

Flexible Investment Plan

Application form

Retirement has more potential with

PRUDENTIAL



Some important information before you start

To take out a Flexible Investment Plan you must be:

- aged 18 or over
- a UK resident
- in the UK when you sign the document
- able to invest at least £10,000 to start with.

Please read your key features document and have it with you when you fill in the form.

If you are covering one person for Death Benefit, that person must be aged from 3 months to 89 years.

If you are covering two people for Death Benefit and you want the plan to end:

- when the **first** person dies, both people must be aged from 3 months to 89 years when you take out this plan
- when **both** people have died, at least one person must be aged from 3 months to 89 years when you take out this plan.

About filling in the form

- 1 Follow the instructions about who needs to fill in which sections.
- 2 If you need more space for your answers, fill in a separate continuation sheet, mark it with the section and question number and attach it to this form.
- 3 Please use black ink. Write in capital letters. Tick [✓] the appropriate boxes.
- 4 If you make a mistake, please cross out the mistake, and each owner must initial any changes. If you make a mistake on the cheque, you must countersign rather than initial any changes.

About the form sections

Section 1 is about the policy owner, and the lives assured (all applicants must fill in this section)

Section 2 is about your investment (all applicants)

Section 3 is about optional product features (applicants complete the options required, if any)

Section 4 is the declaration (all applicants)

Section 5 is for completion by the Financial Adviser only

For example...

If you are a **single** person investing, and your **own life** is being assured:

- complete Section 1.1 to 1.3 – first owner's details
- all of Section 2
- the options you require (if any) in Section 3
- sign at Section 4.2
- your Financial Adviser completes Section 5.

If you are investing as a **Company** or **Organisation**, for example, and your **own life** is being assured:

- complete Section 1.1 to 1.3 – first owner's details
- all of Section 2
- the options you require (if any) in Section 3
- sign at Section 4.3
- your Financial Adviser completes Section 5.

Questions about this form?

If you are an Adviser, please call our Adviser Centre on **0800 234 0808**.

If you are a prospective Policyholder, please speak with your Financial Adviser or call our Policyholder Service Centre on **0800 000 000**.

Our web addresses are **www.pruadviser.co.uk** for financial advisers and **www.pru.co.uk** for policyholders.

When you have finished filling in the form

Please send this form and its attachments back to us in the prepaid envelope or to:

Freepost, Prudential, Stirling, FK9 4UE

Make any personal cheques payable to The Prudential Assurance Company Limited.

For bank and building society 'counter' cheques, please make payable to The Prudential Assurance Company Limited and clearly include your name on the payee line.

If you send a cheque or application form incorrectly filled in, we may have to return the application which could in turn affect the date on which your investment is made.

1 Personal details (all applicants)

Please use black ink. Write in capital letters. Tick [✓] the appropriate boxes.

About the owners of the plan

1.1 Is the plan to form part of a new trust or existing trust?

No → Go to 1.3 Yes

1.2 Is the plan to be issued to the trustees of an existing trust?

No
 Yes – A certified copy of the trust must be provided. Give the name of the trust

or

Is the plan to be issued under a new trust?

No
 Yes – Please send in a completed trust deed with this application.

Where this plan is to be part of a loan trust, or it is to form part of an existing trust, the Trustees should complete as owners. For all other trusts it should be the person making the investment who should complete as owner.

1.3 Fill in the details for the owners of the plan – the person or people taking out the plan.

If the plan is to be owned by a company, do not complete section 1.3. Please complete section 4.3.

First owner or trustee if applicable

Title

Mr Mrs Miss Ms Dr Other

If more than two trustees, please complete details of additional trustees on a separate sheet and attach with this application.

First names

Surname

Gender

Male Female

Date of birth

Phone number

Email address

Address

Postcode

For joint owners with different addresses, we send all future correspondence to the first owner.

Second owner or trustee if applicable

Title

Mr Mrs Miss Ms Dr Other

First names

Surname

Gender

Male Female

Date of birth

Phone number

Email address

Address

Postcode

Personal details (continued)

About the lives assured

1.4 Are the owners of the plan to be the lives covered on death?

Yes → Go to 2

No → Go to 1.5

1.5 Fill in the details of the lives assured – the people to be covered for death benefit by the plan.

First life assured

Title

Mr Mrs Miss Ms Dr Other

First names

Surname

Gender

Male Female

Date of birth

Relationship between the owner and the life assured

Spouse Co-habiting partner Family member Civil partner

Trustee of an existing trust Other*

By Owner we mean individual, Trustee or Company.

**If you select 'Other', under UK Law you will need to demonstrate an 'insurable interest' at the time the plan is taken out. This exists where the owner derives a financial benefit from the continued existence, or would suffer a financial loss if the person covered by the plan were to die.*

Second life assured

Title

Mr Mrs Miss Ms Dr Other

First names

Surname

Gender

Male Female

Date of birth

Relationship between the owner and the life assured

Spouse Co-habiting partner Family member Civil partner

Trustee of an existing trust Other*

Now go to section 2 – About your investment →

2 About your investment (all applicants)

Details of the applicant

- 2.1 I / We confirm that the funds for this application have not come from a full or part withdrawal from a Prudential or Prudential International investment in the last 12 months.

If Prudential discover this to be incorrect, we may cancel your plan at any time. If we do, we will return your initial investment less any withdrawals.

- | | First owner | Second owner
(joint owner applications) |
|--|---|--|
| 2.2 Occupation/
Nature of
business | <input type="text"/>
Trustees should just put 'Trustee'. | <input type="text"/> |

This product is in the 'increased risk' category of the Joint Money Laundering Steering Group guidance. Questions 2.2. to 2.5 are required in order for us to meet our Money Laundering requirements.

- | | | |
|-------------------|--|--|
| 2.3 Annual income | <input type="checkbox"/> 0 – £14,999 | <input type="checkbox"/> 0 – £14,999 |
| | <input type="checkbox"/> £15,000 – £29,999 | <input type="checkbox"/> £15,000 – £29,999 |
| | <input type="checkbox"/> £30,000 – £59,999 | <input type="checkbox"/> £30,000 – £59,999 |
| | <input type="checkbox"/> £60,000 – £99,999 | <input type="checkbox"/> £60,000 – £99,999 |
| | <input type="checkbox"/> £100,000 – £149,999 | <input type="checkbox"/> £100,000 – £149,999 |
| | <input type="checkbox"/> More than £150,000 | <input type="checkbox"/> More than £150,000 |

Corporate Owners and Trustees do not need to fill this in.

- | | | |
|---|---|----------------------|
| 2.4 Where will the funds for this investment come from? | <input type="text"/>
For example, a UK bank account. | <input type="text"/> |
|---|---|----------------------|

- | | | |
|----------------------------------|---|----------------------|
| 2.5 How did you raise the funds? | <input type="text"/>
For example, saved from salary, inheritance, property sale, divorce settlement. | <input type="text"/> |
|----------------------------------|---|----------------------|

About your investment payments and charges

- | | | |
|---------------------------------|---|--|
| 2.6 I / We would like to invest | £ <input type="text"/>
Minimum investment £10,000.
Maximum investment £500,000 (including top-up payments). | The maximum investment applies to each plan and to all plans held by each owner.
The maximum investment figure does not apply to any growth on your plan. |
|---------------------------------|---|--|

We may accept larger investments in some circumstances – contact your Financial Adviser for details.

- | | | |
|-------------------------------|--|--|
| 2.7 I / We would like to pay: | <input type="checkbox"/> by cheque / Bank Transfer | Make your personal cheque payable to The Prudential Assurance Company Ltd.
If the cheque is not drawn on your personal account, we may ask you to provide evidence that the money is yours. |
|-------------------------------|--|--|

For bank and building society 'counter' cheques, please make payable to The Prudential Assurance Company Limited and clearly include your name on the payee line.

- | | |
|---|--|
| <input type="checkbox"/> by share exchange facility | You can exchange some or all of your existing shares for an investment in the Flexible Investment Plan.
For further details please speak to your Financial Adviser. |
|---|--|

About your investment (continued)

About your investment payments and charges (continued)

2.8 Which product charge option would you like?

- No Initial Charge
- Initial Charge

Please refer to your key features document for details on these options.

2.9 Which Cash-In Charge option would you like?

- 3 year – the allocation rate will be reduced by 1%
- 5 year

Please note you cannot pick the 3 year option if you choose to invest in the PruFund Protected Cautious Fund in section 2.10.

Where to invest your money

2.10 My fund choice

Please enter the funds you have chosen. You can invest in up to 10 funds, with a minimum investment of £500 in each one.

Please fill in the fund name and % to be invested in each fund and make sure they add up to 100%

Fund names	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total percentage	100%

The Distribution Income Fund and any of the PruFund Funds each count as two out of your ten fund choices, as we will automatically add the Prudential Distribution Cash Fund or relevant PruFund Holding Account to your choice.

For more information on the funds you can choose from, please ask your Financial Adviser, look at the fund guide (INVB6466) or visit pru.co.uk

Now go to section 3 – Your options →

3 Your options (optional)

Death benefit

3.1 For joint life plans, would you like the death benefit paid when the last of the two people covered dies?

Only people taking out a joint life plan should answer this question.

- Yes *We will pay the death benefit for joint life plans on the second death, unless you tell us otherwise.*
- No

3.2 Would you like to take the Guaranteed Minimum Death Benefit – Return of Premium option?

- Yes *This option guarantees that the payment on death is your total investment less any withdrawals. Check your key features document for more details.*
- No

Regular withdrawals

3.3 Would you like to take a regular withdrawal from your investment?

- Yes → *Go to 3.4*
- No → *Go to 3.10, Further options*

3.4 How much do you want to withdraw?

- When regular withdrawals start or change, the amount requested during any 12 month period cannot exceed the greater of 7.5% of the full value of your plan, or if selected at the start of your plan, 7.5% of the total amount you paid in, except where you opt to receive Natural Income on your Distribution Income Funds or Regular Bonus as Income on the With-Profits Funds. Withdrawals of more than 5% from the With-Profits Funds may be liable to a Market Value Reduction.
- We take your withdrawals equally from all funds on your plan, unless you tell us otherwise in 3.7.
- If you invest in both of the With-Profits Fund Options (Optimum Bonus and Optimum Return), and select the Regular Bonus as Income option, withdrawals will be taken from both funds unless you tell us otherwise in 3.8.
- For the PruFund Protected Cautious Fund, the amount guaranteed will be reduced proportionately for any withdrawals you take.
- Starting regular withdrawals may affect your Annual Growth Reward (if applicable).
- The minimum payment is £50 – except under the Regular Bonus as Income or Natural Income options.

Please complete or tick one of the following options:

I / We would like to take:

£ per year

See your key features document for more details.

or % of my / our initial investment each year

or % of the value of my / our plan each year

or The Regular Bonus as Income Option (With-Profits only)

or Natural Income

These options only apply for Distribution Income Funds

or Natural Income capped at 5% of total investment Your total investment is the capital you invested, not the value of your plan.

Your options (continued)

The frequency of your withdrawals

3.5 I would like to receive payments: (please tick one of the options only)

- Every month
- Every three months
- Every four months
- Every six months
- Every twelve months

The four months and twelve months options are not available to Distribution Income Fund investors taking Natural Income.

3.6 I would like regular withdrawals to start on:

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

This must be at least 30 days after the start of your plan.

The earliest payment date for the **With-Profits Regular Bonus as Income Option** will be defined by the frequency you select. For example, if you want payments every three months, the earliest first payment will be 3 months from the acceptance of this application.

Payments normally reach your account within 5 working days of your chosen date.

If invested in a Distribution Income Fund, the date must be at least 30 days after the start of your plan and after the next distribution date.

Specific withdrawal instructions

3.7 I am happy for you to take my withdrawals proportionally from all of my chosen funds.

- Yes → Go to 3.9
- No → Go to 3.8

3.8 Enter the names of the fund you would like to withdraw from

Fund name:	
Fund name:	
Fund name:	
Fund name:	

You only need to fill this in if you want to specify which Funds you withdraw from.

This does not apply to investors in the Distribution Income Funds taking Natural Income.

Your account details

3.9 Please fill in the details of the account you would like us to pay withdrawals into.

Name of your bank or building society	Account name
<input type="text"/>	<input type="text"/>

We pay directly to your bank or building society, so please make sure your account can accept direct credit payments.

Sort code	Account number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Address of bank or building society

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

Further options

3.10 Please tick if you would like one of the further three options.
If you require none of the options, go straight to Section 4 Declarations →

- Automatic rebalancing facility → go to 3.11
- Programmed switching facility → go to 3.12
- Interest sweep → go to 3.13

You can only pick one of three further options, but you do not have to choose any.

Check your product pack for more details.

Your options (continued)

Further options (continued)

3.11 Option 1 – Automatic rebalancing facility

I / We would like to automatically rebalance the investment to the original investment allocations at the end of each plan year.

Now go to section 4 – Declarations →

You cannot choose this option for With-Profits (Optimum Bonus) Fund, With-Profits (Optimum Return) Fund, PruFund Funds and Prudential Distribution Cash Fund.

3.12 Option 2 – Programmed switching facility

3.12.1 – The amount

You must invest at least £10,000 in the 'nominated fund'.

Please enter the percentage, or the cash amount to be switched each month from the 'nominated fund'.

I/We would like % of the units to be switched each month over months

or

I/We would like the fixed sum of £ to be switched each month over months

If you have chosen option 1 or 3, do not fill in this section.

The Programmed Switching Facility must run for between three and 24 months from the start of the plan.

3.12.2 – The 'nominated fund'

The 'nominated fund' is CASH.

If you would like to choose a different 'nominated fund' please enter it below.

You cannot choose Distribution Income Funds, Distribution Cash Fund, Property Funds, PruFund Funds, With-Profits (Optimum Bonus) or With-Profits (Optimum Return) Funds.

3.12.3 – The funds to receive the switched amount

Please enter the names of the funds you would like to receive the switched amount every month and the percentage for each. Please make sure they add up to 100%.

You cannot enter any of the PruFund Funds.

Fund names	% of switched fund
	%
	%
	%
	%
Total percentage	100%

Now go to section 4 – Declarations →

3.13 Option 3 – Interest Sweep

I / We would like to select the Interest Sweep option.

Please enter the fund names you would like to receive the Interest Sweep, and the percentages for each fund.

You can enter a maximum of three funds. Please make sure the percentages add up to 100%

	%
	%
	%
Total percentage	100%

If you chose Option 1 or 2, do not fill in this section.

You can only choose this option if you have a minimum of £100,000 to invest in the Cash Fund.

You can only choose this option for Unit Linked funds. You cannot choose this option for With-Profits (Optimum Bonus) Funds, With-Profits (Optimum Return) Funds, PruFund Funds and Prudential Distribution Cash Fund.

4 Declarations

The owners of this investment must read these declarations before signing the relevant section for their application.

- 4.1 I / We confirm that I / we have received and read the key features document for this plan. I / We declare the information given in this document is true and complete to the best of my /our knowledge.

For trustees: I/We confirm that I / we have sufficient powers of investment for the purpose of effecting the proposed policy (ies) as an asset of the Trust Fund.

Your personal data

The Prudential Assurance Company Limited, its group companies* and its business partners will use your information together with other information for administration, credit decisions, customer services, marketing and profiling your purchasing preferences. We will pass your information to them (including our service providers and agents) for these purposes. If you are a joint applicant, we will also pass your information to the other joint applicant/s.

For certain products, we may search the files of credit reference agencies that will record any credit searches on your file. This is to help us make credit decisions about you, to prevent fraud, to check your identity and to prevent money laundering. We may disclose details of how you conduct your account to such agencies. The information will be used by other credit grantors for making credit decisions about you and the people with whom you are financially associated, for fraud prevention, money-laundering prevention and occasionally for tracing debtors. This information may be used to recheck these purposes. We will pass your information to any legal or regulatory body if required to do so.

For certain products, we will need to process sensitive personal data such as health data. It may also be necessary, for the above purposes, to transfer your information to countries that provide a different level of data protection from the UK.

Your marketing choices

We would like to contact you to keep you updated with information on our products and services by phone, email or post.

If you do not want us to contact you, please tick this box.

A copy of the Flexible Investment Plan terms and conditions and the completed application form are available on request.

In such circumstances, we will put a contract in place to ensure your information is protected. By completing and submitting this form, you consent to us processing your sensitive data and to the processing mentioned above.

You have a right to obtain a copy of your personal information (for which we may charge a fee) and to have any inaccuracies corrected by writing to:

The Information Risk & Privacy Team
The Prudential Assurance Company Ltd
3 Sheldon Square, London, W2 6PR.

To make sure we follow your instructions correctly and to improve our service to you through training of our staff, we may monitor or record communications.

Acting on someone's behalf?

When giving us information about another person, you confirm that they have appointed you to act on their behalf. This includes providing consent to:

- the processing of their personal and sensitive data
- receive any data protection notices on their behalf
- receive marketing information as indicated.

**Prudential Assurance Company Limited is part of the Prudential group of companies which at the time of printing includes Prudential UK & Europe, the M&G Investments Group, Prudential Corporation Asia, Jackson National Life and PPM America Inc (indirect wholly owned subsidiary).*

Declarations (continued)

Individual or Trustee as owner covering one or two lives

4.2 I/We have read and understood the declarations in 4.1. I/We make the application for a policy(ies) of life assurance on the life/lives described in Personal Details (1.4 and 1.5) and request that the policy(ies) be issued to me/us. I/We request that any amount payable under the policy(ies) be paid to me/us, or in the event of death, to my executors or administrators (or the survivor of us if joint owned or the executors or administrators of the last to die).

All trustees must sign and complete this section.

If more than two trustees, please complete details of additional trustees on a separate sheet and attach with this application.

	First owner / Trustee	Second owner / Trustee
Signature	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Date signed	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

UK company / organisation as owner covering one or two lives

4.3

- We have read and understood the declarations in 4.1.
- We are authorised to apply, on the company's behalf, for life assurance for one or two people and ask that the policy(ies) be issued to, and any amount payable paid to, the company / organisation.

Please only fill this in if you are applying on behalf of a company or organisation.

Please enter the company name and address. Two directors or one director and a company secretary must sign, giving their names and position in company.

Full name of company / Organisation

Registered address of company / Organisation

<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Postcode
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

The tax for a plan held by a company is not the same as the tax for an individual, so please make sure you have taken advice before investing.

	First company representative	Second company representative
Name	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Position in company / organisation	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Signature	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Date signed	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

5 Verification of the customer's identity and Financial Adviser's confirmations

For Financial Advisers only.

Introduction by an FSA-regulated firm

All Financial Advisers must fill in all the details in this section.

When you should not use this verification form

You cannot use this form for customers who:

- were already customers of your firm before the need for verification was introduced
- have a permitted exemption from verification under the Money Laundering Regulations
- have had their identity verified from their source of funds.

About this section

Please fill in a confirmation for each customer – joint holders, trustees etc. If a third party is involved – for example someone who will pay contributions who is not the customer, you also need to confirm you have verified their identity. This confirmation must have an original signature or electronic equivalent.

Verification of the customer's identity and Financial Adviser's confirmations (continued)

5.1 About the customer (applicant/owner)

If you have to verify the identity of more than two customers, please fill in and attach separate forms for each one.

First customer (applicant/owner)

First names

Surname

Date of birth

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

Current address

									Postcode										

Previous address (if their address has changed in the last three months)

									Postcode										

Second customer (applicant/owner)

First names

Surname

Date of birth

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

Current address

									Postcode										

Previous address (if their address has changed in the last three months.)

									Postcode										

Your confirmation

5.2 I confirm that I gathered the information in 5.1 in relation to the customer and that the evidence I gathered to verify their identity:

Just tick one

meets the standard evidence set out in the guidance for the UK financial sector from the Joint Money Laundering Steering Group.

or

exceeds the standard evidence and I have attached written details of the extra evidence.

I confirm that I gave the customer advice

We need to record whether you gave advice for the FSA.

Yes

No

Name of registered individual / Your name

Prudential agent number

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

Verification of the customer's identity and Financial Adviser's confirmations (continued)

Your confirmation (continued)

Position

Signed

Date signed

Full name of regulated firm or sole trader

FSA reference number

Your commission

5.3 Please indicate your commission requirements. If you would like Initial and Renewal commission, please tick both boxes.

Initial commission % or £

Renewal commission %

Initial commission is the amount you require after allowing for rebate.

If you have rebated your commission please tick one box to indicate how you would like it rebated:

to increase the premium on a 1:1 basis

or to increase the allocation factor on a 1:0.8 basis

or to reduce the Annual Management Charge on a 1:0.1 basis

Please enter any other instructions here

Adviser checklist

5.4 Please make sure you have done everything on this checklist. I have:

Tick the box if relevant to the application

attached the illustration
If you cannot attach the illustration, please enter the illustration reference number here

filled in/attached relevant supplementary forms attached any relevant continuation sheets

completed the verification of identity section completed my commission details in 5.3

attached written details of any extra verification evidence confirmed whether I gave advice in 5.2

filled in/attached any separate identity verification sections signed the form

enclosed a cheque



www.pru.co.uk