

Participation agreement

How to fill out this form

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

Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

To

(Insert FULL name of Principal Employer)

We,

(Insert FULL name of Participating Employer)

having been invited by you (the Principal Employer) to participate in the Scheme, confirm our desire to participate in the

Retirement Benefits Scheme ("the Scheme")

(Insert FULL name of the Principal Employer's Scheme)

with Prudential Scheme reference number

with effect from the (Insert effective date)

AND we hereby agree to be bound by the documents for the time being governing the Scheme.

Dated the day of 20

Signed

for and on behalf of the Participating Employer

Capacity

Signed

for and on behalf of the Principal Employer

Capacity

pru.co.uk

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