

# New Member application form

Please use black ink and write in CAPITAL LETTERS or tick ☒ as appropriate.  
Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application. 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.

If "Other", please state title.

## About this form

BN1

Thank you for choosing to join your employer's Prudential Group Personal Pension Scheme.

This form can be used to join a Group Personal Pension. Please make sure you have the correct form.

### Important note

- Please read the Key Features Document as this will provide you with important information in relation to the key risks and benefits of your plan. Please also read your fund guide, which is available at [pru.co.uk/funds/guides](https://pru.co.uk/funds/guides). That will provide you with details of the funds, risks and the charges and costs before you make any decisions.
- Some of the information in this form is needed because of HM Revenue & Customs rules – so must be correctly and fully completed.

## Section A – Your details

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

Full forenames

Date of birth

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

Sex

Male ☐

Female ☐

Nationality

2nd Nationality (if applicable)

Permanent residential address (include postcode)

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

Postcode

## Section A – Your details – continued

BN2

Please include area code.

Daytime telephone number

Selected Retirement Age\*

National Insurance No.

        

\*The Default Retirement Age for the Scheme will apply unless you tell us that you want a different age to apply. The minimum retirement age is 55 (57 from 6 April 2028).

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

Are you a Prudential policyholder?

Yes

☐

No

☐

Yearly earnings

£

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.

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

## Section B – Your employment

Occupation is an industry requirement.

What is your occupation

Occupation Sector/Industry

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 to which you work.

Occupation examples: Teacher, Sales, Engineer, Project Manager

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

Name of scheme

Group Personal Pension

Scheme no. (if known)

     R

Please tick the box below which best describes your current “employment” status (or the status of the person for whom this application is being made).

- Employed – chargeable to tax under Schedule E (PAYE) ☐
- Self-employed – chargeable to tax under Schedule D in respect of self-employment in a trade, profession or vocation or in a partnership. ☐

Are you a UK resident for tax purposes?

Yes ☐

No ☐

If **No**, are you a Crown Servant or married to or a civil partner of a Crown Servant?

Yes ☐

No ☐

If you have answered No to both of the above questions you may not be eligible to make contributions and get tax relief. You should check this with your scheme adviser.

Check this with the person who gave you this form. If the scheme is not split into sections please leave blank.

Please tick a box.

You should not tick this box unless your employer has already agreed to this.

Your regular contributions and any employer contributions must both be a percentage or both be a fixed amount.

**Members who joined before 6 April 2001:** the contribution shown will include any Waiver Benefit costs paid by your employer in terms of this application.

**New members who joined after 5 April 2001:** the contribution shown is for retirement funding paid for by your employer. Any Waiver Benefit is extra and HM Revenue & Customs rules do not allow tax relief on the Waiver Benefit cost.

Source of funds is an industry requirement.

Please check this with your employer.

What is your Section Number for membership of the scheme?

Scale contributions may have already been agreed as part of the Scheme Terms.

Do you want your contributions based on:

1. Scheme Terms ☐ Please go to part (b) below if contributions are a percentage of earnings. Otherwise go to part (c) then (d).
2. Scheme Terms plus additional contributions ☐ Please go to part (a) below.
3. Individual choice ☐ Please go to part (a) below.

#### (a) Regular Contributions

Please show the total contributions amounts before any tax relief

Payable by You:  % or £  per month

Your employer:  % or £  per month

Please go to part (b) below, if contributions are a percentage of earnings. Otherwise go to part (c) then (d).

#### (b) Scheme Earnings (if contributions are a percentage of Scheme Earnings)

Please show your Scheme Earnings

£

#### (c) Single Contributions

Please show amounts before any tax relief

Payable by You: £

Your employer: £

Source of funds

Source of funds example: Earnings/Salary, Savings, Sale of Property

#### (d) Start Date

When do you want to start regular contributions?

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

Your employer may have set up a Scheme Investment Strategy where your contributions will be invested if you don't make your own investment choice. This does not represent a recommendation on behalf of Prudential. To find out whether your employer has chosen a Scheme Investment Strategy, please speak to the scheme adviser.

If your scheme is being used for qualifying purposes under the 'Better Workplace Pensions' initiative, your employer must have a Scheme Investment Strategy in place and the charges for this strategy cannot exceed an equivalent of 0.75% per year on the value of funds under management, excluding transaction costs.

Please show the percentage investment split you want for your plan if you do not want the Scheme Investment Strategy.

Please make sure your total equals 100%.

Fractions of less than 1% should not be used.

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

Please tick only one box.

These options do not apply to With-Profits investments

If you do not complete this section or if you answer Yes to the following question, we will invest your contributions in any Scheme Investment Strategy set up by your employer.

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

Do you want the Scheme Investment Strategy to apply?

Yes

☐

No

☐

If **Yes**, please now complete section F.

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, or you can leave the selection to us.

If you do NOT 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

Lifetime Investment Profile targeting **retirement options**

☐

Lifetime Investment Profile targeting **an annuity**

☐

Lifetime Investment Profile targeting **100% cash**

☐

Lifetime Investment Profile targeting **drawdown**

☐

If you want to choose the initial funds under a Lifetime Investment Profile, please complete the table above. If you have chosen one of the Lifetime Investment Profiles without choosing any investment linked fund(s), we will assume that you are happy to start with the funds we choose for you. There is a set basis, we do not make an individual choice. Your fund guide shows what this will be.

The discretionary distribution of death benefits means that Inheritance Tax will not normally apply.

If you want to choose additional beneficiaries, please write the details on a separate sheet of paper, and attach it to this form.

**Failure to complete this part may delay payment of death benefits.**

Please show details of the person you would want to get death benefits from your plan.

Prudential has discretion on the beneficiaries for death benefits. In exercising this discretion, Prudential is not legally obliged to follow your wishes, but will take them into account.

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Surname

Full forenames

Address

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

Postcode

Relationship to you (if any)

Proportion of benefits

%

(If not 100%, details of any additional beneficiaries should be attached to this application.)

The nominations expressed in this application can be changed at any time before you start drawing your pension benefits. If you want to change your nominations please complete another nomination form which is available from Prudential. You should regularly review your nomination of beneficiaries to ensure they reflect any changes in your personal circumstances. This is particularly important if someone you would like to benefit dies before you, or your relationship to them changes.

Please make sure that the total for all your chosen beneficiaries is 100%.

These options are not available if you are over age 60 (except for earnings related increases if waiver applied to your plan before age 60).

These options are available if your single contributions are part of a series of single contributions to a Scottish Amicable personal pension plan started before 6 April 2001, but not if you are starting a series of single contributions after age 60.

There must be at least five years between acceptance for Waiver Benefit for new regular contributions and the age when you want the benefit cover to stop. This waiver cessation age cannot be changed later.

The deferred period is the period before contributions start to be credited to your plan. The deferred period cannot be changed.

**If you are joining the Prudential (SAL)/Prudential (M&G) Scheme for the first time on or after 17 January 2005, you cannot apply for Waiver Benefit. If you first joined the Prudential (SAL)/Prudential (M&G) Scheme after 5 April 2001, Waiver Benefit cannot be added after the start date of the plan.**

If you already had a Scottish Amicable/M&G personal pension plan before 6 April 2001, any Waiver Benefit in respect of contributions added to the plan will be met from the total contribution for retirement funding. Also, if you choose waiver benefit and your employer is using your plan for qualification purposes under the 'Better Workplace Pensions' initiative, there is currently a charge cap equivalent to 0.75% per year on the value of funds under management (excluding transaction costs) for your Scheme Investment Strategy. If this is the case your total charges may exceed the charge cap mentioned above.

However, if you started your personal pension plan on or after 6 April 2001 any Waiver Benefit cost does NOT qualify for pensions income tax relief (RAS) AND is payable in addition to pension plan contributions.

#### Regular contributions:

I want to apply for Scheme Waiver Strategy\*

☐

I want to apply for Waiver Benefit

☐

Please go to part (a) below.

I **do not** want to apply for any Waiver Benefit#

☐

#### Single contributions:

I want to apply for Scheme Waiver Strategy\*

☐

I want to apply for Waiver Benefit

☐

Please go to part (a) below.

I **do not** want to apply for any Waiver Benefit#

☐

\* If you are applying for Scheme Waiver Strategy, please ignore the rest of this section and now go straight to section H.

# If you do not want to apply for any Waiver Benefit, please ignore the rest of this section and go straight to the Declaration – section K.

**If your Selected Retirement Age is 60 or below, cover for Waiver Benefit will stop on your Selected Retirement Age.**

**If your Selected Retirement Age is above 60, do you want Waiver Benefit to stop:**

Please tick one box

at age 60

☐

**OR** at your Selected Retirement Age

☐

If your Selected Retirement Age is over 65, Waiver Benefit will stop at 65 if you tick this box.

How long do you want the deferred period to be?

3 months

☐

6 months

☐

12 months

☐

Please proceed to section H

Failure to answer 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 proceed to section K if you are not applying for waiver benefit, please follow the instructions in sections H, I & J if you are applying for waiver benefit.

#### Important note

- Please take reasonable care to answer 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 may mean that your application will 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 that all the details are correct before you sign the

declaration. You are responsible for all the answers you or your Financial Adviser provide on this application. If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.

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.

It is very important that you tell us if there is a change between completion of this form and your pension starting to any of the information given in sections H, I & J or if you change your occupation.

#### 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 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 £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 will 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.

Name of your doctor

Your doctor's address

Postcode

Your doctor's telephone number

How long has he/she been your doctor?

 years

Please include area code.

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 details including type of cover, date and reason for decision, if known.



## Section H – Health details – complete if you are applying for Waiver Benefit – continued BN9

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 mountaineering, motor sports, hang-gliding, or underwater activity? Yes ☐ No ☐
- ii) live abroad apart from holiday visits? Yes ☐ No ☐
- iii) fly, except as a fare-paying passenger on an established public service? Yes ☐ No ☐

If you answered yes to any questions in Section H then please give full details.

Please now proceed to section I.

## Section I – Simplified acceptance for Waiver Benefit

The Simplified Acceptance Scheme is designed to minimise the information needed to qualify for Waiver Benefit for those who meet certain criteria.

Please complete this section only if you applied for Waiver Benefit in section G and

- you are under age 50 AND
- the total contribution will be £3,600 gross (including tax relief), or less.

If you are age 50 or over, or your contribution will be over £3,600, please go to section J.

1. Have you attended, or been advised to attend, any hospital or clinic for any form of advice, operation, treatment or tests within the last 12 months **OR** are you subject to regular medical review or receiving any form of medical treatment or attention? Yes ☐ No ☐
2. During the last three years, have you suffered from any anxiety, depression or any psychiatric disorder or any disease/disorder of the back **OR**, have you suffered from any illness or injury which prevented you from working for a period of two week or more? Yes ☐ No ☐

If you answered No to both questions, and are under age 50 with contributions of £3,600 gross (including tax relief) or less, please go to section K.

If you answered Yes to either question, please go to section J.

Failure to answer 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.

For this purpose, "contribution" is the yearly equivalent of current contributions to the Prudential (SAL) Stakeholder and Personal Pension Schemes on your behalf (regular and single contributions) already qualifying for Waiver Benefit under the Simplified Acceptance Scheme plus the contributions applied for in this form.

Colds, influenza and routine pregnancy consultations may be ignored.

Failure to disclose relevant information may result in non payment of a claim. Please do not assume that we will contact or obtain a report from your Doctor.

Please tick **only one box**.

Please complete this section only if you have applied for Waiver Benefit and the earlier notes tell you that you should also complete this section OR you want to have Waiver Benefit greater than any automatic cover provisions for the Scheme.

1. What is your height and weight? Height  Weight

2. 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 ☐

3. If you smoke cigarettes, how many do you smoke per day?

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

5. Are you suffering from any symptoms of illness or are you taking pills, drugs  
or medicine or have you any physical defect or infirmity? Yes ☐ No ☐

Dates and details

Colds, influenza and routine pregnancy consultations may be ignored.

6. In the past five years have you

(i) consulted any doctor? Yes ☐ No ☐

(ii) been prescribed any pills, drugs or medicine? Yes ☐ No ☐

(iii) been off work for two weeks or more due to illness or injury? Yes ☐ No ☐

Dates and details

Failure to disclose relevant information may result in non payment of a claim. Please do not assume that we will contact or obtain a report from your Doctor.

Colds, influenza and routine pregnancy consultations may be ignored.

7. Have you in the last 5 years consulted a doctor or any other medical professional, in relation to, any operation, x-ray, check-up or any other investigation or test or are you intending to do so?
- Yes☐
- No☐

Dates and details

8. 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.

9. Has your father, mother, or any brothers or sisters suffered or died, prior to the age of 65, from any heart disease or disorder, high blood pressure, stroke, diabetes, cancer, kidney disease, multiple sclerosis, haemochromatosis, motor neurone disease, Huntington's disease, muscular dystrophy or any other 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			
Age at death (if applicable)			

Please read this section carefully before you sign and date this form.

As HM Revenue & Customs grant tax relief at source on the strength of this application, you should be aware that it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

1. **New members only:** I apply for membership to the Prudential (SAL)/Prudential (M&G) Personal Pension Schemes. I agree to be bound by its Rules. Please treat this form as several Applications under the Scheme.

**All members:** I agree that the Scheme Administrator should decide on the number of Arrangements.

2. 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.
- my total contributions to all UK registered pension schemes (schemes that attract tax relief) are subject to HM Revenue & Customs limits and cannot exceed the higher of:
  - (i) my Relevant Earnings (broadly UK taxable earnings directly from a trade, or profession or employment) and
  - (ii) £3,600 gross (including tax relief), if my Relevant Earnings do not exceed £3,600.
- if I cease to be a UK resident, for tax purposes or cease to be eligible for tax relief on any contributions that I am paying (because my earnings have reduced), I will write to Prudential to confirm this before the later of
  - (i) 30 days after the change, and
  - (ii) the 5 April at the end of the tax year when my circumstances change.

3. I understand that

- my regular contributions, if any (net of tax at the basic rate) will be deducted from my earnings after all other deductions and will be sent to Prudential along with my employer's/firm's contributions (if any) and I authorise such deductions from my earnings.
- if my employer is contributing to the plan, my employer intends to continue to contribute but may stop at any time and, if this happens, I will be told.

- I can alter the terms of my plan by giving revised instructions to Prudential, in writing, and that these revisions can be either directly from me, from my employer, or from the financial adviser who arranged my plan (or from any other adviser agreed by my employer as the adviser dealing with the Group Personal Pension Scheme and confirmed in writing to Prudential) provided that Prudential agree the proposed change(s) and that they are allowed in terms of the Rules.

- Prudential may alter the terms of my plan if I apply to continue the plan having left the Group Personal Pension Scheme.

- tax rules may change in the future and are liable to change without notice. The impact of taxation (and any tax reliefs) depends on individual circumstances.

I understand that if I am a member:

- Who joined the Prudential (SAL)/Prudential (M&G) Personal Pension Scheme for the first time prior to 6 April 2001, and

My employer is using my scheme for qualifying purposes, and

I have chosen waiver of premium, my charges may exceed the charge cap of 0.75% per year on the value of funds under management, excluding transaction costs.

4. I consent to

- Prudential giving my employer/firm information about my plan.
- Prudential getting more information, and I consent to the giving of such information, as may be necessary for the installation and administration of my plan.
- Prudential providing the Financial Adviser detailed in this Application Form, information on all my Prudential Individual Pension Plans (including group arrangements). This authority is valid until it is cancelled, in writing, by me, or by submission of future applications.

**How we use your personal information**

We, Prudential UK (part of M&G plc), 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 or other legal bases 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 may 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 and, where applicable, the UK Government has issued a data protection 'adequacy' decision, or to other countries, such as India or the United States of America, but only where appropriate safeguards have been put in place first. In more limited circumstances, we may also need to rely on a derogation under applicable privacy laws.

If you want to know more about these safeguards – like our use of the European Commission's or UK's Model Clauses which govern the transfer of information outside of the European Economic Area and UK respectively – 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](https://www.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.

### 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, 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 Your Statutory Rights Under The Access to Medical Reports Act, 1988 and The Access To Personal Files and Medical Reports (NI) Order 1991**

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 premiums at standard rates.
- setting exclusions or postponing cover.

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

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.

☐



**Declaration**

- I understand that this Application is subject to written acceptance by Prudential.
- 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.

Prudential as administrator agrees to administer the prudential (SAL)/(M&G) personal pension schemes as required by the rules of the scheme.

If this application has been pre-filled for you, you should read all the statements and answers carefully (to recheck your understanding and the accuracy) before signing the form.

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

For your own benefit and protection you need to read carefully the documentation provided before signing this form. You also need to 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.

Signature of applicant

Date

D	D	M	M	Y	Y	Y	Y
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Please complete this section to show the adviser charge details for any single contribution in this application. Please note that if this scheme is being used for qualifying purposes under the 'Better Workplace Pensions' initiative, we will not pay commission.

## Flat percentage NOT LAUTRO

Tick only one box

% to be taken

a) Initial

☐ %

b) Fund related

☐ %

c) Mixed initial/Fund related

☐

Initial

 %

Fund related

 %

d) Nil adviser charge

☐

Your Prudential Company Representative Number (if applicable)

e.g. 1 2 3 4 5 X

Your FCA number (Registered Individuals)

R.I. number

e.g. A B C 1 2 3 4 5 or

Registered individual's forename

and

Registered individual's surname

Was advice given?

Yes

☐

No

☐

## For Prudential Use Only

Cheque Acknowledgement Number

Cheque amount

£

Date Stamp

Advice given

PFR

Yes

☐

No

☐

CCC

Yes

☐

No

☐

SCC

☐

M

Yes

☐

No

☐

EC

Yes

☐

No

☐

AM

AC

Yes

☐

No

☐

AOI



