

Application form

How to fill out this 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.

Your Fund Guide is available at www.pru.co.uk/pdf/ INVB6572.pdf or on request.

Please make sure you include your postcode, as we are unable to process this application without it.

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

For further information please speak to your Financial Adviser.

About this form

If you have any questions about this form, you can call us on **0345 640 2000** between 8am and 6pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes.

Remember to complete the Direct Debit form in order to set up monthly payments from your Bank or Building Society account.

Please return all 10 pages of this form in the enclosed reply paid envelope to:

FREEPOST, Prudential, Lancing BN15 8GB

Section 1 – About you

Please read the Key Features Document for important information regarding the key risks and benefits of the product to help you make a decision. Please also read your Fund Guide for 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.

Please note, there may be restrictions if you wish to invest your payment(s) into unit-linked funds – please see Section 3 for more details.

If you are restarting payments into your plan, please refer to the illustration provided at the time of your original payment for details of the charges and costs that may still apply.

Please note that no commission or adviser charges will be taken from the plan.

Was advice given?	Yes	No	
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rour Prudential Personal Pension (Membership) number	
Title Mr Mrs Miss Ms	Other
Surname	Full forenames
Permanent /Residential address	
	Postcode
Home telephone number	Work telephone number
Email address	
Have you previously accessed benefits flexibly*?	Yes No

If "Yes", please specify the date these were accessed

Note: Company Pension Schemes include Final Salary Schemes (also known as defined benefit) and Money Purchase Schemes (also known as defined contribution). It does not include other types of company pension arrangements offered by employers such as Group Personal Pension (GPP) and Stakeholder Pension (SHP).

Are you a member of or are you eligible to join a Company Pension Scheme now, that provides pension benefits? A Company Pension Scheme is a pension scheme provided by an employer for their employees. If you are employed and are unsure whether your employer provides a company pension and whether you are a member or eligible to become a member, please contact your employer before continuing with this application form). If Yes, go on to question b) below. If No, please go to section 3 and proceed with application.	pur employer's name			
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in the first and are to proceed with this application, amount has been daried by your maintain have	If No . You are unable to proceed with this application, unless i	t has been advis	sed by your Financ	cial Advise

* The Government
limits the amount that
can be contributed
every year before
incurring tax penalties.
For more information
please see your Key
Feature Document.

Chosen Funds

Amount of pension payments to be restarted £ net*

Please tell us where you would like your payments to be invested. You can only choose to invest your regular payment in any of the unit-linked funds if you are currently investing regular payments into one or more of these funds. You can only choose to invest your lump sum payment into any of the unit-linked funds if you have previously invested into one or more of these funds.

Regular Contributions

Single Contribution

If you do not tell us, we will continue to invest payments in the same fund as previous payments.

	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
	%	%
Total	100%	100%
Does this choice of funds relate to: A All future contributions B Your total investment If you do not tell us, then this will only apply to future contact Alternatively, if you have chosen to invest in unit-linked furthis means that we will automatically switch your investry Selected Retirement Date. Please choose which lifestyle option you would like. Lifetime Investment Profile targeting retirement options Lifetime Investment Profile targeting an annuity Lifetime Investment Profile targeting 100% cash Lifetime Investment Profile targeting drawdown	unds, you can choose one o	ds as you approach your
A market value adjustment may be applied to your fund v For further details, please refer to the Key Features Docur your Fund Guide. Do you wish to pay all or some of the outstanding payme	nent. For more information	
If Yes , how much would you like to pay.*		

* If the arrears you pay do not equal an exact number of payments the difference will be returned to you.

Please enclose a cheque made payable to The Prudential Assurance Co Ltd.

For Bank/Building Society "Counter" cheques or Money Orders, the Bank/Building Society should include reference to the name of the account holder of which the funds have been withdrawn from.

For example, "pay... The Prudential Assurance Company Ltd – Re: Your name".

You must be aged under 59 at the date of application and make your existing payments by monthly Direct Debit to add Waiver of Premium to your pension payments. Your health record and occupation must also be acceptable to Prudential.

You must have been a member of the scheme on or before 5 April 2001 to add Waiver of Premium to your plan.

If Waiver of Premium is either to be added or to remain, please complete the Health questions in section 4.

Note: If your payments are currently protected and you tick "no" or do not tick a box Waiver of Premium will be removed from all your payments.

Section 3 – Where would you like your payments to be invested? – continued

Date from which payments are to be restarted.

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If payments were to be increased 5% automatically each year, this option will remain on your pension **unless** you tick the box opposite.

If your existing payments do not increase 5% automatically each year and you would like to **add** this option please tick the box opposite.

If Waiver of Premium was included in your pension payments, then this benefit will remain on your pension **unless** you tick the box opposite.

If your existing pension payments do not have Waiver of Premium and you would like to **add** this option please tick the box opposite and complete the Health questions in section 4.

Section 4 – Protecting your pension payments

If you are aged under 59 at the date of this application, you can choose to protect your pension payments in case you have an accident or become too sick to work.

Only complete this section if:

• You already have Waiver of Premium and would like to continue with this option for your increased monthly pension payments or you would like to add Waiver of Premium to all your monthly pension payments.

Would you like to include Waiver of Premium on your monthly pension payments?

Yes No

IMPORTANT: Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't a claim may be rejected or not fully paid or your policy may be cancelled.

Please answer all questions as failure to do so will mean that your application may be delayed as we will have to contact you for the missing answers.

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

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 Waiver of Premium starting to any of the information given in Section 4.

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or nor paid in full.

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

Section 4 – Protecting your pension payments – continued

 What is your occupation? Occupation Business/Industry Self-employed? Does your occupation involve any form of r (including, but not limited to, lifting and car on your feet for long periods)? If Yes, please detail the main manual or physpecify the percentage of your day spent decrease. Task	rying or the need to work ysical tasks you do, starting with the task you do the loing this task.	No No e most and
Self-employed? 2. Does your occupation involve any form of r (including, but not limited to, lifting and car on your feet for long periods)? If Yes, please detail the main manual or phy specify the percentage of your day spent details.	manual or physical activity rying or the need to work ysical tasks you do, starting with the task you do the doing this task.	No
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specify the percentage of your day spent d	doing this task.	e most and
Task	%	
		of day
	'	
3. Does your occupation involve any work at underwater, or driving more than 18,000 n		No
under water, or anving more than 10,000 in	mes per armam:	
If Yes, please give full details i.e. maximum mileage etc.	height at which you work, whether explosives are to	ısed, annual
4. Does your occupation involve working with	n any form of machinery or tools? Yes	No
If You please give full details i.e. Type of ma	achinory/tools and percentage of day spont	
If Yes, please give full details i.e. Type of mausing machinery/tools.	achinery/tools and percentage of day spent	
	achinery/tools and percentage of day spent	
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	achinery/tools and percentage of day spent	
	achinery/tools and percentage of day spent	
	achinery/tools and percentage of day spent	
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using machinery/tools. 5. Please tell us your current height and weig	yht:	lhe
using machinery/tools.		lbs

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or nor paid in full.

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

Section 4 – Protecting your pension payments – continued

He	ealth questions		
6.	Have you attended or been advised to attend any doctor, osteopath, chiropractor, acupuncturist, physiotherapist, consultant, hospital or clinic for any form of advice, operation, treatment or tests within the last 5 years or are you subject to regular medical review or receiving any medical treatment or attention? (Colds, influenza, minor injury and routine pregnancy consultations may be excluded). If you answered "yes" please provide details in the boxes below, continuing on a	Yes separate piece o	No
	more space is needed.		
7.	During the last 3 years, have you suffered from:		
	i) any anxiety, depression or any other mental health disorder?	Yes	No
	ii) any disease or disorder of the back, spine or joints?	Yes	No
	iii) any illness or injury which has prevented you from working for a period of two weeks or more?	Yes	No
	If you answered "yes" please provide details in the boxes below, continuing on a more space is needed.	separate piece o	f paper if
	Name of condition, if known		
	Trackrount/modication /normal/decomp		
	Treatment/medication (name/dosage)		
	Part(s) of body affected		
	and sy or body directed		
	Nature and frequency of symptoms (with dates)		

Failure to answer the questions honestly and with reasonable care may result in your claim being rejected or nor paid in full.

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

	Section 4 – Protecting your pension payments – continued		
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 you answer yes, please give full details, including the name of the condition and	d date test was ca	rried out.
9.	Do you, or do you intend to, participate in any sport or pastime that involves any additional risk of accident such as, but not limited to, motor/motorcycle sports, mountaineering, underwater activities, private flying or hang gliding?	Yes	No
	If Yes, please give full details including number of events or hours you undertake	per annum.	
10	. Please tell us the name and address of your doctor		
	Doctor's name		
	Doctor's address		
	P	ostcode	
	Doctor's telephone number (including STD code)		
	How long has he/she been your doctor	rs	

Section 5 - Please read and sign this

Now you must read, sign and date this declaration.

For your own benefit and protection you need to read carefully the documentation provided before signing and returning 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.

The completed form will act as an application for tax relief on your payments and some of the information is required for income tax purposes. The giving of false information is a serious offence and would lead to prosecution by HM Revenue & Customs. The penalties are severe. Please note that the payment forms part of the application. An incorrectly completed payment instruction may require us to return your application, which could have an adverse affect on the initial purchase price of your investment and/or reject your application.

I apply to restart my pension payments within my Prudential Personal Pension plan (the plan) and declare that:

- I am resident, or usually resident in the United Kingdom, or am a Crown Servant working overseas or a spouse or civil partner of a Crown Servant.
- I agree to be bound by the plan's terms and conditions as amended from time to time by Prudential.
- I acknowledge that the plan and its arrangements are subject to the continued approval of the Board of HM Revenue & Customs.
- I also agree in accordance with the Social Security (Disclosure of State Pension information)
 Regulations 2000 to the Department for Work and Pensions disclosing any state pension details to Prudential or its appointed agents.
- To the best of my knowledge and belief, the information given in this application is true and complete.

I understand and agree that:

- My application to restart and/or increase payments to the plan and each benefit proposed in this application are subject to acceptance in writing by Prudential.
- Plan benefits are subject to the requirements of the law, and as such cannot be assigned or surrendered and do not have any value for the purpose of a loan.
- The earliest date that any payments from whatever source will be applied to secure Pension Benefits is the date Prudential receives such payments.

I declare that

- 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) will not exceed the higher of
 - (i) my Relevant Earnings (broadly UK taxable earnings directly from a trade, or profession or employment) and
 - (ii) £3,600, if my Relevant Earnings do not exceed £3,600 gross (including tax relief).
- 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.

The amount of tax relief you will receive is subject to HMRC limits.

A copy of plan terms and conditions and completed application form are available on request.

How we use your personal information

We, Prudential UK (part of M&G plc), take the privacy and protection of your personal information seriously.

So 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, such as 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.

Section 5 – Please read and sign this – continued

Part A – How we use your personal information and why

We, M&G plc and our Business Partners, will use the personal information you provide to us, together with other information, for the following purposes:

- the administration of our products and services, including to enable us to perform our obligations 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.

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.

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.

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

Section 5 - Please read and sign this - continued

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. 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.

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**.

Section 5 – Please read and sign this – continued

Contact us

If you want to exercise your rights in Part E or if you require any other information about any other part of this notice, you can contact us in a number of different ways.

Write to us at: Customer Service Centre

Prudential Lancing BN15 8GB

Call us on: 0800 000 000

Or visit: pru.co.uk

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

Signature	Date
	D D M M Y Y Y Y

Monthly payments – Direct Debit Instruction to your Bank or Building Society to pay Direct Debits

Please fill in the whole form



Name and full postal address of your Bank or Building Society branch	4. Bank or Building Society account number	
To: The Manager	5. Prudential's reference number	
Address		
	6. Instructions to your Bank or Building Society. Please pay	
Postcode	Prudential Direct Debits from the account detailed on this Instruction, subject to the safeguards assured by The Direct	
2. Name(s) of account holder(s)	Debit Guarantee. I understand that this Instruction may remain with the	
	Originator mentioned above and if so, details will be passed electronically to my Bank or Building Society.	
Branch sort code (from the top right hand corner of your cheque)	Signature	
Service User Number (Official Use Only)	Date	
9 4 0 3 3 7	D D M M Y Y Y Y	
	Signature	
	Date	
	D D M M Y Y Y Y	

pru.co.uk

"Prudential" is a trading name of The Prudential Assurance Company Limited which is registered in England and Wales. Registered Office at 10 Fenchurch Avenue, London EC3M 5AG. Registered number 15454. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

The Direct Debit guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit, Prudential will notify you at least 5 working days in advance of your account being debited or as otherwise agreed. If you request Prudential to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit by Prudential or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when Prudential asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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