

# Employee application form

How to fill out this form

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

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

If "Other", please state title.

Include postcode.

\* There are a number of possible ways you may trigger the Money Purchase Annual Allowance (MPAA) when accessing your benefits flexibly. Your pension scheme or provider will have informed you if this is the case. For further information please speak to your Financial Adviser.

About this formPW1

The scheme member should complete Part 1, Part 2 "Health details" if life cover is required and the Declaration in Part 3. The scheme trustees should complete Part 4 to Part 8 and the Financial Adviser should complete Part 9.

- If you need more space to give details on any of the questions, please continue on a separate sheet, cross-referring to the section.
- Please read the Key Features document as this will provide you with important information regarding the key risks and benefits of the product to help you make a decision.
- As you complete the form, please read the notes which are there to help you.

Important note

- Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't a claim may be rejected or not fully paid or your policy may be cancelled. Please answer all questions as failure to do so will mean that your application may be delayed as we will have to contact you for the missing answers. Please do not assume that we will contact or obtain a report from your doctor.
- It is a serious offence to give false information and to do so could lead to prosecution.
- Some of the information in this form is needed because of HM Revenue & Customs rules – so must be correctly and fully completed.
- Copies of the plan terms and conditions, and completed application form are available on request.

Part 1 – Member's details

Title

Mr

Mrs

Miss

Ms

Dr

Other

Surname

Full forenames

Address

Postcode

Date of birth

D

D

M

M

Y

Y

Y

Y

Nationality

National Insurance No.

2nd Nationality (if applicable)

Sex

Male

Female

Have you previously accessed benefits flexibly?\*

Yes

No

If Yes, please specify the date these were accessed

D

D

M

M

Y

Y

Y

Y

If life cover greater than any automatic cover for the scheme is to be provided for you, please also complete Part 2 – Health details.

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

### Genetic testing

If this application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 or critical illness up to £300,000 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 sum exceeds either £500,000 for life insurance or £300,000 for critical illness 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 either 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.

**The member should complete this section if life cover greater than any automatic cover for the scheme is required.**

Name of your doctor

Your doctor's address

Postcode

Your doctor's telephone number

How long has he/she been your doctor?

 years

Occupation is an industry requirement.

What is your occupation

Occupation Sector/Industry

Occupation examples: Teacher, Sales, Engineer, Project Manager

Industry example: Primary education, Construction of commercial buildings, Banking

Please describe your duties fully. Include the industry you work in and provide a percentage split between manual and non manual duties. If you work at heights, please give details of the maximum height at which you work.

Have you ever been declined (refused cover), deferred or offered non-standard terms for life cover, critical illness or any incapacity benefit?

Yes ☐ No ☐

If Yes, please give full details including the date and reason, if known.

Have you in the last 5 years, or do you intend to:

- i) participate in any sport or pastime which involves any additional risk of accident such as, but not limited to, mountaineering, motor sports, hang-gliding, or underwater activity?
- ii) live abroad apart from holiday visits?
- iii) fly, except as a fare-paying passenger on an established public service?

Yes ☐ No ☐

Yes ☐ No ☐

Yes ☐ No ☐

If Yes, please provide full details

Continue on a separate sheet, if necessary,

## Part 2 – Health details – continued

PW3

Failure to answer all the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

1 unit = 1 single pub measure of spirits, 125ml of wine or 1/2 pint of beer, lager or cider.

What is your height and weight?

Height

Weight

Have you smoked or used any tobacco products in the last 12 months?  
(includes cigars, cigarettes, pipes and any nicotine replacement therapy etc)

Yes

☐

No

☐

If Yes, please state what & how many you smoke per day

Please note: random tests may be carried out to confirm non-smoker status.

What is your average weekly consumption of alcohol in units?

Have you ever taken recreational drugs (ie drugs taken other than as treatment for a medical condition)?

Yes

☐

No

☐

If Yes, please give full details.

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

Yes

☐

No

☐

If Yes, please give full details, including the name of the condition and date test was carried out.

Failure to answer all the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

This information may be sent in confidence direct to our Chief Medical Officer, Prudential, Lancing BN15 8GB.

Please tick this box if you have sent this information direct to our Chief Medical Officer.

☐

Have you ever had, or suffered from any of the following:

Stroke, transient ischaemic attack (TIA), brain haemorrhage or permanent brain injury through accident?

Yes

☐

No

☐

Asthma, bronchitis or any other disorder of the lungs or respiratory system?

Yes

☐

No

☐

Disease or disorder of the blood vessels including peripheral vascular disease or any circulation problems in the leg?

Yes

☐

No

☐

Any pain, disease, disorder or problem relating to your back, neck, joints, bones or muscles including arthritis, slipped disc, rheumatism or gout?

Yes

☐

No

☐

Cancer, growth, tumour or cyst

Yes

☐

No

☐

Diabetes or sugar in the urine?

Yes

☐

No

☐

Any disorder of the digestive system, liver, stomach, pancreas or bowel?

Yes

☐

No

☐

Raised blood pressure or raised cholesterol?

Yes

☐

No

☐

Heart condition, chest pain, or palpitations

Yes

☐

No

☐

Any disorder of the kidneys, bladder or prostate including blood or protein in the urine?

Yes

☐

No

☐

Any form of mental illness including anxiety, depression, stress or eating disorder?

Yes

☐

No

☐

Seizures, fits, fainting or blackouts?

Yes

☐

No

☐

Multiple sclerosis, paralysis, muscular dystrophy, parkinsons disease, motor neurone disease or cerebral palsy?

Yes

☐

No

☐

If Yes, please give full details, including dates.

Failure to answer all the questions honestly and with reasonable care may result in your claim being rejected or not paid in full.

Please do not assume that we will contact or obtain a report from your doctor.

Before the age of 65, did either of your parents or any brothers or sisters suffer or die from cancer, heart disease, stroke or diabetes? Multiple sclerosis or Alzheimers disease? Muscular Dystrophy or motor neurone disease? Huntington's disease, polycystic kidney disease, polyposis of the colon or any other potentially hereditary disease or disorder?

Yes ☐No ☐

If Yes, please complete this table.

Relationship (mother, father, brother or sister)			
Illness (if cancer, which part of the body was affected?)			
Age at onset			
Age at death (if applicable)			

### Part 3 – Member's declaration

PW5

I, as the member named in this application, hereby agree to:

- join the scheme;
- be bound by the rules;
- the deduction of my contributions (if any) from my earnings;

and confirm that, to the best of my knowledge and belief, the details given in this form, including those in the "Health details", if appropriate, are true and complete.

#### Important notes

The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we are waiting for reports which we have asked for.

If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.

We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application.

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 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 (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 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.

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

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting exclusions or postponing cover
- setting premiums 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:

Senior Medical Officer, Prudential, Lancing BN15 8GB

I do not want to see the report before sending it to the company

☐

I do want to see the report before sending it 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.
- I declare that I have taken reasonable care to answer the questions honestly and to the best of my knowledge. I understand a claim may not be paid in full or may be rejected or my policy may be cancelled if I have not.

**How we use your personal information**

We, Prudential UK, may receive your personal information from the trustees of a pension scheme, your employer, or other financial services organisations (known as a Data Provider) and/or direct from you. Regardless of where we obtain such information from, we take the privacy and protection of your personal information seriously. We own the personal information we hold about you and decide what happens to it. This makes us a Data Controller in respect of the personal information. You should note that the Data Provider will also be a data controller in respect of the personal information they hold about you.

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 which we receive from a Data Provider or any other personal information you provide directly to us. For example, this may include 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 and our Business Partners, will use the personal information for the following purposes:

- the administration of our products and services, including to enable us to perform our obligations under any contracts or policies 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

In addition, we, M&G plc, and our Marketing Partners, will use the personal information you provide to us, together with other information, to send you direct marketing offers by electronic and non-electronic means including by post, as well as sending you introductions to products and services from carefully selected third parties also by post. Please see Part G for further details.

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 may also rely on legitimate interests in using and sharing your personal information for the purposes described above to improve our products and services. This allows us to explore ways to develop our business and to gain insights into how our products and services are used. To the extent that we need your consent to use your personal information for the purposes described above, you explicitly provide your consent by signing and returning this form, or as set out in Part G as appropriate. To the extent that your personal information is provided to us by a Data Provider and we need your consent to use your personal information for the purposes described above, the Data Provider is responsible for providing the consent to us.

**Who we share your personal information with and why**

We'll share your personal information within M&G plc and with our Business 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 UK or 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, where appropriate safeguards have been put in place.

If you want to know more about these 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.

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

### We keep your personal information for a set amount of time

Your personal information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary. 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.

### 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, a Data Provider may from time to time provide this to us. In such circumstances the Data Provider is responsible for obtaining any explicit consent necessary for us to process this kind of personal information. Alternatively, if you provide sensitive personal information to us, 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, you explicitly provide your consent by signing and returning this form.

### 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)
- 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 (including automated decision making) you have given for the processing of your personal information
- 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 Prudential UK. Prudential UK have also appointed a Data Protection Officer who can be reached at the address shown in the Contact Us section of this document.

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

As set out at the start of this notice, a Data Provider is also a Data Controller in respect of your personal information and you are likely to have similar rights in respect of the personal information held by a Data Provider.



### 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 information protection 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 below before sending us anything.

### Part G – Direct marketing

We and M&G plc will still send you information by post about the Prudential UK and M&G plc's products and services and carefully selected third parties.

Additionally, from time to time, Prudential UK and M&G plc would like to contact you by 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 International Assurance plc as they operate their own customer databases and may contact you separately.

If you consent to us contacting you for this purpose by electronic means, please tick to say how we may contact you (tick as many or as few as you like):

Email ☐ Phone ☐ Text ☐

And if you change your mind, and/or you would like to opt-out of receiving non-electronic direct marketing, it's easy to let us know. Just call us on **0800 000 000**.

### 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: **Customer Service Centre  
Prudential  
Lancing  
BN15 8GB**

Call us on: **0800 000 000**

Or visit: **pru.co.uk**

Prudential UK means The Prudential Assurance Company Limited and Prudential Pensions Limited, as appropriate.

M&G plc means any affiliates of Prudential UK (including, Prudential Distribution Limited, Prudential International Assurance plc, PGDS (UK ONE) Limited, Prudential Life Time Mortgages Limited, M&G Global Services Private Limited, M&G Investments Group, M&G Wealth Advice Limited 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.

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

Signed

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

## Scheme details

Name of principal employer

Employer by whom member is paid (if different)

  

Name of Scheme

  

Retirement Benefits Scheme

Scheme number (if known)

				P			
--	--	--	--	---	--	--	--

Date member is to join the scheme

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Normal Retirement Date\*

\* Show the age to be used for the Normal Retirement Date.

Tick Yes if you have verified the member's date of birth against his/her birth and marriage/civil partnership certificates.

Have you verified the member's date of birth?

Yes

☐

No

☐

## Part 5 – Earnings/contribution details

The member's earnings figure will allow us to give more meaningful quotations. We will compare estimated eventual benefits with the member's estimated retirement earnings. If an earnings figure isn't given, we will use the current average weekly earnings figure projected to the member's retirement date for the comparison.

Automatic increases will not operate in the first six months after the start of contributions in respect of this application, but otherwise will apply on each scheme review date.

Yearly rate of earnings

£

### Regular contributions

Payable by:

Employer

£

Member

£

Month Year

When do you want the increase in contributions to start?

--	--	--	--

How often are regular contributions to be paid?

Monthly

☐

or Yearly

☐

Do you want contributions to increase automatically each year?

Yes

☐

No

☐

If Yes, by what rate?

% each year

or

AWE (tick)

☐

Whole number:

Minimum 5%/Maximum 15%

### Single contributions

Please use the appropriate transfer form for a transfer payment from other pension arrangements.

Amount £

including £

payable by the member (if any)

Please refer to your fund guide, available at [www.pru.co.uk/funds/guides](http://www.pru.co.uk/funds/guides), for more information on the funds, the associated risks and the charges and costs.

Is the Scheme Investment Strategy to apply?

Yes

☐

No

☐

If Yes, please now complete Part 7. If No, please discuss this with the Scheme financial adviser and complete the remainder of this section.

If you don't want the Scheme Investment Strategy, but want a Lifetime Investment Profile (see below), you can choose the investment linked fund(s) to be used initially by completing the table below, or you can leave the selection to us. There is a set basis, we do not make an individual choice. Your fund guide shows what this will be.

If you don't want the Scheme Investment Strategy, or a Lifetime Investment Profile, please complete the table below to confirm the investment fund(s) to be used.

Chosen Funds	% to be invested in each fund	
	Regular contributions	Single contributions
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>

#### Lifetime Investment Profiles

If you want one of the following lifestyle options, please complete the rest of this section (ticking only one box). Otherwise, please go to Part 7 now.

☐

Lifetime Investment Profile targeting **retirement options**

☐

Lifetime Investment Profile targeting **an annuity**

☐

Lifetime Investment Profile targeting **100% cash**

☐

Lifetime Investment Profile targeting **drawdown**

Please now go to Part 7.

Please show the percentage investment split wanted for this plan if the member does not want the Scheme Investment Strategy. Fractions of 1% should not be used.

Contributions can be invested in up to six funds.

The With-Profits Fund is not available for new or additional investment if the member is within three years of their Normal Retirement Date (and, if chosen, would be treated as an application to invest in the Cash Fund).

Please make sure the total equals 100%.

These options do not apply to With-Profits investments.

## Part 7 – Life Cover

Do you want to apply for life cover for the member?

Yes

☐

No

☐

If No, please go to Part 8. If Yes, please complete the rest of this section.

Amount of life cover required

£

Is the Whole Life option required?

Yes

☐

No

☐

Has the member been absent from work due to illness or injury in the last 2 months?

Yes

☐

No

☐

If Yes, state the reason and length of the absence.

## Part 8 – Trustees' declaration

PW9

- a) We declare that to the best of our knowledge and belief the information given in this form is true and complete.
- b) We agree that the member named in this application should be admitted to membership of the scheme and that the terms of this application and declaration, and any statements made by the member to Prudential's medical examiner together with Prudential's plan documents shall be deemed to form part of any resultant contract.
- c) We consent to Prudential obtaining details from any person or organisation of any benefits or any other information if this is necessary in carrying out the administration of the scheme.

Signed for and on behalf of the Trustees

Date of birth

D	D	M	M	Y	Y	Y	Y
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For completion by Financial Adviser – essential information. All sections to be completed.

**1. Source of funds for this investment**

(e.g. a UK bank account, overseas bank account)

**Source of wealth** (origin of funds for this investment e.g. employer contribution, trustee bank account. If other, please give details).

**2. Commission instructions for single contributions**

Please tick only one of the boxes below to confirm your commission basis. Please then complete the amount of commission in the right hand boxes. For initial commission, this should be expressed as a flat percentage.

Example:

Initial

☒

2

%

Please complete only one option from a) to d) below

% to be taken

a) Initial

☐

%

b) Fund related

☐

%

c) Mixed initial/fund

☐

Initial

%

Fund related

%

d) Nil commission

☐

Was advice given?

Yes

☐

No

☐

Please provide the appropriate information in relation to this sale. Application forms cannot be processed unless this information is provided.

**What is the basis of this sale?** Please tick only **one** option.

Financial Adviser or Whole of Market

☐

Single or Multi-tie

☐

**Was advice or face to face advice provided as part of this sale?**

Yes

☐

No

☐

If you answered "No" to the above, were the product terms and conditions provided to the client?

Yes

☐

No

☐

Signature.

Name in block capitals.

Position in firm.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

For Prudential Use Only

Cheque Acknowledgement Number 

--	--	--	--	--	--	--

Cheque Amount 

£
---

SD agreed by 

--

Date Stamp 

--

