

Discounted Gift Trust – Tele Interview Form

To be completed where the settlor(s) is/are under the age of 80

How to fill out this form

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

Any corrections must be initialled; do not use correction fluid.

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

Completion of this form allows you to go through this application process over the telephone. If you're 80 years old or over or don't want to do a Tele-interview, please use this form Discounted Gift Trust – Declaration of health form (NIPB100013407).

The health information you provide us with during the tele interview will allow us to provide you with an estimate of the amount of the discount that could apply to the gift you make for inheritance tax (IHT) purposes.

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

How to return this form

Please return to the relevant address in the table above.

Section A – Personal details

First (or only) settlor

First Name

Surname

Address

Postcode

Daytime telephone number

Mobile number

Email address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Preferred contact day and time:

Mon Tues Wed Thurs Fri
9am-1pm 1pm-5pm

Second settlor (if applicable)

First Name

Surname

Address

Postcode

Daytime telephone number

Mobile number

Email address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Preferred contact day and time:

Mon Tues Wed Thurs Fri
9am-1pm 1pm-5pm

Important Information

Answering health and medical questions

During the call, it's very important that you take reasonable care to answer the questions we ask you about your health honestly and to the best of your knowledge. This allows us to assess your health and provide, if available, an indication of the discount which may apply, which may reduce the potential for Inheritance Tax.

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.

Random Sampling

It's our policy to obtain a random sample of medical reports from doctors to monitor the accuracy and completeness of the information we are provided. If subsequently, either through this random sampling, or by other means, it is found that you have not taken reasonable care to answer questions honestly and to the best of your knowledge, your tax discount may be recalculated based on the new information we have received.

Section B – The Trust Fund

Type of investment plan

Investment amount (£) after any initial adviser charge

Regular withdrawal amount (£)

Frequency (every):

Monthly Three months Termly* Six months Year

*You can't make termly withdrawals from Prudential International Investment Bond.

Section C – GP details

Please provide full details of your usual doctor's name, address and telephone number.

First (or only) settlor

Name

Address

Telephone number

Email address

Second settlor (if applicable)

Name

Address

Telephone number

Email address

In some instances we may request a GP report therefore it's important that you complete the GP details to avoid delays

Section D – Access to medical reports

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 may 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'll tell the doctor to keep the report for 21 days so that you can arrange to see it. If you've 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're currently receiving.
 - The results of referrals or tests you're waiting for.
- Any time off work in the last three years.

- Your past health:
 - Details (excluding minor self limiting ailments/ conditions) 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), diagnostic genetic test results, 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've 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.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing 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 E – Declaration

Declaration – confirmation by each settlor

This form should be read, signed and returned 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 coincides with that declared in my/our application form.
 - b) 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).
 - c) 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/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our 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/we have applied for. I/We 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/our death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis.
- I/We authorise you to send a copy of my/our medical report(s) to my/our personal representatives (or HM Revenue & Customs) for valuation purposes during or after my/our lifetime.
- I/We authorise the giving of such information subject to these rights during or after my/our lifetime.
- I/We agree that a copy of this consent will have validity of the original.
- I/we declare that I/we have taken reasonable care to answer all the questions honestly and to the best of my/our knowledge. I/we understand that you will use this information to assess my health and provide if available, an indication of the discount which may apply, which in turn may reduce the potential for inheritance tax. I/we understand that if I/we give you wrong or misleading information then HMRC may challenge your assessment of my health and any discount which applies, which could give rise to a further Inheritance Tax Liability.

Section E – Declaration – continued

Signatories – to be signed by each settlor (please tick the appropriate box)

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

First (or only) settlor

I want to see the report before it's sent to the company.

I don't want to see the report before it's sent to the company.

Second settlor (if applicable)

I want to see the report before it's sent to the company.

I don't want to see the report before it's sent to the company.

First (or only) settlor

Name

Signature

Date

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

Name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section F – Financial Adviser details

Financial adviser name

Financial adviser address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Financial Adviser Financial Conduct Authority registration number

Financial Adviser telephone number

Financial Adviser email address

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;
- pru.co.uk/mydata-ipb in respect of the International Portfolio Bond.

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**. For International Portfolio Bond, please write to **Prudential International, PO Box 5177, Worthing BN11 9HJ**.

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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