

# Application for membership Series A

## 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.

## About this form

Please return all pages of this form to: **Prudential, Lancing BN15 8GB**

### How to complete this application form

The Scheme member should complete section A – “Members details”, section B – “Health questionnaire” (if life cover is required) and the declaration on pages 8 to 12. The Scheme Trustees should complete the “Trustees authority” from page 13 up to and including the declaration on page 15. The financial adviser should complete “Essential information” on page 15.

- If you need more space to give details on any of the questions, please continue on a separate sheet, cross-referring to the section.
- As you complete the form, please read the notes which are there to help you.

### Sections to be completed in this application

Sections to be completed in this application		Page
<b>Member's details</b>	For all applicants – there are notes to help.	2
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### Important notes

- 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 we will contact or obtain a report from your doctor.
- If someone else fills this form in for you (for example, your financial adviser), please check all the details are correct before you sign the declaration. You are responsible for your answers.
- If you would prefer, you may complete the medical 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. Please refer to page 9 for contact details.
- It's very important that you tell us if there's a change to any of the following between completion of this form and your plan starting:
  - Your personal health.
  - Your family history.
  - Your occupation.
  - Your participation in any hazardous leisure activities.
  - Your travel or residence.
  - Your lifestyle (smoking/alcohol consumption etc).

If you don't inform us of any changes to the above, a claim in the future may not be paid.

- Some of the information in this form is required due to HMRC rules – therefore it must be accurately and fully completed.

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.

Please also read your fund guide as this will provide you with full details of the funds available, their objectives, Prudential's risk rating of these funds and the charges and costs to help you select the funds suitable for your needs.

## Member's details

### A – Member's personal details

Surname

Title Mr  Mrs  Miss  Ms  Other

Full forenames

Address

Postcode

Date of birth

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

Sex

Male

Female

National Insurance No.

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Nationality

2nd Nationality (if applicable)

Occupation is an industry requirement.

What is your occupation

Occupation Sector/Industry

Occupation examples: Teacher, Sales, Engineer, Project Manager

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

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

\* 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.

## Health questionnaire

### Genetics declaration

- If this application, taken together with any other insurance policies you already have, is for life insurance up to a sum of £500,000 you don't need to disclose any genetic test you may have had.
- You don't need to disclose the result of any genetic test undertaken in the context of research.
- Genetic test results only need to be disclosed where the sum exceeds £500,000 for life insurance 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 receiving treatment or experiencing symptoms of a genetic condition, you must tell us.
- If you wish to disclose to us a negative genetic test result, which shows that you have not inherited a genetic disorder, we'll take this into account in setting your premium, providing your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.
- Further information is available on request which fully explains this policy and details those genetic tests approved for use by insurers.

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.

Please include area code.

### B – Health details

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

Name of your doctor

Your doctor's address

  
  

Postcode

Your doctor's tel. no.

How long have they been your doctor?

years

Your current occupation

Industry worked

If your occupation involves manual duties or working at heights then please state these below. You should include the percentage of time and average/maximum heights worked, if applicable.

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 names of insurance companies, along with the reason for this decision.

## Health questionnaire – continued

### B – Health details – continued

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

1. participate in any sport or pastime which involves any additional risk of accident, such as motor sports, mountaineering, private aviation, or underwater activities? Yes  No

If **Yes**, please provide details including activity undertaken, heights/depths if applicable and how often you participate.

2. travel or reside abroad (apart from holiday visits)? Yes  No

If **Yes**, please provide details including countries, duration, and frequency of travel.

What is your height and weight?

Height  (cm)

Weight  (kg)

Have you smoked or used any tobacco products in the last 12 months? (Includes cigarettes, cigars, pipe, loose tobacco and any nicotine replacement therapy). Yes  No

If **Yes**, please provide details of daily amounts:.

Cigarettes	
Cigars	
Pipe	
Tobacco	
Nicotine Replacement Products	

Random tests may be carried out to confirm non-smoker status.

What is your average consumption of alcohol units per week? (1 unit = 1 single pub measure spirits/small (125ml) glass of wine or 1/2 pint standard strength beer, lager or cider).

(per week)

Have you ever been advised to reduce or cut down your alcohol intake or has your alcohol intake ever been significantly higher? Yes  No

If **Yes**, please provide details.

Have you ever used recreational drugs? (includes cannabis, ecstasy, cocaine, heroin or similar substances, i.e. drugs taken other than as treatment for a medical condition). Yes  No

If **Yes**, please provide details.

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.

## Health questionnaire – continued

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.

### B – Health details – continued

If you answer Yes to any of the questions in this section please give full details including dates, treatment and periods off work, continuing if necessary on a separate sheet.

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 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.

Do you currently have or have you ever had any of the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) heart disease or disorder – including heart attack, angina, heart murmur, cardiomyopathy, heart valve defect or heart surgery?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) stroke or transient ischaemic attacks (mini-stroke); brain haemorrhage or permanent brain injury through accident?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Multiple Sclerosis, epilepsy, paralysis, Muscular Dystrophy, Parkinson's disease (or other movement disorders), Motor Neurone disease, or cerebral palsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) disease or disorder of the arteries – including disease in the legs, deep vein thrombosis or the aorta?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) diabetes or sugar in the urine?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) mental illness that has required hospital treatment or referral to a psychiatrist or other specialist?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If Yes, please provide details including name of condition, date diagnosed, current and past treatment and details of any ongoing symptoms.

## Health questionnaire – continued

### B – Health details – continued

In the last 5 years have you had any of the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) a lump or growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) chest pain, irregular heart beat, raised blood pressure or raised cholesterol?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) optic neuritis, numbness, tingling, facial pain, visual disturbance including blurred or double vision, dizziness, chronic fatigue or tiredness?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) seizure, fits, fainting or blackouts?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) 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"/> |
| f) 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"/> |
| g) blood disorder or anaemia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) any disorder of the adrenal, pituitary or thyroid glands?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) asthma, bronchitis or any other disorder of the lungs or respiratory system?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j) any pain or other disease, disorder or problem relating to your back, neck, joints, bones or muscles including arthritis, slipped disc, rheumatism or gout? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k) any form of mental illness including anxiety, depression, stress, nervous breakdown or eating disorders?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l) disorder of the eyes including blindness or problems with sight?<br>You can ignore sight problems fully corrected by glasses or contact lenses.             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| m) disorder of the ears including difficulty hearing?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| n) 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"/> |
| o) received any form of medical attention at a hospital, as an inpatient or outpatient, for any condition not already mentioned?                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| p) a surgical operation for any condition not already mentioned?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If **Yes**, please provide details, including name of condition, date diagnosed, current and past treatment and details of any ongoing symptoms.

- In the last 5 years have you been off work for 2 weeks or more for any medical condition, illness or injury? Yes  No

If **Yes**, please provide details, including reason, date and duration of absence.

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.

## Health questionnaire – continued

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.

### B – Health details – continued

- a) 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  No
- b) Are you currently taking prescribed drugs, medicines, tablets or any other form of treatment for any condition not already mentioned? Yes  No

If Yes, please provide details.

Before the age of 65, did either of your parents or any brothers or sisters suffer or die from:

Cancer? Yes  No

Heart disease or disorder, stroke or diabetes? Yes  No

Multiple sclerosis or Alzheimers disease? Yes  No

Muscular dystrophy or motor neurone disease? Yes  No

Huntington's disease, polycystic kidney disease, polyposis of the colon? Yes  No

Any other potentially hereditary disease or disorder? Yes  No

If Yes, please complete this table.

Relationship			
Illness (if cancer, which part of the body was affected?)			
Age at onset			
Current age			
Age at death (if applicable)			

## Member's declaration

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've 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'll 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 from our head office.

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've 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 don't need to give your permission, but if you don't, we may not be able to go ahead with your application. This doesn't 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'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 they feel that it would cause physical or mental harm to you or others.

The medical report your doctor fills in will ask 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
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco.



## Member's declaration – continued

- 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,
- 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,
- 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:

Chief Medical Officer, Prudential, Lancing BN15 8GB.

### 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.

## Member's declaration – continued

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: **[www.pru.co.uk](http://www.pru.co.uk)**

## Member's declaration – continued

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.

### 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 do not want to see the report before it is sent to the company.

I do want to see the report before it is sent to the company.

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

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

D	D	M	M	Y	Y	Y	Y
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## Trustees' authority

### A – Scheme details

Name of Principal Employer

Employer by whom member is paid (if different)

Name of Scheme

Scheme number (if known)

Date member is to join the scheme

Normal Retirement Date\*

(this should be a birthday normally between 60-75)

Have you verified the member's date of birth?

Yes

No

### B – Earnings/contribution details

Yearly earnings\*\*

£

#### Regular contributions

Payable by:

Employer

£

Member

£

When do you want the increase in contributions to start?

Month Year

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?

% p.a.

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)

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

Tick Yes if you have verified the member's date of birth against his/her birth certificate (and marriage/civil partner certificate).

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

## Trustees' authority – continued

### C – Investment of contributions

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 go to D below. 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 don't 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 D 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 D below.

### D – Life cover

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

Yes  No

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

Amount of life cover required £

Is the contribution for life cover to be included in the contributions shown in B?

Yes  No

If No, a separate term assurance plan would apply.

If Yes, is the return of the retirement fund to be included in or additional to the life cover?

Included   
or  
Additional

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.

Please show the percentage investment split you want for your plan if you do 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 you are within three years of your 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.

The basis chosen here for payment of life cover cost must match the basis for the Scheme.

## Trustees' authority – continued

### E – Trustees' declaration

1. We declare that to the best of our knowledge and belief the information given in this form is true and complete.
2. 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
3. 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.

the member to Prudential's Medical Examiner together with Prudential's plan documents shall be deemed to form part of any resultant contract.

Signed for and on behalf of the Trustees

Date of birth

D	D	M	M	Y	Y	Y	Y
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Copies of the plan terms and conditions and completed application form are available on request.

## Essential information – to be completed by the financial adviser

Source of funds for this investment

(e.g. UK bank account/overseas bank account. If other please give details.)

Source of wealth

(Origin of funds for this investment e.g. employer contribution/member contribution/trustee bank account. If other, please give details.)

### For Prudential Use Only

Cheque Acknowledgement Number

Cheque Amount

£

Date Stamp

[pru.co.uk](https://pru.co.uk)

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