

Omni Pension Plus Series 3 new member's schedule

About this form

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Please use black ink and write in CAPITAL LETTERS or tick \checkmark as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application. Please help us by filling in this form fully and accurately. Failure to disclose any facts which would be likely to influence Prudential's assessment or acceptance of this application may lead to the cancellation of the contract.

If you have any doubt about whether a fact would be important to us, please provide full details.

This form is not suitable for contract features noted below. Please contact us if any of these are required.

A) Level contributions.

B) Different frequency of contributions from that below.

C) Investment details differ from Scheme Investment Strategy.

Scheme name

Principal employer
Employer by whom members are paid (if different)
Scheme number (if known)
Date of entry to scheme for the members specified overleaf D D M M Y Y Y Y
Frequency of contributions specified overleaf Monthly Yearly
Notes
1. Age admission, column 7

Insert "Y" if you have verified the member's date of birth.

- 2. Please complete "NIL" for any of these options not required (columns 11 14).
- 3. If the single contribution is a transfer value, you must not complete column 15, but use the Application to transfer to a company pension (for all pre-premier series) Form. You can get this from financial adviser. If you don't have a financial adviser please contact us on 0808 234 3030 between 8:30am to 6:00pm Monday to Friday. We might record your call for training and quality purposes. To find out more about how we use your personal data please visit pru.co.uk/mydata A cheque is required for any single contribution.
- 4. Absent from work, column 17

Insert "Y" for any member who is to be provided with death benefit and has been absent from work due to illness or injury in the last two months and complete the section on the back of this form.

5. Employers must have the written agreement of the member to deduct any contributions from the member's earnings.

Please give full details of any restrictions to the benefits, for any of the individuals shown on the schedule, as a result of a Court Order/Agreement, following a divorce.

1. National Insurance number								2. Title Mr/Mrs Miss/Ms	3. Surname	4. Forename(s)	5. Sex M/F	6. Date of birth			7. Age verified Y/N (See note 1)
								<u></u>							

8. Normal Retirement Date	9. Scheme Earnings £	10. When do you want contributions to start? M/Y		11. Employer's annual contribution rate % (max 2 decimal places) (See Note 2)	12. Member's annual contribution rate % (max 2 decimal places) (See Note 2)	13. Death benefit Scheme Earnings multiple (See Note 2)	14. Member's AVC contribution rate % (max 2 decimal places) (See Note 2)	15. Single contribution (See Note 3) £	16. Member's AVC contribution (if any) included in 15 £	17. Absent from work (See Note 4) Y/N

Please complete details in the section below for any member who is to be provided with death benefit and who has been absent from work due to illness or injury in the last two months.

The undernoted members have been absent from work for the period shown and for the reasons given:

Name	Period of	absence	Reason for absence		
	From	То			

Trustees' Declaration

- 1. We agree that the members named in this application should be admitted as members of the scheme.
- 2. We declare that to the best of our knowledge and belief the information given in this application is true and complete and shall, along with Prudential's Acceptance, form part of any resultant contract.
- 3. We agree that all contributions in terms of this application should be invested in accordance with the Scheme Investment Strategy.
- 4. We agree that contributions and death benefit, if requested, shall be provided by the method chosen on the Employer's Application.
- 5. We will provide a copy of Prudential's Data Protection Notice to members to be admitted to the scheme at the time their personal data is collected.

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

Signed for and on behalf of the Trustees	Date D D M M Y Y Y Y
For Prudential use only Cheque acknowledgement number	Cheque amount £
Date stamp	

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