

Retirement has more potential with

PRUDENTIAL

Application for additional contributions

YD1

About 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.

If you have any questions about this form, please call us on **0845 640 3000** between 8am and 6pm Monday to Friday. Calls may be monitored or recorded for quality and security purposes.

Please return all 12 pages of this form in the enclosed envelope to: Prudential, Stirling FK9 4UE

If you want to add new features to your Premier Stakeholder Pension for the first time, such as:

- additional features which your existing plan does not have
- contributions from either you, or your employer

please complete a full application form.

If you already have plans in respect of more than one source of income, you should complete a separate application for any extra contribution to be added to each plan, unless your Financial Adviser confirms this isn't necessary.

Important note

Please ensure the following answers are true and complete. Failure to disclose material facts (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.

Part 1 – Your personal details

Title Mr Mrs Miss Ms Dr Other

Surname

Full forename(s)

Current address

Postcode

Date of birth

D	D	M	M	Y	Y	Y	Y
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National Insurance number

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What is your existing plan number?

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

Yearly earnings

£	
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This plan must be a Premier Stakeholder Pension.

If you give a plan number which does not match the basis for your new contributions, we will add your new contributions to your most recent matching plan, to give you flexibility when you want to cash in your retirement fund.

Your earnings figure will allow us to give you more meaningful quotations. We will compare estimated eventual benefits with your estimated retirement earnings. If you don't give an earnings figure, we will use the current national average earnings figure projected to your retirement date for the comparison.

Part 4 – Investment of single contributions

If this application includes a single contribution, please show the percentage investment split you want for the single contribution. Fractions of 1% should not be used. Investment in the With-Profits Fund is not available for contributions paid to Prudential (SAL) Stakeholder Scheme.

Additional regular contributions will be invested in the same funds as your existing regular contributions.

Please **tick** only one option.

If you do not complete this section we will invest your single contribution in the investment funds chosen for your existing regular contributions.

Chosen Funds	% to be invested in each fund	
	Single contributions	
		%
		%
		%
		%
		%
		%
		%
	TOTAL	100%

Please make sure your total equals 100%.

Lifetime investment options/pension protector

Lifetime Investment (Cautious) Lifetime Investment (Opportunity)
 Lifetime Investment (Balanced) Pension Protector

If you have chosen one of the Lifetime Investment strategies without choosing any investment linked fund(s), we will assume that you are happy to start with the funds we choose for you.

Please now go to Part 5.

Part 5 – Waiver Benefit

Any Waiver Benefit cost does NOT qualify for pensions income tax relief at source (RAS) AND is payable in addition to pension plan contributions.

The deferred period and waiver cessation date, for additional contributions, will be the same as for your previous contributions.

If you joined the Prudential (SAL) Stakeholder Scheme for the first time on or after 17 January 2005, you cannot apply for Waiver Benefit.

If your existing plan already has Waiver Benefit, do you want this benefit for your contribution increase? Yes No

Provided you are under age 60 and there will be at least five years between the date of acceptance and your Waiver Benefit cessation date, you can apply for Waiver Benefit, on your contribution increase.

If you want Waiver Benefit for your contribution increase, please complete Part 6. Otherwise go to Part 10.

Part 6 – Health details – Complete if you are applying for Waiver Benefit

Important information for customers

Please help us by filling in these health and lifestyle questions honestly and in full. If you miss any information out, or give us misleading information, this may mean that we will not pay your claim. In addition, this could also delay the processing of your application. If you are uncertain about whether any particular fact would influence our decision, you should include it. If you do not, this may mean that we will not pay a claim in the future. Please disclose all relevant information as we may not contact you 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.

Failure to disclose relevant information may result in non payment of a claim.

Part 6 – Complete if you are applying for Waiver Benefit – continued

It is very important that you tell us if there is a change between completion of this form and your plan starting to any of the following:

- your personal health,
- your family history,
- your occupation,
- your participation in any hazardous sport or pastime,
- your travel or residency,
- your lifestyle (smoking/alcohol consumption).

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

Name of your doctor

Your doctor's address

 Postcode

Your doctor's Tel. No.

How long has he/she been your doctor? years

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.

Have you ever been declined (refused cover), deferred or offered non-standard terms for life cover, critical illness or any incapacity benefit? Yes No

If **Yes**, please give names of insurance companies.

Have you in the last five years, or do you intend to:

i) participate in any sport or pastime which involves any additional risk of accident, such as mountaineering, motor sports, hang-gliding, or underwater activity? Yes No

Details

ii) live abroad apart from holiday visits? Yes No

Details

Failure to disclose relevant information may result in non payment of a claim.

*For this purpose, "contribution" is the yearly equivalent of current contributions to the Prudential (SAL) Personal Pension and Stakeholder Schemes on your behalf (regular and single contributions) already qualifying for Waiver Benefit under the Simplified Acceptance Scheme plus the contributions applied for in this form.

Part 6 – Complete if you are applying for Waiver Benefit – continued

iii) fly, except as a fare-paying passenger on an established public service? Yes No

Details

Please now complete Part 7 if you have applied for Waiver Benefit. Otherwise go to Part 10.

Part 7 – Simplified acceptance for Waiver Benefit

The Simplified Acceptance Scheme is designed to minimise the information needed to qualify for Waiver Benefit for those who meet certain criteria.

Please complete this section only if you applied for Waiver Benefit in Part 5 and

- **you are under age 50**
- and**
- **the total contribution* will be £3,600 or less.**

If you are 50 or over, or your contribution* will be over £3,600, please go to Part 8.

1. Have you attended, or been advised to attend, any hospital or clinic for any form of advice, operation, treatment or tests within the last 12 months, **or** are you subject to regular medical review or receiving any form of medical treatment or attention? Yes No

(Colds, influenza, minor injury and routine pregnancy consultations may be ignored.)

2. During the last three years, have you suffered from any anxiety, depression or any psychiatric disorder or any disease/disorder of the back or joints OR, have you ever suffered from any illness or injury which prevented you from working for a period of two weeks or more? Yes No

If you answered No to BOTH questions, and are under 50 with contributions of £3,600 or less, please go to Part 9.

If you answered Yes to either question please go to Part 8.

Part 8 – Your health

Please complete this section only if you have applied for Waiver Benefit and the earlier notes tell you that you should also complete this section.

1. What is your height and weight? Height Weight
2. Have you smoked or used any tobacco products in the last 12 months? (includes cigars, cigarettes, pipes and any nicotine replacement therapy etc) Yes No
3. If you have smoked cigarettes, how many do you smoke per day?
4. What is your average weekly consumption of alcohol in units? (1 unit=1 measure of spirits/wine or 1/2 pint beer)

For questions 5 – 9, if you answer Yes, please give full details including dates, treatment and periods off work, continuing if necessary on a separate sheet.

5. Are you suffering from any symptoms of illness or are you taking pills, drugs or medicine or have you any physical defect or infirmity? Yes No

If **Yes**, please give dates and details.

Failure to disclose relevant information may result in non payment of a claim.

Part 8 – Your health – continued

6. In the past five years have you been off work for two weeks or more due to illness or injury?

Yes No

If **Yes**, please give dates and details.

7. Have you in the last five years consulted a doctor or any other medical professional, or had, or been advised to have, any operation, x-ray, check-up or any other investigation or test or are you intending to do so? (Colds and flu can be disregarded.)

Yes No

If **Yes**, please give dates and details.

8. (i) Have you ever tested positive for HIV, 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 **Yes**, please give dates and details.

(ii) Within the last five years have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU.)

Yes No

If **Yes**, please give dates and details.

(iii) Within the last five years have you tested positive or been treated for any disease, which was transmitted sexually?

Yes No

If **Yes**, please give dates and details.

9. Has your father, mother, or any brothers or sisters suffered or died, prior to the age of 65, from any heart disease or disorder, high blood pressure, stroke, diabetes, cancer, kidney disease, multiple sclerosis, haemochromatosis, motor neurone disease, Huntington's disease, muscular dystrophy or any other hereditary disease or disorder?

If **Yes**, please complete this table:

Relationship			
Illness (if cancer, which part of the body was affected?)			
Age at onset			
Age at death (if applicable)			

Part 9 – Important notes

Your statutory rights under the Access To Medical Reports Act, 1988 and the Access To Personal Files and Medical Reports (NI) Order 1991

Important notes

The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

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 are waiting for reports which we have asked for.

If we ask you to come for a medical examination, we will 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.

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

Access to medical reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act, 1988.

Your rights under the Act, are as follows:

- You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a

copy of the report to your doctor if you ask to see it at a later date.

- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- your current health:
 - any care, medication or treatment you are currently receiving;
 - the results of referrals or tests you are waiting for;
- any time off work in the last three years;
- your past health:
 - details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - 1 malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - 2 musculo skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
 - 3 anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - 4 suicidal thoughts or attempts at suicide; or
 - 5 conditions related to drug or alcohol misuse or smoking or chewing tobacco.
 - details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations;
 - any blood pressure readings in the last three years;
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

Part 9 – Important notes – continued

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information please write to:

Chief Medical Officer, Prudential, Stirling, FK9 4UE.

I do not want to see the report before it is sent to the company.

I do want to see the report before it is sent to the company.

Investor's signature

X

Date

D	D	M	M	Y	Y	Y	Y
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Declaration

➤ I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.

➤ This information can also be used to maintain management information for business analysis.

I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports.

Part 10 – Declaration by the investor

1. I declare that:

- to the best of my knowledge and belief, the details given by me in this application are true and complete and agree that the terms of this application, any other written statement by me or on my behalf to Prudential, the answers to any additional questions put to me by Prudential's Medical Examiner, together with Prudential's Acceptance, shall form part of any relevant contracts;
- 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;

➤ 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.

2. I understand that I can alter the terms of my plan by giving revised instructions to Prudential, in writing, and that these revisions can be either directly from me, from my employer, or from the Financial Adviser who arranged my plan (or from any other adviser I appoint in writing and accepted by Prudential) provided that such revisions are allowed in terms of the rules.

Part 10 – Declaration by the investor – continued

How we use 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.

We may search the files of credit reference agencies who will record any searches on your file. This is to help us 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 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. In such circumstances, we will put a contract in place to ensure your information is protected. By signing and returning 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 and Privacy team, The Prudential Assurance Company Ltd, 3 Sheldon Square, London W2 6PR. Calls may be monitored or recorded for quality and security purposes.

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.

Marketing choice

We would like to keep you up to date with information on our products and services. To do this, we would like to contact you by telephone, post, e-mail or text. If you would not like to be contacted, please tick this box.

* 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).

If I have applied for Waiver Benefit, I have read the Declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

If this application has been filled in on your behalf by someone else, you should read the answers carefully (to recheck the accuracy) before signing the form.

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

Prudential as administrator and provider agrees to administer the Prudential (SAL) Stakeholder Scheme as required by the rules of the scheme.

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
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Part 11 – Declaration by the employer

To be completed only if the employer is contributing to the plan or paying contributions on behalf of the investor.

We agree to pay contributions in accordance with this application.

Signed for and on behalf of the employer

X

Date

D	D	M	M	Y	Y	Y	Y
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www.pru.co.uk

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