

Discounted Gift Trust – Declaration of health

How to fill out this form

Please use black ink and CAPITAL LETTERS or tick as appropriate.

Any corrections must be initialled – don't use correction fluid as this will invalidate your application.

For the International Portfolio Bond please include the unique reference number you received when you requested these forms. This will help us to process your application as quickly as possible.

Some information before you start

We need this form completed so that we can assess your health and also so we can obtain a General Practitioner's (GP) Report. This and the health information you provide in this form may help us to give you an estimate of the amount of discount that could apply to the gift you make, for inheritance tax (IHT) purposes.

Before completing this form, the applicant must read the How we use your personal information section on page 11. This 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.

Questions about this form?

If you have any questions while completing this application:

Advisers

- in the first instance, get in touch with your usual Prudential contact
- or please contact us on the relevant number in the table below.

We might record your call for training and quality purposes.

Policyholders

- please speak to your Financial Adviser

Product	Return address	Contact number
Prudential Investment Plan, PruFund Investment Plan Mark 3	Prubond New Business, Prudential, Lancing BN15 8GB	0808 234 0808
International Portfolio Bond	Prudential International Assurance, PO Box 5177, Worthing BN11 9HJ	0345 072 2009
Prudential International Investment Bond	Prudential International Assurance, PO Box 13395, Chelmsford CM99 2GH	0808 234 2200

How to return this form

Please return to the relevant address in the table above.

If you give us wrong or misleading information, HMRC may challenge our assessment of your health and any indicative discount figure we provide. This could negatively impact your inheritance tax strategy, giving rise to an unexpected tax liability.

Section A – Underwriting

There are two options available for you to choose. Please tick one box only. See over for further information.

Interim underwriting:

We will assess your health based on the information provided in this form, and provide you with an interim decision. Please complete all questions. We will also request a GP Report once you have completed and returned a product application form.

General Practitioner's Report:

We will assess your health based on the information provided in the GP Report only. You do not have to complete questions 3-9 in Section C. **We will only request a GP Report once we have a product application form.**

Section B – The Trust Fund

Name of the first (or only) settlor

Name of the second (or only) settlor

Address of the first (or only) settlor

Address of the second settlor (if applicable)

Postcode

Postcode

Date of birth

Date of birth

Type of investment plan

Application from date

Investment amount (£) after any initial adviser charge

Regular withdrawal amount (£)

Please enter the amount of each payment

Frequency

Monthly

Quarterly

Termly*

Half yearly

Yearly

You must enter the same amount of withdrawal and frequency of payment as you enter in the Discounted Gift Trust Declaration Form.

* You cannot make termly withdrawals from Prudential International Investment Bond

If you give us wrong or misleading information, HMRC may challenge our assessment of your health and any indicative discount figure we provide. This could negatively impact your inheritance tax strategy, giving rise to an unexpected tax liability.

Section C – Health information

Interim underwriting selected

When we receive this form, our underwriters will assess the information you have provided and we will also request a GP Report as long as we have a completed product application form.

Once we have assessed the information provided in this form, we will, where possible, send you confirmation of our underwriting decision, and an estimate of any discount which may apply to your gift.

Please note that this will be an interim decision and interim estimate of the discount.

Once we have received the GP Report we will assess this and provide final confirmation of our underwriting decision and estimate of any discount.

Please note that the final decision, and estimate of the discount, may differ from our interim decision and estimate of the discount, depending on the information provided here and in the GP Report.

It is possible to start the bond and place it in trust once you have received notification of the interim decision and discount. Alternatively you can wait until you have received the final notification.

Regardless of when the bond is set up and when the trust is established, the calculation of any IHT liability should be based on the final estimate of the discount.

General Practitioner's Report

If you have selected the GP Report, we will assess your health based on this and provide you with final confirmation of our underwriting decision and estimate of any discount.

If our underwriters are unable to offer terms, no inheritance tax discount will apply. This will not, however, impact your bond and the product benefits it offers.

We will assess your health based on the information provided in the GP Report only. You do not have to complete questions 4-10 in Section C.

Important information for customers

Please ensure that the following answers are true and complete. It is important that the answers you give are full and accurate and are completed by you. If you are in any doubt whether to provide details, please include the information. Any changes in material facts, such as a change to any of the information given in the answers to the health questions, between completion of this form and your plan starting, must be notified to Prudential.

If you would prefer, you may complete the 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.

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us, if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this.

If you give us wrong or misleading information, HMRC may challenge our assessment of your health and any indicative discount figure we provide. This could negatively impact your inheritance tax strategy, giving rise to an unexpected tax liability.

1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider.

If the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.

Section C – Health information

First (or only) settlor:

1. What is your height and weight? Height Weight
2. Have you smoked or used any tobacco products in the past 12 months? Yes No

If Yes, please provide details of daily amounts:

Cigarettes	<input type="text"/>
Cigars	<input type="text"/>
Pipe	<input type="text"/>
Tobacco	<input type="text"/>
Nicotine replacement products	<input type="text"/>

3. (i) What is your average weekly consumption of alcohol in units?
- (ii) Have you ever been advised to reduce your alcohol consumption? Yes No

If Yes, please provide details:

4. (i) Have you **ever tested positive** for HIV, Hepatitis B or C or are you waiting for the results of such a test? Yes No

If Yes, please provide details, including nature and date of test:

5. Have you ever had (or been diagnosed with) any of the following:
- (i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour? Yes No
- (ii) heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery? Yes No
- (iii) stroke or transient ischaemic attacks, brain haemorrhage or permanent brain injury through accident? Yes No
- (iv) multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's, cerebral palsy, motor neurone disease or any other disorders of the central nervous system? Yes No
- (v) disease or disorder of the blood vessels including Peripheral Vascular disease or any circulation problems in the legs? Yes No
- (vi) diabetes or sugar in the urine? Yes No
- (vii) mental illness that has required hospital treatment or referral to a psychiatrist or other specialist? Yes No

If you have answered Yes to question 5 then please give full details in box below. You should include name of condition, date diagnosed, name of medication/treatment and any current symptoms.

If you give us wrong or misleading information, HMRC may challenge our assessment of your health and any indicative discount figure we provide. This could negatively impact your inheritance tax strategy, giving rise to an unexpected tax liability.

Section C – Health information – continued

6. In the last five years have you had any of the following?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (i) chest pain, irregular heart beat, raised blood pressure or raised cholesterol? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) seizure, fits, fainting or blackouts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) blood disorder or anaemia? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vii) any disorder of the respiratory system – including asthma, bronchitis or emphysema? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes to question 6 then please give full details in box below.

You should include name of condition, date diagnosed, name of medication/treatment and any current symptoms.

7. In the last five years have you

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| (i) undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) received any form of medical attention, including any surgical procedures at a hospital for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) had the need for residential care or domestic assistance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes to question 7 then please give full details in box below. You should include name of condition if known, name of medication/treatment and any current symptoms.

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 8. Are you aware of any other medical condition or symptoms where you intend to seek medical advice or are you waiting for the results of any medical investigation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes to question 8 or 9 then please give full details in box below. You should include name of condition, date diagnosed, name of medication/treatment and any current symptoms.

If you give us wrong or misleading information, HMRC may challenge our assessment of your health and any indicative discount figure we provide. This could negatively impact your inheritance tax strategy, giving rise to an unexpected tax liability.

1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider.

If the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.

Section C – Health information – continued

Second settlor:

1. What is your height and weight? Height Weight
2. Have you smoked or used any tobacco products in the past 12 months? Yes No

If Yes, please provide details of daily amounts:

Cigarettes	<input type="text"/>
Cigars	<input type="text"/>
Pipe	<input type="text"/>
Tobacco	<input type="text"/>
Nicotine replacement products	<input type="text"/>

3. (i) What is your average weekly consumption of alcohol in units?
- (ii) Have you ever been advised to reduce your alcohol consumption? Yes No

If Yes, please provide details:

4. (i) Have you **ever tested positive** for HIV, Hepatitis B or C or are you waiting for the results of such a test? Yes No

If Yes, please provide details, including nature and date of test:

5. Have you ever had (or been diagnosed with) any of the following:
- (i) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour? Yes No
- (ii) heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery? Yes No
- (iii) stroke or transient ischaemic attacks, brain haemorrhage or permanent brain injury through accident? Yes No
- (iv) multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia, Alzheimer's, cerebral palsy, motor neurone disease or any other disorders of the central nervous system? Yes No
- (v) disease or disorder of the blood vessels including Peripheral Vascular disease or any circulation problems in the legs? Yes No
- (vi) diabetes or sugar in the urine? Yes No
- (vii) mental illness that has required hospital treatment or referral to a psychiatrist or other specialist? Yes No

If you have answered Yes to question 5 then please give full details in box below. You should include name of condition, name of medication/treatment and any current symptoms.

If you give us wrong or misleading information, HMRC may challenge our assessment of your health and any indicative discount figure we provide. This could negatively impact your inheritance tax strategy, giving rise to an unexpected tax liability.

Section C – Health information – continued

6. In the last five years have you had any of the following?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (i) chest pain, irregular heart beat, raised blood pressure or raised cholesterol? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) numbness, tremor, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) seizure, fits, fainting or blackouts? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) any disorder of the digestive system, liver, stomach, pancreas or bowel – including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) any disorder of the kidneys, bladder or prostate – including blood or protein in the urine; or urinary tract infections? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (vi) blood disorder or anaemia? | | | | |
| (vii) any disorder of the respiratory system – including asthma, bronchitis or emphysema? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (viii) any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes to question 6 then please give full details in box below. You should include name of condition, name of medication/treatment and any current symptoms.

7. In the last five years have you

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (i) undergone or been advised to have any investigation, x-ray, scan or blood test for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) received any form of medical attention, including any surgical procedures at a hospital, for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) had the need for residential care or domestic assistance? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes to question 7 then please give full details in box below. You should include name of condition, name of medication/treatment and any current symptoms.

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 8. Are you aware of any other medical condition or symptoms where you intend to seek medical advice or are you waiting for the results of any medical investigation? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 9. Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If you have answered Yes to question 8 or 9 then please give full details in box below. You should include name of condition, name of medication/treatment and any current symptoms.

Section D – Declaration, finalisation authority and consent

Your statutory rights under the Access to Medical Reports Act, 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

This Act/Order gives you additional rights as a consumer. It means you have greater control over the use of your personal medical records.

Important notes

We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

Access to medical reports

We need to establish whether we can provide an estimate of any discount that may apply to the gift being made, for inheritance tax purposes, based on an assessment of your current state(s) of health. To do this we need to get medical reports. 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 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.

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:

- For **Prudential Investment Plan** and **PFIP Mark 3**
Chief Medical Officer, Prudential, Lancing
BN15 8GB.
- For **International Portfolio Bond**
Chief Medical Officer, Prudential
International Assurance,
PO Box 5177, Worthing BN11 9HJ.
- For **Prudential International Investment Bond**
Chief Medical Officer, Prudential International
Assurance, PO Box 13395, Chelmsford
CM99 2GH.

Section D – Declaration, finalisation authority and consent – continued

Declaration – confirmation by each trust settlor

This form should be read and the Declaration signed by the person(s) who is/are creating the Discounted Gift Trust relating to the plan identified in Section B.

- I/We confirm that:
 - a) The information given in this form is true and complete to the best of my/our knowledge and belief.
 - b) The information given in this form coincides with that declared in my/our application form.
 - c) I/We understand that no money or other property shall be added to the trust fund while the settlor is alive (or while either of the settlors is alive, if there are two settlors).
 - d) I/We understand that I/we cannot change the amount and frequency of regular withdrawals that I/we have set out in the Discounted Gift Trust Declaration Form.

- 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 authorise you to send a copy of my medical report(s) to my personal representatives (or UK HM Revenue & Customs) for valuation purposes during or after my lifetime.
- I authorise the giving of such information subject to these rights during or after my lifetime.
- I agree that a copy of this consent will have the validity of the original.

Signatories – to be signed by each trust settlor

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

I do want to see the report before it is sent to the company (first settlor).

I do not want to see the report before it is sent to the company (first settlor).

I do want to see the report before it is sent to the company (second settlor if applicable).

I do not want to see the report before it is sent to the company (second settlor if applicable).

First (or only) trust settlor

Name of the first (or only) settlor

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Second trust settlor (if applicable)

Name of the second settlor (if applicable)

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section D – Declaration, finalisation authority and consent – continued

Please provide full details of your usual doctor's name, address and telephone number. A report will be requested from your doctor.

First (or only) trust settlor

Name

Address

 Postcode

Telephone number

Email address

How long have you been with this doctor?

Years

Months

Second settlor

Name

Address

 Postcode

Telephone number

Email address

How long have you been with this doctor?

Years

Months

Section E – Financial adviser details

Financial adviser name

Financial adviser address

 Postcode

Financial Adviser Telephone number

Financial Adviser Firm Reference Number (FRN)

How we use your personal information

To understand how and why we use your personal information (including any sensitive personal information) that we collect from you, who we may share it with and your rights around your personal information you can review a copy of our Data Protection Notices:

- pru.co.uk/mydata-dc in respect of The Prudential Assurance Company Ltd bonds
- pru.co.uk/mydata-pia in respect of Prudential International Assurance plc bonds and;
- pru.co.uk/mydata-piaon in respect of Prudential International Assurance plc, UK Branch bonds

Alternatively, you can request a copy to be sent to you by writing to **The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB** in respect of The Prudential Assurance Company Ltd bonds or for Prudential International Assurance plc bonds and Prudential International Assurance plc, UK Branch bonds by writing to **The Data Protection Officer, PO Box 13395, Chelmsford CM99 2GH**.

Please note that we only collect personal information from you that is necessary to provide you with the product or service you have requested. So while we will not use your personal information for all of the purposes set out in the Data Protection Notice, we may need to use it, for example, to contact you further about your request or for legal or regulatory purposes.

pru.co.uk

pru.co.uk/international

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The registered office of Prudential International is in Ireland at Fitzwilliam Court, Leeson CI, Dublin 2, D02 YW24. 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 authorised by the Prudential Regulation Authority and subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. 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.