

# New Member's Schedule

**How to fill out this form**

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

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

**About this form**

Please ensure the following answers are true and complete. Failure to disclose material facts (i.e. facts likely to influence Prudential's assessment or acceptance of this application) may lead to cancellation of the contract. If you are in any doubt as to whether facts are material full details should be provided.

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

This form should not be used for members whose death benefit is to be a fixed amount, for whom the scheme investment strategy is not to apply, or where a single contribution is to be made.

Principal Employer

Employer by whom members are paid (if different)

Scheme Number  
(if known)

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Date of entry to scheme for the members specified overleaf

D	D	M	M	Y	Y	Y	Y
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Frequency of contributions specified overleaf

Monthly  Yearly

Is the cost of any death benefit being applied for to be included in the contributions specified?

Yes  No

**Notes**

- Age admission, column 7:**  
Insert "Y" if you have verified the member's date of birth.
- Yearly Earnings, column 8:**  
This figure will allow us to give more meaningful quotations. We will compare estimated eventual benefits with the estimated retirement earnings. If you don't give an earnings figure, we will use the current weekly average earnings figure projected to the retirement date for the comparison.
- Absent from work, column 15:**  
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.
- All questions should be answered for all members. If there is no member contribution or death benefit insert "nil". (Columns 13 and 14.)
- Employers must have the written agreement of the member to deduct any contributions from the member's earnings. Forms are available from Prudential for this purpose, if desired.

1. National Insurance Number	2. Member's Title Mr/ Mrs/ Miss/Ms	3. Surname	4. Forename(s)	5. Sex M/F	6. Date of Birth	7. Age admission See Note 1 Y/N
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8. Yearly Earnings See Note 2 £	9. Normal Retirement Date	10. Scheme Earnings £	11. When do you want contributions to start? M/Y		12. Employer's Annual Contribution Rate %	13. Member's Annual Contribution Rate % See Note 4	14. Death-in-Service Benefit Scheme Earnings Multiple See note 4	15. Absent from work See Note 3 Y/N

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	To	

### 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 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.

Signed for and on behalf of the Trustees

Date

D	D	M	M	Y	Y	Y	Y
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### For Prudential Use Only

Cheque Acknowledgement Number

Cheque Amount

£

Date Stamp