

Annual review questionnaire

How to fill out this form

If filling in this form by hand, please use black ink and CAPITAL LETTERS. Any corrections should be initialled. Please do not use correction fluid.

Scheme name

Plan number

About this form

Although we only administer the Policy(ies) under this Scheme rather than the Scheme itself, we still need to make sure our records are up to date and accurate so that we can administer the Policy(ies) correctly. Therefore, please provide us with the information requested below about your Scheme, including any changes to it that have taken place in the past Scheme year. When reviewing that information, we may need to contact you for more details.

When replying, please also provide copies of any updates to the Scheme's legal documentation.

While we are asking you to provide us with email addresses ongoing correspondence about the Policy will continue to be by post. You can download additional copies of this questionnaire from pru.co.uk/trustees

Please complete, date and return the form to:

**Prudential
FRIS
Lancing
BN15 8GB**

Section 1 – Trustee information

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Trustee's registered number, if limited company or plc

Postcode

Trustee's contact email address

Section 1 – Trustee information – continued

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Postcode

Trustee's registered number, if limited company or plc

Trustee's contact email address

Trustee's full name

Trustee's contact telephone number

Trustee's full address

Postcode

Trustee's registered number, if limited company or plc

Trustee's contact email address

Please continue on a separate sheet of paper, if necessary.

Section 2 – Declaration

Once this document has been fully completed, the following declaration must be signed by

At least two authorised representatives of the Corporate Trustees of the Scheme (if applicable), and by all Individual Trustees, in the space provided.

Please remember to date the form.

We the undersigned confirm the information provided in this questionnaire is true and correct.

We undertake to inform Prudential immediately:

- (i) of any change of name and/or address of a Trustee;
- (ii) the proposed appointment of any new Trustee to the Scheme;
- (iii) the removal or resignation of any existing Trustee; and
- (iv) any other material Scheme change eg change of Scheme name.

Trustee's full name

Trustee's full name

Position

Position

Signature

Signature

Section 2 – Declaration – continued

Trustee's full name

Trustee's full name

Position

Position

Signature

Signature

Authorised representative of Corporate Trustees – if using this option please provide a copy of the authorisation

Authorised representative full name

Position

Signature

For and on behalf of the Corporate Trustees

Authorised representative full name

Position

Signature

For and on behalf of the Corporate Trustees

Date

D	D	M	M	Y	Y	Y	Y
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pru.co.uk

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