

Application to restart pension payments

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.

About this form

Please return all pages of this form in the enclosed reply paid envelope to:
Prudential, Lancing BN15 8GB.

This form may be used for applications to restart pension payments. 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 refer to the illustration provided at the time of your original payment for details of charges that may still apply.

For office use only

Sort Code

Was advice given? Yes No

Part 1 – About you

Your Prudential Personal Pension Policy number

Your full name

Permanent residential address

Postcode

Home telephone number

Work telephone number

Part 2 – About what you do

1. What is your occupation?

2. Are you currently:

(a) a member of a company pension scheme that provides pension benefits? Complete section A

(b) eligible to join a company pension scheme? Complete section B

(c) eligible to join a company pension scheme in the future? Complete section C

(A company pension scheme is a pension scheme provided by an employer for their employees. It's different to a group personal pension scheme, which your employer might provide as well as or instead of a company pension scheme. If you're employed and are unsure whether your employer provides a company pension scheme and whether you're a member or eligible to become a member, please contact your employer before continuing with this application form).

Section A

If you're currently a member do you intend to leave this scheme in order to commence contributions into this plan? Yes No

If Yes, you're unable to proceed with this application, unless it has been advised by your financial adviser. (Prudential believe that it is normally in your best interests to join a company pension scheme).

If No, proceed with application.

Section B

If you're eligible to join your company pension scheme now, do you intend to join? Yes No

If Yes, proceed with application.

If No, you're unable to proceed with this application, unless it has been advised by your financial adviser. (Prudential believe that it is normally in your best interests to join a company pension scheme).

Section C

Will you be able to join a company pension scheme at a future date? Yes No

If Yes, please inform us of the date on which you'll become eligible to join the company pension scheme and proceed with application.

(Please note: Prudential will be unable to accept your application form without this information).

Date become eligible to join company pension scheme:

D	D	M	M	Y	Y	Y	Y
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Please note: If you're eligible to join your company pension scheme within the next five years, we're unable to accept an application for regular contributions, but you can make single contributions.

If No, proceed with application.

Note: A company pension scheme includes 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).

Part 3 – Pension payment details

Amount of pension payments to be restarted

Amount

Do you wish to pay all or some of the missed payments?

Yes No

If Yes, how much would you like to pay?*

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

Bank/Building Society "Counter" Cheque/Money Order. The bank/building society should include reference to the name of the account from which the funds have been withdrawn when completing the name of the payee on the cheque/money order. For example, "pay ... The Prudential Assurance Company Ltd – Re; Your name".

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

When would you like your payments to restart?

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

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

If payment protection (formerly known as waiver of premium supplement) 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 payment protection and you would like to **add** this option please tick the box opposite and complete the health questions in Part 4.

Please refer to your policy document or contact customer services on 0345 640 2000 from Monday to Friday between 8am and 6pm for further information. Calls may be monitored or recorded for quality and security purposes.

Have you previously accessed benefits flexibly*?

Yes No

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

Note: Your existing frequency of pension payments will apply. If your existing payments were paid by monthly Direct Debit please complete the instruction in Part 5.

We will invest your payments into the same fund(s) as previous payments.

Note: If the benefit is to remain on your plan and your premiums have been unpaid for six months or more please complete the health questions in Part 4.

* 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.

Part 4 – Health questions

Important Information for customers

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 in this form 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 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 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 the answers to these questions.

If you do not your plan may be cancelled and any claim may not be paid.

Please complete

1. Your current occupation

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 at which you work.

2. What is your height?

What is your weight?

3. 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 five 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 yes, please provide details in the box below

Yes No

4. Have you ever suffered from back or neck discomfort or joint problems or have you ever had any illness or injury requiring more than two weeks off work?

Yes No

If yes, please provide details in the box below

If you answered yes to question 3 or 4 then please give us full details of your condition here. Please tell us the name of your condition, the frequency and type of symptoms you have or have had. Please also tell us what treatment you've received and what investigations you've had and along with any time off work as a result of your condition. Please continue on a separate sheet if necessary.

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.

Part 4 – Health questions (continued)

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.

5. 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 answered Yes, please give full details, including the name of the condition and date test was carried out.

6. 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/motor cycle 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

7. Please tell us the name and address of your doctor

Doctor's name

Doctor's address

Postcode

Doctor's telephone number (including STD code)

How long has he/she been your doctor

yrs

The Direct Debit Guarantee





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

To: The Manager
Address
Postcode

- Name(s) of account holder(s)

- Branch sort code (from the top right hand corner of your cheque)

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- Service User Number (SUN) (official use only)

9	4	0	3	3	7
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- Bank or Building Society account number

- Prudential's reference number

- Instructions to your Bank or Building Society. Please pay Prudential Direct Debits from the account detailed on this instruction, subject to the safeguards assured by The Direct 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.

Signatures

Date

D	D	M	M	Y	Y	Y	Y
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Signatures

Date

D	D	M	M	Y	Y	Y	Y
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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.

Part 6 – Important notes

- 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 could mean your application is rejected.
- Your revived benefits will not start until Prudential has assessed and accepted your application for these benefits.
- 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're 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 reassurance 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.
- On occasion the faxing of medical reports may help to ensure a speedier assessment of your application. Prudential only accepts faxed information direct to a fax machine in a secure part of its customer service office. This ensures that strict confidentiality is maintained.
- If you're applying for life assurance with other companies at the same time, by signing the declaration you are consenting to copies of medical reports being sent to these other companies at their request. However, we'll ask for your specific written permission before doing so.
- The plan is a UK registered pension scheme.
- If you're unsure as to whether any information should be given, you should provide it.

Part 7 – Declaration

- I understand that the revival of each benefit is subject to acceptance of this application by Prudential.
- 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.
- I understand that policy 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.
- I agree to Prudential accepting medical reports faxed directly to Prudential from my doctor's surgery. I do not* object to copies of the report being faxed to any other company that I have applied to at their request. (*Delete the word "not" if you do not want us to fax information.)
- This information can also be used to maintain management information for business analysis.
- I consent to the company requesting a medical report from my doctor after the contract has commenced and agree that if I have not disclosed all information relevant to my application, the company may need to reconsider the terms offered to me or cancel my cover.
- I will inform Prudential when I become eligible to join my company pension scheme even though I might decide not to join it.
- If premiums are paid by variable amount Direct Debit I understand that subject to and following acceptance, the Direct Debit demands from my account will commence on or immediately after the date of revival. If Prudential are unable to commence debits on that date, appropriate arrears will be debited at the first available opportunity.
- I will inform Prudential immediately of any changes that occur before the payment protection (formerly known as waiver of premium supplement) is revived. I understand that failure to do so may result in these benefits being declared void, and that a claim for the proceeds may not be paid.
- By signing this declaration I am allowing you to process my application using the information that I have given. You may also use this information to process any claim made on this policy.
- A copy of the agreement given in this declaration will have the validity of the original.

Part 7 – Declaration (continued)

A copy of this completed application and the plan's full terms and conditions are available on request.

Calls may be monitored or recorded for quality and security purposes.

How we use your personal information

For a copy of our latest Data Protection Notice, please visit pru.co.uk/mydata. This details how and why we use your personal information (including any sensitive personal information), who we may share it with and your rights around your personal information. Alternatively, you can request a hard copy to be sent to you by writing to The Data Protection Officer, Customer Service Centre, Lancing BN15 8GB.

Please note that 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.

By signing and returning this form, you consent to us processing your sensitive data.

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.

Signatures

Date

D	D	M	M	Y	Y	Y	Y
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