If **Yes**, please confirm dates, treatment and any current symptoms

10. Have any of your parents, brothers, sisters before the age of 66 suffered or died from:

(a) cancer	Yes ☐	No ☐
(b) diabetes	Yes ☐	No ☐
(c) heart disease	Yes ☐	No ☐
(d) high blood pressure	Yes ☐	No ☐
(e) kidney disease	Yes ☐	No ☐
(f) stroke	Yes ☐	No ☐
(g) multiple sclerosis	Yes ☐	No ☐
(h) any other form of hereditary/familial disorders?	Yes ☐	No ☐

If **yes**, please give further details.

(a) cancer	Yes ☐	No ☐
(b) diabetes	Yes ☐	No ☐
(c) heart disease	Yes ☐	No ☐
(d) high blood pressure	Yes ☐	No ☐
(e) kidney disease	Yes ☐	No ☐
(f) stroke	Yes ☐	No ☐
(g) multiple sclerosis	Yes ☐	No ☐
(h) any other form of hereditary/familial disorders?	Yes ☐	No ☐

If **yes**, please give further details.

11. In order to speed up your Application, would you be prepared, if required, to have a mobile examination by a doctor other than your own GP carried out in your own home?

Yes ☐ No ☐

If **Yes**, please state

Preferred date(s)

Preferred time(s)

Contact telephone number

Yes ☐ No ☐

If **Yes**, please state

Preferred date(s)

Preferred time(s)

Contact telephone number

Section F – Declaration and Authorisation

Access to medical reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it.

If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following.

Your current health

- Any care, medication or treatment you are currently receiving
- The results of referrals or tests you are waiting for
- Any time off work in the last three years

Your past health

- Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
  - musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
  - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
  - suicidal thoughts or attempts at suicide; or
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations
- Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- increasing the payment you need to make into the plan above standard rates; or
- setting the payment you need to make into the plan at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to:

The Chief Medical Officer, Prudential International Assurance plc, Montague House, Adelaide Road, Dublin 2, Ireland.

Each Life Assured must tick one of the boxes below.

	First (or only) Life Assured	Second Life Assured (if applicable)
I **do not** want to see the report before it is sent to the company	☐	☐
I **do** want to see the report before it is sent to the company	☐	☐

Declaration

- I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other Applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form.

This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

- This information can also be used to maintain management information for business analysis.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

Signature of First (or only) Life Assured

Date

D D M M Y Y Y Y

Signature of Second Life Assured

Date

D D M M Y Y Y Y

Declaration

Please read the Key Features Document as this will provide you with important information regarding the key risks and benefits of the product(s) to help you make a decision. You can get this from your financial adviser.

Please also read the Funds guide, available from your financial adviser, as this will provide you with full details of the funds available, their objectives, Prudential International's risk rating of these funds and the charges and costs to help you select the funds suitable for your needs.

For your own benefit and protection, you should read carefully the documentation provided before signing this form. You should also read carefully any further documentation provided to you in the future. If there is anything you do not understand, please ask your financial adviser for further information.

I confirm that:

(a) The information given in this Application Form and any schedule or other document relating to this Application is true and complete.

(b) I have not concealed or omitted any material fact. I have read the note regarding material facts on page 1 and understand that failure to disclose a material fact may affect entitlement to benefits under the contract and could result in the contract being void. I will notify you of any material facts I become aware of before the contract starts.

Privacy Notice

How we use your personal information

We, Prudential International Assurance Plc (PIA), take the privacy and protection of your personal information seriously. PIA will operate as the data controller in respect of the data we collect about you.

So we've set out below information about our processing of your personal information, what rights you have, and how you can get in touch if you want to know more.

When we say personal information, we mean information about you, such as your name, date of birth and contact details. We collect personal information from you that is necessary for us to either provide you with the product or service you've requested or to comply with statutory or contractual requirements. Unfortunately, if you don't provide all of the information we require this may mean we are unable to provide our products and services to you.

Part A – How we use your personal information and why

We, M&G plc Group* and our Business Partners**, will use the personal information you provide to us, together with other information, for the following purposes:

- the administration of our products and services, including to enable us to perform our obligations to you and to provide any relevant services as discussed with you prior to any purchase of a product or service;
- complying with any regulatory or other legal requirements;
- carrying out checks using agencies such as credit reference agencies, tracing companies, or publicly available information (See Part B for more);
- the provision of customer services – like to reply to a question, or tell you that something's changing;
- automated decision-making or profiling (see Part C for more);
- keeping your information on record and carrying out other internal business administration.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We'll use your personal information if we consider it is in our legitimate business interests so that we can operate as an efficient and effective business and ensure that our policyholders are appropriately protected. We use your personal information:

- to detect and prevent financial crime
- for marketing purposes, including profiling
- to obtain reinsurance for the policies we underwrite
- identifying customers that require additional support
- market research, data analytics including profiling, staff training and provision of on-line services
- for management information purposes including risk assessments, performance and management reporting.

Where we rely on legitimate interests, we will always balance this against your rights and freedoms. Where your rights override our legitimate interests we will cease to process personal data.

In addition, we M&G plc and our Marketing Partners***, may use the personal information you provide to us, together with other information, to send you direct marketing offers by electronic or non-electronic means including by post, where you have consented for us to do so. Please see Part G for further details.

Who we share your personal information with and why

We are the data controller in respect of the personal information we collect about you and in this capacity we will share your personal information within M&G plc, with our Business Partners and with our Marketing Partners, for any of the purposes set out in Part A. If you have a joint policy or investment, the other person may receive your personal information too. If appropriate, we may also pass on your personal information to financial crime prevention agencies, any legal, regulatory or government bodies.

As we, M&G plc, and some of our Business Partners are global companies, we might need to send your personal information to countries that have different data protection laws to the European Economic Area. These transfers will only be to countries in respect of which the European Commission has issued a data protection 'adequacy' decision, or to other countries, such as India or the United States of America, but only where appropriate safeguards have been put in place first. In more limited circumstances, we may also need to rely on a derogation under applicable privacy laws.

If you want to know more about the above safeguards – like our use of the European Commission's Model Clauses which govern the transfer of information outside of the European Economic Area – further information is available on request.

We keep your personal information for a set amount of time

We'll keep your personal information while you're one of our policyholders (including joint policyholders), and for seven years from cessation, or longer if we need to by law. It'll always be in line with our data retention policy.

Part B – Reference checks

For certain products, we may use approved credit reference agencies, tracing companies, financial crime prevention agencies, or publicly available information, to help us to check your identity, as well as to prevent fraud and money laundering; this may include checks on your current or previous addresses. Results of these may be recorded for future reference.

These checks may also be carried out for a joint policy holder or person(s) that you provide personal information on. Should we ever lose contact with you, we may use these agencies to verify your address to help us get back in touch.

Any transfer of your personal information will always be done securely.

Part C – We may use your personal information to make automated decisions or profile you

We, M&G plc, our Business Partners, and our Marketing Partners may use your personal information to make automated decisions affecting you or to conduct other profiling (for example, marketing profiling).

To the extent that we conduct such automated decision making activity, we'll provide you with further information at the appropriate time.

Part D – Use of your sensitive personal information

For certain products or services, we'll need to process your sensitive personal information, such as information relating to health, genetics, biometric identifiers and sexual orientation. To the extent that we need your explicit consent to process this kind of personal information in the manner described in Parts A, B, and C, we will only process such data as provided by your consent.

Part E – You're in control

When it comes to how we use your personal information, you've got the right to:

- request a copy of your personal information for free (we may charge you for this if the request is manifestly unfounded or excessive). We shall respond as soon as reasonably possible and within one month of the date of receiving your request;
- in certain circumstances request that we move your personal information to another organisation if you want us to;
- request that we correct anything that's wrong, or complete any incomplete personal information;
- ask us to delete your personal information if it is no longer needed for the purposes set out in Part A or if there is no other legal basis for the processing;
- limit how we use your personal information or withdraw your consents you have given for the processing of your personal information (including consents to automated decision making);
- object to us using your personal information for direct marketing (including related profiling) or other processing based on legitimate interests;
- complain to a data protection authority or another independent regulator about how we're using it.

If you want to do any of these things, or would like an explanation as regards these rights, we've explained how you can get in touch in the '**Contact Us**' section.

If you do need to speak to us, it'll be useful to have to hand that the data controller of your personal information is PIA. PIA has also appointed a Data Protection Officer who can be reached at the details shown in the '**Contact Us**' section of this document.

We may monitor or record calls or any other communication we have with you. This will be for training, for security, or to help us check for quality.

Part F – Acting on someone else's behalf?

If you give us personal information about another person (or persons), we'll take that to mean they have appointed and authorised you to act on their behalf. This includes providing consent to:

- our processing of their personal information and sensitive personal information (as we've explained in Parts A, B, C, and D above);
- you getting any data privacy notices on their behalf.

If for any reason you are concerned as to whether you are permitted to provide us with the other person's information, please contact us on the phone number provided in the 'Contact Us' section before sending us anything.

Part G – Direct marketing

From time to time, we, M&G plc, our Business Partners and our Marketing Partners may like to contact you by electronic or non-electronic means with details about products, services and any special offers. Please note that any consent you give will not apply to M&G Investments Group and Prudential UK as they operate their own customer databases.

And if you change your mind, and/or you would like to opt-out of receiving direct marketing, it's easy to let us know. Just contact us at the details noted in the '**Contact Us**' section.

Contact Us

If you want to exercise your rights in Part E or if you require any other information about any other part of this notice, you can contact us in a number of different ways.

Write to us at: Data Protection Officer
Prudential International
Montague House
Adelaide Road
Dublin 2

Call us on: +353 1 483 0500

* M&G plc Group means any directly or indirectly connected companies of PIA within M&G plc Group (including but not limited to The Prudential Assurance Company Limited, Prudential Distribution Limited, Prudential Pensions Limited, and M&G Wealth Advice Limited, Prudential Services Limited, PGDS (UK ONE) Limited, M&G Global Services Private Limited, M&G Investments Group and Prudential Corporate Pensions Trustee Limited).

** Business Partners means our service providers, accountants, auditors, IT service and platform providers, intermediaries, reinsurers, retrocessionaires, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers and our legal advisers.

*** Marketing Partners means our service providers, intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

It is our normal procedure to issue policy documents direct to the policyholder. If you would prefer us to issue these to your financial adviser, please tick the box below.

Please issue policy documents to my/our financial adviser ☐

Full name of First (or only) Life Applicant

Signature

Date D D M M Y Y Y Y

Full name of Second Applicant (if applicable)

Signature

Date D D M M Y Y Y Y

Section G – Declaration of residence outside Ireland

Each Applicant must read these definitions and then complete the declaration.

Please note that the declaration below regarding non-residence in Ireland must be completed before we can make payments.

Important Irish Exit Tax may be applied to the plan (for example on payments from the plan) if this declaration is not completed.

Residence definition – company

Generally a company that is incorporated in Ireland will be regarded as resident for tax purposes in Ireland. Incorporation in Ireland does not result in a company being tax resident in Ireland if the company is regarded as resident in a territory other than Ireland and not resident in Ireland for the purposes of a tax treaty. In such a case, the tax treaty provisions override the general rule.

A company that is incorporated in a foreign jurisdiction and is centrally managed and controlled in Ireland will be resident in Ireland for tax purposes.

It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and professional tax advice should be taken if necessary.

Residence definition – individual

An individual will be regarded as being resident in Ireland for a tax year if she/he either:

- spends 183 days or more in the State in that tax year, or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at any time during that day for tax year 2009 onwards.

Ordinary residence definition – individual

The term "ordinary residence" as distinct from "residence" relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity. An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which she/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2010 and departs from the State in that year will remain ordinarily resident up to the end of the tax year 2013.

Please ensure you read the declaration and sign on page 16.

Section G – Declaration of residence outside Ireland – continued[8]

Policyholders and trustees resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

I/We* declare that

- I/We* have read the explanation of the terms detailed in the note entitled "Residence definitions" above.
- I am/We are/The Company is* the applicant in respect of which this declaration is being made.
- I am/We are/The Company is* not resident or ordinarily resident in Ireland.

If you are making this declaration whilst in the process of setting up your policy, setting up a series of regular withdrawals or making a first partial encashment:

- I/We/The Company* hereby undertake(s) to inform Prudential International of any change in my/our/the Company's* country of residence during the life of the policy.

Name of first Applicant/Trust/Company*

Name of second Applicant

Principal place of residence/address of first Applicant/Trust/registered office address of Company/trust* :

Postcode

Principal place of residence/address of second Applicant:

Postcode

Signature of first Applicant or authorised signatory:

Signature of second Applicant or authorised signatory:

Date of this declaration:

D D M M Y Y Y Y

Date of this declaration:

D D M M Y Y Y Y

*Delete as appropriate

This form may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish Law to make a false declaration.

This declaration must be signed by Applicants who are neither resident nor ordinarily resident in Ireland or by personal representatives signing on behalf of deceased persons. Where the Applicant is a company, the declaration must be signed by the company secretary or such other authorised officer. It may also be signed by a person who holds power of attorney from the Applicant. A copy of the power of attorney should be enclosed with this declaration.

Applicant checklist

Sections – A, B, C and D – have been completed and the Declaration of beneficial ownership (INVF11577) has been completed if applicable. ☐

Section E – About you and your health has been completed. ☐

Or I have not completed Section E. I am increasing my life cover due to my marriage or civil partnership or birth of a child or adoption of a child. I have enclosed evidence of this event. ☐

Section F – Declaration & authorisation section has been read and signed. ☐

Section G – Declaration of residence outside Ireland has been fully completed and signed. ☐

Direct Debit instruction has been completed and signed. ☐

Notes

8 If there are more than two applicants, please photocopy this page, complete and sign the photocopied page and send in with this Application.

Pru
part of M&G plc

DIRECT Debit

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Client Services Department
Prudential International
Montague House
Adelaide Road
Dublin 2
Ireland

Name(s) of account holder

Bank/Building Society account number

Branch Sort Code

– –

Name and full postal address of your bank or building society

To: The Manager

Address

Postcode

Reference

Service user number

9	0	3	8	4	5

For Prudential International official use only
This is not part of the instruction to your bank or building society.

Other information

- The amounts are variable and may be debited on various dates.
- I/We understand that Prudential International may change the amounts and dates only after giving me/us prior notice.
- I/We will inform the bank/building society in writing if I/we wish to cancel this instruction.
- I/We understand that if any Direct Debit is paid which breaks the terms of the Instruction, the bank/building society will make a refund.

Instruction to your bank or building society
Please pay **Prudential International Direct Debit**s from the account detailed in this Instruction subject to the safeguards assured by the **Direct Debit Guarantee**. I understand that this Instruction may remain with Prudential International and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

D	D	M	M	Y	Y	Y	Y

Banks and building societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the payer

The Direct Debit guarantee

DIRECT Debit

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit **Prudential International** will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request **Prudential International** to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by **Prudential International** or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when **Prudential International** asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

The Direct Debit guarantee

To be completed by your Financial Adviser

Adviser name

Adviser Agency no

Telephone number

Fax number

Address

Postcode

Firm Reference Number (as per FCA Register)

E-mail address

If there are more than 2 trustees, please photocopy this page, complete and send in with this application.

*Please delete as appropriate

Party A

Name of First Applicant*/Trustee*/Company* *(in full)*

Date of birth D D M M Y Y Y Y

Address of First Applicant*/Trustee*/Company*

Postcode

Party B

Name of Second Applicant*/Trustee*/Company* *(in full)*

Date of birth D D M M Y Y Y Y

Address of Second Applicant*/Trustee*/Company*

Postcode

If top-up is rated provide new terms on the following basis

☐ Maintain premium, reduce sum assured

OR

☐ Maintain sum assured, increase premium

The top-up will start as soon as underwriting is complete unless indicated below

Top-up start date: D D M M Y Y Y Y

Please ensure you complete the checklist overleaf

To be completed by your Financial Adviser – continued

Please complete the following and ensure that all necessary documentation accompanies this application form. Failure to provide all relevant information will result in a delay to this top-up application being processed. Please note that interest will not be credited to payments received prior to the receipt of all documentation requirements.

Financial Adviser checklist

I enclose personal identification[9] of the Applicant(s)/Trustee(s)/Third Party(ies)/Beneficial owners* ☐

I enclose address verification[10] for all Applicant(s)/Trustee(s)/Third Party(ies)/Beneficial owners* ☐

I enclose evidence[9] of a life event of a Life Assured/ Lives Assured if cover is being increased due to a life event of marriage, civil partnership, birth of a child or adoption. ☐

For corporate and non-corporate trusts I enclose the completed Declaration of beneficial ownership (INVF11577) ☐

If paying by cheque, please make cheque payable to Prudential International ☐

If a company application, include the list of Authorised Signatories, stating position in company, and a specimen signature for each person listed ☐

* Please delete as applicable

Notes

To meet our legal and regulatory obligations we require certified copies of documents from the lists below to verify personal identification and address "for all relevant parties". Copies can be certified by an authorised financial adviser.

9 For AML requirements, please refer to "Anti-Money Laundering (AML) Requirements – Guide for New Business, Top-ups and Payments Out".

10 For Life Event: marriage certificate, civil partnership certificate, birth certificate of the child or adoption certificate for the relevant Life Event.

Notes

www.pru.co.uk/international

The registered office of Prudential International is in Ireland at Montague House, Adelaide Road, Dublin 2. Prudential International is a marketing name of Prudential International Assurance plc, a life assurance company operating from Ireland. Registration No. 209956. Prudential International Assurance plc is authorised and regulated by the Central Bank of Ireland and in the context of its UK regulated activities only, is deemed authorised by the Prudential Regulation Authority and subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details of the Temporary Permissions Regime, which allows EEA-based firms to operate in the UK for a limited period while seeking full authorisation, are available on the Financial Conduct Authority's website. Prudential International is part of the same corporate group as The Prudential Assurance Company Limited. Both The Prudential Assurance Company Limited and Prudential International are direct and indirect subsidiaries respectively of M&G plc, a company incorporated in the United Kingdom. The Prudential Assurance Company Limited is not affiliated in any manner with Prudential Financial, Inc, a company whose principal place of business is in the United States of America or Prudential plc, an international group incorporated in the United Kingdom.

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